What Underpins Success in A Health Promoting School in Northeastern Thailand?

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ABSTRACT

A Health Promoting School (HPS) approach is now widely accepted internationally, with a focus on children's health, the school curriculum, and whole school environment. In Thailand, the health and well-being of children is a fundamental value. HPS programmes have been implemented in schools as a strategy to focus on young people's health. A number of barriers to successful HPS have been identified. While there is international evidence to show the steps and the key factors in creating successful HPS, little is known about successful HPS in the Thai context, in particular, in Northeastern Thailand which has been classified the poorest region.

Ethnographic methods were used to examine what understanding of the meaning of HPS is necessary for a successful school, and how all those involved acted from the adoption of the HPS programmes by the local school until it achieved HPS status. A rural school which was successful in a HPS programme was selected, in Mahasarakham province, Northeastern Thailand. The data were obtained through participant observation, ethnographic interviews, and ethnographic records, and data analysis took place simultaneously with data collection. In this study, Lofland's strategy for the analysis of the structure of human interaction was used. A variety of techniques for improving and documenting the credibility of the study such as prolonged engagement, persistent observation, and triangulation were used.

This research revealed that the informants' views reflected diverse understandings of the meaning of HPS. Those views were based on their experiences of HPS which differed according to the degree of participation, different levels of knowledge about HPS, and in the roles they played in the implementation of HPS in the school. Thai culture and school ethos influenced the success of HPS. Community participation was also crucial in supporting the school's achievement. Key factors that underpinned success are identified. Implications of the findings for the HPS programme, health professionals, the school and community are discussed.

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CHAPTER 1

INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 Introduction

In this descriptive study, ethnographic research methods were used to explore what underpins success in a Health Promoting School (HPS) in the context of Northeastern Thailand, and in what actions (and why) teachers, pupils, parents and communities participate when health promoting programmes are conducted in a local area.

The World Health Organisation (WHO) has been instrumental in conceptualising and popularising the notion of health promotion and it has continued to be instrumental in framing the international development of the field of healthcare activities (Colquhoun, Goltz, & Sheehan, 1997). The focus of health promotion activities has moved away from individuals and health behaviour change to the role of governments, organisations, and communities. The notion of a "*Settings-based approach*" to health promotion underpins the focus on schools as sites for health promotion (WHO, 1999). Schools are considered to be one of the most important settings for health promotion, since young people can be encouraged to adopt healthy lifestyles and avoid taking on unhealthy behaviours at an early stage in life, whereas adults are often more resistant to change. However, successful implementation of a settings-based approach to health promotion in the school context, in accordance with the WHO criteria, is not straightforward, as is discussed in the following section.

In this chapter I provide an introduction to the study, outlining my rationale for selection of the study topic and overviewing the background of HPS and the implementation of HPS in Thailand. An outline of the thesis is presented.

1.2 Background to the study

My idea for this study arose from concerns I experienced as an instructor in community health nursing at Mahasarakham University, in Northeastern Thailand. For me, the longer health promotion has been implemented in Thailand, the more confusing and mysterious it has become, even though I have been working in the area of health promotion for over fifteen years. I have been puzzled by the lack of success in implementing health promotion programmes despite the provision of Government resources to support healthcare programmes and the apparent hard work of health personnel. I recognise that successful implementation of health promotion in Thailand is a slow process. Many health promotion projects have been initiated without the provision of basic information about the key concepts derived from the WHO literature on health promotion, although concepts of health promotion and reports from differing countries on their efforts at health promotion have been presented at a series of International Conferences on Health Promotion (Ottawa in 1986, Adelaide in 1988, Sundsvall in 1991, Jakarta in 1997, and Mexico City in 2000). Inadequate understanding of these concepts has led to difficulties in the implementation of health promotion programmes.

In my working experience I have had many chances to gather information from my fieldwork and meetings. The traditional ideas of health personnel and others with whom I interacted focused on illness and treatment; they lacked understanding of the relevance of health promotion. Moreover, people understood that the public sector was mainly responsible for health programmes and activities. Others including families and the community were only superficially involved. Major campaigns and support for healthcare services were provided for Thai people by government budgets. The people would cooperate when the public sector asked for help, but Thai people lacked a sense of ownership in improving their health or that of their families and community.

Schools are the primary institutions responsible for socialising children. More recently, the importance of health promotion goals in school development has been strongly emphasised by both the WHO and several national health promotion programmes. "*Health is directly linked to educational achievement, quality of life and economic productivity"* (WHO, 1998c, p. 1) states the WHO in the revised Global School Health Initiative. So, there is an important goal to promote health in school settings. The public sector encouraged all Thai schools to become HPS. In Thailand, as in other developing countries, there have been a number of studies of health promoting schools; the majority focussed on particular aspects of implementation of health programmes such as exercise, nutrition, and dental health in schools. For example, Wonganun (1995), and Pengkhum and Yodpanya (1998) focussed on children who were underweight and on food sanitation in schools, respectively . Few studies have been conducted that reflected a "*whole school approach*" to HPS (Suwan, 1995).

Although health promoting school activities will vary, depending on needs and circumstances, the health promoting school has been described as "*…a school constantly strengthening its capacity as a healthy setting for living, learning and working*" (WHO, 1998a, p. 3; Department of Health, 2003, p. 6).

1.3 Health Promoting Schools: Background and Significance

As previously stated, schools can be considered as among the most important settings for health promotion, since young people can be encouraged to adopt healthy lifestyles and avoid taking on unhealthy behaviours at an early stage in life. It is more difficult to change an unhealthy lifestyle in the period of adulthood or old age. So, a health promoting school is one in which the broad health needs of all the school community members, including pupils, staff, and parents, are considered. In the health promoting school approaches a combination of strategies linked to the curriculum, the physical and social environments and the community are used (WHO, 2000). Health promoting schools "*cannot be carried out by one*

sector alone; the health and education sectors, must work together as equal partners" (Rafei, 1997, p. 2). The health promoting school provides opportunities for action directed at improving the school's policies and environment, and enhancing links with the family and wider community to maximise potential contributions to better health.

Health promotion initially emerged as a progressive field of professional activity within the healthcare sector. The WHO has been instrumental in conceptualising and popularising the notion of health promotion and it has continued to be instrumental in framing the international development of the field of healthcare activities (Colquhoun et al., 1997). The health promoting school approach is now internationally accepted and supported by initiatives such as the European Network of Health Promoting Schools, and other activities in Europe, Canada, North America, and Australia. For example, in Australian schools, Health and Physical Education and other programmes exist that help to make the environment supportive and provide for the individual personal and social health development of students (Colquhoun et al., 1997). However, the approach of many countries to the project is grounded or framed by a view of schools as complex social systems. Within that approach, HPS focuses on children's health, the school curriculum, whole school environments, and all parts of school life (Dawson, 1997). At the international level the promoters of many projects have struggled with the development of the concept of the health promoting school.

1.4 Health Promoting Schools: The Thai Context

1.4.1 The Social Context of Health Promoting Schools in Thailand

In the world today, societies are changing rapidly. Traditional family and social structures have been abandoned or radically changed. Poverty deprives millions of children worldwide of housing, food, health care, and education. Especially, children in rural areas are not reached, or are poorly served by health institutions and programmes. These significant conditions damage children's health and education, so the conditions of want and dramatic social, physical, and economic uncertainty, and the resulting poor health of children, threaten children's opportunity to succeed in school and their ability to become healthy, responsible, productive members of society (WHO, 1997).

In Thailand, the health and well-being of children are fundamental values. Since the 5th National Economic and Social Development Plan (1982 -1986), the Thai government has increasingly given high importance to the family and attempted to develop the mind, the family and child care. The aim was to enable the family to perform its duty and be capable of producing quality members imbued with good values and morality for society. Hence study about families was included in the curriculum at all levels of formal and non formal education. At primary education level, content focuses on experiences that can be applied by pupils in their everyday life; for example: life experiences, (pupils learn about the relationships of family members, their duties and responsibilities, changes of the body and the mind, etc.), character development (activities in a happy family, role playing of family members), work and basic knowledge about work (for instance: housework, cooking, house care, clothing, helping with child care).

The health concerns of the vast millions of children that attend schools have been addressed through school health services and school health education programmes. However, the recent worldwide arrivals of complicated technology

and environmental change have effects on communities. As well, Western culture has influenced Thai society. Consequently, family life styles have been modified, which affect children's behaviour (WHO, 1998a).

Many problems have arisen throughout families and society. Evidence has been presented concerning children's problems in Thailand such as health problems, growth and development problems, drug addiction, and HIV/AIDS (Setthabut, Warangrat, & Boonchaiwatthana, 1998; Chuprapawan, 2000). As a result, health promoting school programmes have been implemented in schools as a strategy to focus on creating health, as well as preventing important causes of death, disease and disability.

1.4.2 The Development of HPS in Thailand

Initially, Thai school healthcare services emerged more than fifty years ago. The tasks of school healthcare were focused on school sanitation and environment. In 1967, school health services began to improve and became more extensive. They were divided into four main school tasks; health services, health education, sanitation, and health environment. In the period of the National Development Plan of Health Issues 1-7 (1962-1996) they prioritised developing the country with a "*top-down*" approach. The school healthcare service policy came from the government and teachers and health personnel directly provided the health services to the pupils. Although the concept of school health addressed community participation in the school, the practical implementation of this aspect of the government policy was unclear (Sritapa, 2008).

In 1995, a WHO Expert committee on Comprehensive School Health Education and Promotion in an Inter Consultation on Health Promoting Schools recommended that every school must more effectively serve as an entry point for health promoting and location for health interventions (WHO, 1998a). Some countries shared their experiences and made recommendations for strengthening comprehensive school health education and for initiating and developing health

promotion schools in their region. At that conference, the Thai Department of Public Health, in collaboration with the Ministry of Education, committed to implementing school health education programmes in Thailand, covering 12.5 million students; 80% being in rural areas (WHO, 1998a). The Ministry of Public Health via the Department of Health took responsibility for the HPS, and distributed the HPS policy to all provinces through the Health Promotion Centre in each region of Thailand.

In Thailand, the health promotion plan as contained in the health development plan during the 8th National Economic and Social Development Plan (1997-2001) established a scheme to promote age-specific health. The plan aimed to provide health development through the promotion of health and preventive measures to enable school-age children and youth to be healthy and to meet developmental stages in terms of physical, mental, and intellectual aspects. Also, at the Inter-country Consultation of Health-Promoting Schools held in December 1997 in Thailand, recommendations and guidelines for implementation of health-promoting schools were proposed and agreed upon, including the setting up of national and regional networks.

The National Development Plan of Health, Issue 8 (1997-2001) prioritised the concept of human-centred development, and identified major strategies addressing issues related to health behaviour, disease prevention and control, and health promotion. Instead of viewing people as resources of production, the concept of development in Thailand was revised, reflecting a new philosophy that people were the goal of development. The Ministry of Public Health (MOPH) was also short of personnel, thus this reorientation of philosophy was an important strategy to encourage people to participate in development (Ministry of Public Health, 2000). This was the starting point to open a system for people to participate. The process of community participation was the key concept of HPS, which was linked to health promotion in the setting.

The Health Promoting Schools initiative was launched in 1998. The Department of Health, a section of the Ministry of Public Health, formulated strategies for public health development and, in order to implement these, the Ministry of Public Health coordinated its efforts with other relevant agencies – for instance, the Ministry of Education and the Ministry of the Interior – by setting up a Committee on Schools for Health Promotion. The Committee set a goal that all schools would be included in the project with six main objectives as follows (Pongpaibool, 2000):

1. Encourage and promote health and education personnel, teachers, students, parents, and community leaders to actively participate in health promotion together with families and school-related groups and organisations in the community.

2. Attempt to provide healthy and secure environments.

3. Arrange courses in health education with an emphasis on the improvement of knowledge and understanding on health and healthy habits.

4. Provide access to health services through the provision of services; physical check-up, diagnosis, surveillance on developmental stages, immunisation, depending on resources and regulations of the school.

5. Carry out the programme action according to the policy and practice in health promotion.

6. Attempt to improve health in the community.

Thus the Health Promoting Schools framework (HPS), as outlined by the Thai Ministry of Public Health, has been operating within Thailand on a regional basis from 1998 (Ministry of Public Health, 2003a). Nationally there has been support from all provinces at the local level.

In 1998, Health Promotion Centres in each region were tasked by the Department of Health to encourage all schools in their region to join the HPS programme, with at least one school to become a HPS. The aim was to increase the number of HPSs each year.

Suwan and Narayong (1999) undertook a situation analysis of existing and potential resources for school health programmes at various levels which could support the development of health promoting schools in Thailand. Their report revealed an urgent need for establishing precise health promotion policies at every level, and developing a more effective collaborative mechanism between the Ministry of Education, Ministry of Public Health, and other nongovernmental agencies. Also identified were the schools' needs for developing a teacher training programme for enhancing the new health promoting school concepts and skills.

Sritapa (2008) traced the progress in health promoting schools over the 10 year period in Thailand. She described the various strategies that were developed to implement HPS such as: explain the concept of HPS to key persons, organise a meeting for brain-storming and explain the process to run the programme, the school exhibitions, and reward successful schools with a certificate. Also, support from government was made available including training, personal advice, handbook and guidelines, and a budget for HPS external auditing (Sritapa, 2008). All these were provided to the schools, and they were expected to become HPS.

However, Sritapa (2008) illustrated that in the early period of HPS the school and community thought the school tasks were undersupported, and supervised by the government only, so there were limited resources for development. It was worked without real cooperation between the school and local government. Although the national policy had changed to encourage community participation, Thai people expected a continuation of the traditional top-down approach. The process of HPS was difficult to implement at school level. Some schools rejected the HPS programme because it represented an increased workload for the teachers.

However, the Department of Health put a lot of effort into developing the best practice model for HPS.

1.4.3 The Steps to Becoming a Health Promoting School

The Department of Health produced a handbook that summarised the process to become a HPS in eight steps as follows (Ministry of Public Health, 2003a).

1. Building up understanding of the ideas of HPS; the School Director understands the idea of HPS and may describe the ideas to staff and community. After making a decision, the Director asks to join the programme at the local level. The health office supports the school's involvement in the process to become a HPS.

2. Setting up a Health Promoting School committee; The members include the teachers, pupils, parents, health staff, and people who are community representatives. Persons involved: 10-15 persons. They identify which way will be most suitable to approach health promotion in the school.

3. Setting up the community committee for consultation; The members include the leader of the community. This team will support the school in information and resource gathering in the community network. Persons involved: 15-25 persons.

4. Situation analysis; the HPS committee survey the health issues in the school and community to gather data about the health problems, environmental factors, law and the resources at the local level which are related to promoting health.

5. Setting the start point; from the survey, the HPS committee brainstorms the particular issues. The issues are related to the needs of school staff and pupils, parents, and community.

6. Developing the plan; The HPS committee sets strategic and action plans related to the issues. The plans need to be clear in purpose, relevant activities, indicators of evaluation, delegation of responsibilities, and reporting of findings.

7. Follow up and evaluation; The HPS committee should be well organised, to understand the process. There are regular meetings for team discussion and for information to be exchanged. During the process, evaluation is required. The achievement of the plan should be promoted. However, if the plan is not suitable in its context, it needs to be redeveloped.

8. Community networking; The HPS committee in each school has to push activities to promote school health and support the other schools in the local area. The school builds up the HPS into a network. Schools in the network share experiences and information. Community networking provides motivation for other schools in the local network to become a HPS.

All schools, both primary and secondary, have the opportunity to become health promoting schools. Schools are supported at the provincial level by the health and education sectors, with information about HPS. Each school, led by its Director, should consider the information and decide whether or not to join the HPS programme. The resources in the local community are crucial in supporting the school's implementation of HPS. In addition to the eight steps outlined above, ten criteria were outlined (as listed below), that form the basis for the implementation of HPS, and the evaluation of achievement of HPS status in Thailand (Department of Health, 2003).

1.4.4 Ten Criteria for HPS in Thailand

1. School policy; the Health Promoting School committee sets policy and planning to reach HPS status. The policy guides the school in directions, activities, and resources required to be a HPS. The school stakeholders (represented by the HPS and Community committees) agree and accept to participate in the school actions. The HPS policy is then promoted to the school community.

2. School management; The HPS committee identifies how to organise and manage to run the activities effectively and continuously. There is an emphasis on cooperation between the school and the community for planning, organising, monitoring, and assessment. The roles and functions of the school Director and the teachers in relation to the HPS criteria are identified; the teachers are viewed as role models and contribute to school development. The Director manages the school organisation.

3. Cooperation (school and community); The projects or the activities in the school involve cooperation between the school, parents, and villagers. Cooperation is expected at all steps of the process: problem analysis, planning, implementing, monitoring, and redevelopment of activities or projects.

4. A Healthy Environment; to develop and improve the school environment so that it is clean, safe, and supports physical and mental health of school members and provides a nice atmosphere for study. Also, the pupils are trained to take care of, and develop, the environment.

5. Health Services; the school provides basic healthcare for pupils while at school, such as personal health checks, illness prevention and protection in the school and first aid. Services mentioned in the guidelines include: provide the tools for screening for malnutrition, cooperate with the local health centre for immunisation and health screening, and dental health. The school provides basic first aid and refers emergency cases to the health centre.

6. Health Education; to provide health education in the school which is linked to the curriculum. It focuses on pupils having knowledge, attitudes, and practice for good health habits. The expectation is that pupils will have physical and mental health, and no drug use. The school arranges activities that match pupils' needs. The guidelines explain the content of curriculum to be addressed in school activities. Moreover, health education will be implemented in the local community when particular health problems are faced in the villages.

7. Nutrition and Food Safety; to promote the growth and development of the pupils, the school has to provide clean, nutritious and safe food for the school community. Surveillance and prevention of malnutrition in the school are the main objectives. The school manages food quality and food safety, and sanitation in the school. The guidelines include the screening of malnutrition by using standard graphs. Iodine insufficiency in the school is screened by local health officers. Identified health problems are solved within the school; for example, pupils with identified deficiencies are provided with supplements via the school to take home, such as iodine, or iron tablets. A free lunch programme for pupils with malnutrition is funded by the Thai government and managed at school.

8. Exercise and recreation; to promote the school exercise to the community. The school provides the place and sports kits for pupils to exercise and play together. Community members can also join with the school community. The guideline shows the steps to work with this criterion in HPS. Examples are given such as exercise for three days in a week, testing physical ability, sports clubs, and interschool or community sports days.

9. Counselling and social support; to support the pupils who are risk, or have, health problems. This system will help the pupils in the school by drawing upon community resources. Teachers have to supervise pupils. If there is a problem or risk, the teachers have to help and support in the basic care.

10. Health promotion for staff in the schools; to encourage the staff and pupils to be healthy. It includes health behaviours and the environment. The aim in this criterion is to decrease risky behaviour and encourage good habits for the school members. Health assessment is offered to the staff on an annual basis. The teachers are viewed as health models for the pupils in the school in behaviours such as smoking and drinking. The school provides chances for staff to participate in health activities and to make the school environment healthy.

All these HPS criteria are explained in detail in the HPS Handbook for schools (Ministry of Public Health & Ministry of Education, 2003) . For each criterion the meaning, aims, link to education standard, and the process to meet the criterion are explained. Each school needs to select or adapt the ways they meet the criteria to match their school and community circumstances.

Having registered for the HPS programme and undertaken the steps as outlined, the school health promoting committee would complete the required self-assessment check prior to external evaluation.

1.4.5 The Evaluation Process for Accreditation of Health Promoting Schools

The Department of Health has direct responsibility for HPS, giving support and providing information to schools. They provide several resources of information such as the Manual of Standard Criteria for Evaluating the HPS, and the Handbook of HPS (described above). Information was given to make sure that the school and the evaluation team both have the same understanding of HPS. The ten criteria are measured by 74 indicators in primary schools and 54 indicators in secondary schools.

The evaluation process requires initial self assessment by the school to show it is ready for external evaluation then the local (District) evaluation team undertakes the initial evaluation of the school. The team evaluators have to follow a checklist,

and have proof of each indicator in the standard criteria. Then scores are allocated. The data sources used as proof include school documentation, questionnaires, interviews with selected pupils, and observation of the school activities. The report from the local team is forwarded to the provincial office. If the school meets the standard criteria of HPS, an evaluation team from the provincial level undertakes a follow-up evaluation. All schools which pass the standard criteria of the HPS would be accepted as HPS and receive a certificate from the Ministry of Public Health. Bronze and silver awards may be given at the local level, and a golden award at the provincial level. The standard required for these awards is as follows:

Bronze level; pass the standard criteria in the level of excellence in at least 4 criteria and in the other 6 criteria, the score is not lower than the basic line.

Silver level; pass the standard criteria in the level of excellence in at least 6 criteria and in the other 4 criteria, the score is not lower than the basic line.

Golden level; pass the standard criteria in the level of excellence in at least 8 criteria and in the other 2 criteria, the score is not lower than the basic line.

(Ministry of Public Health & Ministry of Education, 2003)

As illustrated above, the HPS Project in Thailand now provides health and education professionals in government and nongovernmental organisations with a comprehensive approach to school health promotion.

In Thailand, many schools have been successful in their evaluation as HPS. Various studies have implemented and evaluated activities in schools including those relating to teacher, pupils, curriculum, parents, communities, and the environment (Suwan, 1995; Pengkhum & Yodpanya, 1998; Lorlowhakarn, 2001; Chaipipat, Puwanuttri, Chinpong, Tutharaksa, Inmong, Hanrin et al., 2003). Moreover, the Ministry of Public Health, in collaboration with the Ministry of Education, continues to expand the strategy; the percentage of schools that have joined the project has increased from 32% in 2001 to 86.84% in 2003 (Bureau of Health Promotion, 2004).

1.5 Health Promoting Schools in the context of Northeastern Thailand

Northeastern Thailand includes regions five, six, and seven of the 12 regions in Thailand. The 5th region has the highest percentage (76.5 %) of schools which have passed the process evaluation standard criteria to become health promoting schools. In other regions less than 50% of schools have passed the criterion evaluation (Kramomthong, Plitakul, & Surakeit, 2003; Ministry of Public Health, 2003b; Bureau of Health Promotion, 2004).

A number of barriers to successful implementation of a health promoting school have been identified at regional, district and local levels, such as an unclear determination of activities and policy, and lack of coordination between the Ministry of Education and the Ministry of Public Health (Suwan & Narayong, 1999; Mikawal, 2001; Tiabdokmai, 2002; Kramomthong et al., 2003). These barriers also related to WHO's Expert Committee review (WHO, 1999).

In contrast to its apparent success in implementing HPS, Northeastern Thailand has been classified the poorest region of Thailand, and children and adolescents have been reported to have the highest rate nationally of many health problems such as malnutrition, and infectious diseases (Setthabut et al., 1998; Chuprapawan, 2000). Although many aspects of modernisation such as new models of curricula, multimedia for study and computer learning, have been introduced to school education, the traditionally based lifestyles such as the old teaching techniques seem to continue. There are differences in the quality and distribution of education and health services in the country providing unequal opportunities and reflecting class differences.

While there is international evidence from several countries to show the steps and the key factors in successful implementation of health promoting schools (Nutbeam, 1998; Lynagh, Perkins, & Schofield, 2002; Parsons & Stears, 2002),

little is known about the key factors in successful implementation in the Thai context.

1.6 Statement of the problem

The place of schooling in advancing public health has been subject to rapid change. Health promotion was approached as a social system in Thailand; strong policies were introduced in several settings utilising a hierarchical approach. The idea of HPS focuses on schools as an integral parts of the wider community and offers practical ways for pupils, teachers, parents, and community members to contribute to schools being healthy settings. The health and education sectors are expected to work together as equal partners (WHO, 1998c).

The Ministry of Public Health was the main sector to organise HPS in Thailand. Some traditional schools took no notice of HPS, and thought that the HPS programme belonged to the health sector. Also the activities which related to health were classified as the health teacher's job. There is pressure on the school management to implement cooperative activities in relation to HPS. Both institutions, education and health, are confronting their limits of effectiveness; one focused on learning and the other on the role of promoting health. The challenge is for both sectors to work together for common goals.

The view of health as espoused by WHO and enacted in Government policy has changed, with current focus on health promotion and healthy people. The traditional focus was on a specific health [illness] problem which was linked to a given population and attempts were then made to deal with the problem. From the latter viewpoint "*being healthy*" meant having no diseases or illness. People were not aware of the key concepts underpinning a focus on health promotion.

As previously stated, in Thailand – as in other developing countries – there have been a number of studies of health promoting schools. In many papers particular aspects of implementation of health programmes such as exercise, nutrition, and

dental health in schools have been illustrated. For example, Wonganun (1995), and Pengkhum and Yodpanya (1998) focussed on children who were underweight and on food sanitation in schools, respectively. Few studies have been conducted that have reflected a "*whole school approach*" to HPS (Suwan, 1995). Furthermore, Suwan and Narayong (1999) recommended that more research in health promoting schools should be done for developing a new body of knowledge and effective strategies in organizing health promoting schools. This recommendation was recently reinforced by Sritapa (2008) who reported that in many schools, personnel did not fully understand the concept of health promotion.

All of these factors indicate that there is a need for research to explore the experience of a school which has successfully achieved HPS status. Why was the school successful? What was the main part for achievement? How did they accomplish it? A school in Northeastern Thailand was selected because of the poor health status of children in that region.

1.7 Purpose in the research

The purpose in this study is to provide an understanding of the meanings of a health promoting school programme in the context of a selected school in Northeastern Thailand that has been classified by the Ministry of Public Health as a successful health promoting school, and the reflections and responses of the school community to achieving that status. It is expected that this understanding will assist in developing a guide to assessment, planning, and the application of health programmes in schools.

The research was conducted to explore the questions "*What explanation does a successful school in Northeastern Thailand give for Health Promoting Schools, and in what activities do the teachers, pupils, parents and communities participate in the HPS programmes when the health promoting schools programmes are applied in a local area?"*

1.8 Overview of the study

In this Chapter I have provided an overview of the study, the background of my interest related to the research questions and the background and significance of HPS. The school setting which was a successful HPS in the Thai context was presented. Finally I have shown the layout of this thesis, which consists of nine chapters.

In Chapter Two I review literature on Health Promoting Schools (HPS) as a basis for this study. Initially the development of the concept of health promotion is traced, followed by an examination of the literature on a setting based approach to health promotion. The HPS literature is analysed in terms of definitions and core components. The variations in approaches by developed and developing countries to the implementation of HPS programmes are examined, with particular focus on Asian countries, followed by an analysis of issues in the adoption of HPS programmes in schools. Literature on evaluation of HPS is then briefly reviewed.

In Chapter Three I describe the research methodology and provide the rationale for its selection. Then a description of the fieldwork methods and the manner in which the methods were implemented in this study is detailed, providing an audit trail for the research.

In Chapter Four I describe in detail the school's location, physical environment, population, school organisation and daily routines and life within the school, in order to provide a context for the study.

In Chapter Five I address the subquestions: what do people in the school community understand HPS to mean and what influences their understanding? Informants' views reflected diverse understandings of the meaning of HPS. Those views were based on their experiences of HPS which differed according to their degree of participation, their levels of knowledge about HPS, and the roles they played in the implementation of HPS in the school. The meanings of HPS

identified through observation and discussion with key informants were classified into five categories: as a way of working, as a collection of activities, as a part of usual life in the school, as a competition, and as meeting health standards and criteria. The first three meanings listed above reflect an understanding of HPS as a process, while the latter two reflect a view of HPS as an outcome.

In Chapter Six the discussion focuses on the process by which the school became an HPS, as described by the study informants, and thereby the question *"What actions did the teachers, pupils, parents and communities participate in when the health promoting schools programmes were applied in the local area?"* is addressed. In particular, the ways in which the school managed the activities – including the channels of communication and decision making, task allocation, documentation and community initiatives – in order to successfully meet the criteria for a HPS and receive awards at both the provincial and regional levels are addressed.

In Chapter Seven the school ethos and community relationships and expectations that underpinned its success are explored, in order to identify how a local, rural school in a low socioeconomic area was able to effectively engage teachers, pupils and members of the local community in the HPS programme.

In Chapter Eight, I considered the question *"how would the HPS programme be sustained and further developed in the school, in the face of competing priorities?"* I examined the sustainability of HPS which included the school's implementation and planning for improving HPS. This consisted of the description of current activities which were implemented in the school and the community, the advice that could be given to other schools for achievement, and how such programmes could be sustained.

In Chapter Nine key findings were discussed in relation to relevant literature, then implications of the findings, limitations of the study, and questions for further study were addressed.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

In this chapter, I review the literature on Health Promoting Schools (HPS) as a basis for this study. Initially the development of the concept of health promotion is traced, followed by an examination of the literature on a setting based approach to health promotion. The HPS literature is analysed in terms of definitions and core components. The variations in approaches by developed and developing countries to the implementation of HPS programmes are examined, with particular focus on Asian countries, followed by an analysis of issues in the adoption of HPS programmes in schools. Literature on evaluation of HPS is then briefly reviewed.

2.2 Development of the Concept of Health Promotion

The concept of Health Promotion was adopted in 1986 at the first International Conference on Health Promotion held in Ottawa, and promulgated in the Ottawa Charter. The key principles of health promotion embraced the notions of community-based programming and community participation in the pursuit of health for all which were previously asserted in 1978 at the Alma Ata Declaration. The Ottawa charter called upon the WHO and other international countries to advocate the promotion of health in all appropriate forums and support countries in setting up strategies and programmes for health promotion (WHO, 1996). At this conference it was agreed that "*health is created and lived by people within the settings of their everyday life; where they learn, work, play and love"* and that the concept of health promotion is "*the process of enabling people to increase control over, and to improve, their health"* (WHO, 1986, p. 4, 1998a, p. 5). The Charter

shifted the focus of health promotion away from individuals and health behaviour change to refocus on the role of governments, organisations, and community (Colquhoun et al., 1997). Three basic strategies for health promotion were identified. These are advocacy for health to create the essential conditions for health indicators; enabling all people to achieve their full health potential; and mediating between the different interests in society in the pursuit of health. These strategies were supported by five areas which should be addressed to achieve the goals: building a public health policy, creating supportive environments, strengthening community action, developing personal skills, and the reorientation of health services (WHO, 1998b). The revised focus of health promotion, from individual behaviours to public policy change and the creation of environments conducive to health and healthy options, provided an easily understood framework for the emerging setting approach.

2.3 A Setting Based Approach to Health Promotion

The WHO Glossary (1998b) defines "*settings for health*" as " *the place or social context in which people engage in daily activities in which environmental, organisational and personal factors interact to affect health and well being*" (p.19). The health generating potential of settings was recognised in the Ottawa Charter and strengthened in the Jakarta Declaration on Health Promotion into the 21st Century, arising out of the 4th International Conference on Health Promotion that was held in Jakarta (WHO, 1997). The Jakarta Declaration encouraged integration of the strategies of Health Promotion into all settings where health is to be promoted. Thus a setting-based approach to health promotion intervention starts with a target population within a setting such as a work place, a hospital, a city, or a school (WHO, 1998b). Internationally, there are now many programmes to which the prefix of *"healthy"* or *"health promoting"* is attached to locations such as worksites, cities, and schools (St Leger, 1997), such as health promoting workplaces (Chu, Breucker, Harris, Stitzel, Gan, Gu et al., 2000), and health promoting hospitals (Groene & Jorgensen, 2005).

It has been suggested that settings hold the following advantages for promoting health:

- they provide established channels within which to deliver health promotion
- diffusion of ideas occurs within and is facilitated by settings
- policies are more readily implemented within a structure
- settings provide access to particular populations, differentiated by age, socioeconomic status or interests
- funding sources may specify particular settings

(Mullen, Evans, Forster, Gottlieb, Kreuter, Moon et al., 1994; McMurray, 2003)

Whitelaw et al. (2001) provide a useful overview and critique of settings based health promotion. They identify two challenges to settings based approaches, namely a need to *"broaden and develop the conceptual and theoretical base that informs this work";* and the difficulty in both translating *"discrete health promotion projects into wider more penetrating settings achievements"* and sustaining that activity over time (p.340). It was identification of the latter challenges in my own experience that drew me to the topic of this research.

Whitelaw et al. (2001) describe considerable variation within the settings field and suggest that it is important to take into account the *"world view"* that frames the nature of the problem and the strategies to address it. They identify five broad types of settings activity as outlined in Table 2.1, while recognising that there may be overlap and interaction between these types or that they may be used sequentially. Also, attempts to bring about change within a setting may be influenced by a range of potential restrictions within that setting that may account for variations in practice. Those potential restrictions are summarised in Table 2.2 that examines the relationship between the construction of health promotion and the nature of the setting.

Table 2.1: Five types of settings based health promotion

Type	Core perspective/analysis of problem-solution	Relationship between the health promotion and the setting	Practical focus of activity	Indicators
A "passive" model	The problem and solution rest within the behaviour and actions of individuals	Setting is passive; only provides access to participants and medium for intervention; health promotion occurs in setting independent of settings features	Mass media and communication, individual education	Traditional individual indicators (e.g. knowledge, attitude, behaviour)
An "active" model	The problem lies within the behaviour of individuals, some of the solution lies in the setting	Setting provides "active" and comprehensive resources to fulfil health promotion goals; health promotion utilizes setting resources	Mass media and communication, individual education plus complimentary work on policy development and structural change around the specific topic areas	As above as end outcomes; plus process assessment of wider setting contributions
A "vehicle" model	The problem lies within the setting, the solution in learning from individually based projects	Health promotion initiatives provide an appropriate means for highlighting the need for broader setting development; health promotion seen as a vehicle for setting change	Principal focus on developing policies and bringing about structural change using feeder activity from mass media and communication, individual education	A mix of project and contextual indicators (interest particularly in the interaction and association between discrete projects and broader development)
An "organic" model	The problem lies within the setting, the solution in actions of individuals	Organic setting processes involving communication and participation are inherently linked to health and are thus "health promoting"	Facilitating and strengthening collective/ community action	Organic setting indicators (e.g. levels of communication and participation; degree of staff development, etc.)
An "comprehensive/ structural" model	The problem and the solution lie in the setting	Broad setting structures and cultures inherently linked to health and are thus "health promoting"; health promotion as central component of comprehensive setting development	Focus on developing policies and bringing about structural change	Over-arching setting "development" indicators (e.g. policy and environmental impact)

Source: "*Settings based health promotion: a review*" By Whitelaw et al. 2001. *Health Promotion International, 16*(4), 339-353. p. 346

Table 2.2: The relationship between the construction of health promotion and the nature of the setting

	Ranging from	To
Nature of the setting	Traditional hierarchical structure; centralize culture; positional authority favoured	Flexible, open structure; decentralized culture; knowledge and sapiential authority encouraged
Position of health and health promotion within setting	Health not explicitly recognized as important to the setting; health promotion as one element of wider setting	Health explicitly recognized as important to setting; health promotion as significant element of setting development
Nature of required support and type of activity	Based on traditional professional resources; emphasis on existing health promotion programme skills; works within existing 'positional' authority	New flexible professional roles; broader 'setting development' practitioners; emphasis on nurturing broader, generic skills
Scope	Pragmatic; short-term; deliverable and tangible activity	Ambitious; longer term; contribution to wider setting goals

Source: "*Settings based health promotion: a review*" By Whitelaw et al. 2001. *Health Promotion International*, *16*(4), 339-353. p. 347

Whitelaw et al. (2001) further critique the use of guidelines for successful implementation of health promotion in particular settings (as described in Chapter One) suggesting that if applied in an insensitive fashion "*top-down*" models tend to be ineffective. More recently Dooris (2005) has highlighted the need to balance top-down instigation of and commitment to projects with bottom-up stakeholder engagement. Dooris further stresses that initiatives need to be driven by the agendas of both public health and the core business of the setting, in order to be able to achieve wider change within the organisation. In this way a commitment to health maybe integrated within the cultures, structures, processes and routine life of particular settings (Dooris, 2004, 2005).

One of the original settings, the health promoting schools (HPS) movement is amongst the most established and has been described as one of the most successful of the settings-based arenas (Whitehead, 2006). The best opportunities for positively influencing the health of young people and preventing the initiation of health risk behaviour are reported to be found in the school setting (WHO, 1999). Health promoting schools also enable a focus on the health of school personnel, families, and local communities. The following section addresses the literature on health promoting schools.

2.4 Health Promoting Schools (HPS)

The health promoting school approach upon which this project is grounded was framed by viewing a school as complex social system (Colquhoun et al., 1997). The WHO has supported and distributed a particular philosophy of health promotion that underpins the concept of a healthy school (Denman, Moon, Parsons, & Stears, 2002); the key action areas of the Ottawa Charter for Health Promotion were used by the WHO to define a health promoting school.

2.4.1 Definitions

The WHO defined a health promoting school as follows, with emphasis on the social and physical environment (Parsons, Stears, & Thomas, 1996):

> *The health promoting school aims at achieving a healthy lifestyle for the total school population by developing supportive environments conducive to the promotion of health. It offers opportunities for, and requires commitments to, the provision of a safe and health-enhancing social and physical environment (p. 313).*

The WHO later added to this description, allowing for variation between schools (consistent with the findings of Whitelaw et al.(2001), outlined earlier in this chapter), and focussing on constant strengthening of the capacity of the school as a health setting:

> *The health promoting school will vary, depending on need and circumstance; can be characterized as a school constantly strengthening its capacity as a health setting for living, learning and working. The concept of health promoting schools focuses on creating health as well as preventing important causes of death, disease and disability. A health promoting school creates health by helping students, staff, family members and community members (WHO, 1998a, p. 10).*

The above definition also emphasises ideas of a "*whole school approach*" within education by highlighting an inclusive learning and teaching environment that aims to foster and maximise human potential. The concept of a 'health promoting school' has provided a positive pathway in which the schools can contribute to the health of the students, teachers, support staff and their local communities through the creation of a health enhancing social context and environment (Denman et al., 2002).

The concept of a health promoting school is applicable to all countries and is well established in different countries in various forms, dependent upon the diverse cultural, political systems, and socioeconomic conditions (WHO, 1998a). While Health Promoting Schools (HPS) is an internationally accepted approach to addressing school health, countries that apply the approach have to carefully work out their operational aspects so as to meet their various specific needs, yet remain consistent with the six key features of a HPS (WHO, 1996) outlined below.

2.4.2 Core Components

The WHO (1996) identified six key features of a HPS, which in the Western Pacific region were translated into a framework with easily understood practical guidelines as follows (James, 2001):

- School Health Policies; School health policies are the clearly defined and broadly circulated directions which influence the school actions, to promote health.
- The Physical Environment of the School; the physical environment refers to the buildings, grounds, play space and equipment for both indoor and outdoor activities and the areas surrounding the school. The term also refers to basic amenities such as sanitation and the availability of water, and air cleanliness.
- The School Social Environment; the social environment is a combination of the quality of the relationships among staff, students, and between staff and students. It is often strongly influenced by the relationship between parents and the school which in turn is set within the context of the wider community.
- Community Relationships; community relationships are the connections between the school and the families plus the connection between the school and key local groups who support and promote health.
- Personal Health Skills; this refers to the formal and the informal curriculum whereby students and others gain age-appropriate knowledge, attitudes and understanding and skills in health that will build their competencies. They will become more autonomous and responsible in individual and community health matters.
- Health Services; there are the local and regional health services which have a responsibility for child and adolescent health care and education, through the provision of direct services to students and in partnership with schools.

At an international level, different countries sought ways suitable to their culture, and consistent with the criteria to clearly understand the concepts of HPS. For example, Australia demonstrated effective school-based health promotion requiring three main features, related to the areas of action; the first feature related to curriculum, teaching, and learning; the second feature related to school organisation ethos and environment; and the third feature related to partnerships and services (NHMRC, 1996; Dawson, 1997). As outlined in Chapter One (Section 1.4.4) Thailand has developed ten criteria from the original six elements.

2.5 Implementation of HPS in developed and developing countries

The HPS concept has been adopted by both developed and developing countries in various regions in the world. Developed countries have embraced the concept of HPS as an effective way of promoting the health of children and also the wider school community. It is important to take a developmentally informed approach to promoting children's overall health. Some programmes have been designed to meet the developmental needs of the whole child; physical, language, ethical, social, psychological and cognitive (Comer, Haynes, Joyner, & Ben-Avie, 1996). However the creation of health programmes in schools that address basic school needs or school health issues is important. For example, some programmes in developed countries aimed to increase skills and activate children in primary schools that have insufficient physical activities for their pupils and where obesity is a health issue. Van Beurden and colleagues (2003) implemented physical education lessons in school projects by supporting teachers and creating a supportive environment and healthy school policies. The intervention also encouraged teachers to increase children's activities. In contrast, schools in developing countries are faced with school health problems such as poor hygiene, malnutrition and risk of infectious disease.

In addition, there are wide-ranging interpretations of *"health"* in regard to health promoting schools. For instance, in the USA well-being is assessed as an entity in the school setting, with programmes focusing on how to implement health promotion and health education in a school (Konu & Rimpela, 2002). This model is based on Allard's sociological theory of welfare. Well-being is connected with teaching and education, and with learning and achievements. Indicators of well-being are divided into four categories: school conditions, social relationships, means for self-fulfilment and health status. The model takes into account the important impact of students' homes and the surrounding communities.

The broad and multilevel approach of HPS has been applied in the Asian context, where there have been many forums for WHO to present the message of *"Improving Health through School-National and International Strategies"*. School health policies were implemented in China in 1996, India in 1997, and Indonesia in 1998. The steps involved in overcoming school health problems recognised the determinants that affected students' health. The strategies and approaches used to improve school health programmes are: community participation, curriculum development, the training of personnel, the provision of counselling services and the creation of some special programmes. Many Asian countries have been faced with varied health issues in schools because of the size of the population, low education levels, and low socioeconomic status.

China, a large country with an enormous population, is faced with a diverse set of health problems; for example, in rural China, there are concerns about stemming the spread of the helminthes infection (Long-Shan, Bao-Jun, Jin-Xiang, Li-Ping, Sen-Hai, & Jones, 2000). A variety of programmes and projects such as model programmes for school health in rural areas and school lunch programmes to improve nutrition have been reported (Long-Shan et al., 2000). Also, numerous health promotion activities school-wide have been initiated, including group work, training staff, distribution of materials on nutrition, health education, student competitions, and outreach to families and communities with the aim of improving the nutrition and health status of students. Increase in nutritional

knowledge amongst all target groups, and changes in attitudes and behaviour have been reported. Also school visits have revealed improvement to facilities, school health services, the school health policies, and a positive school climate (Shi-Chang, Xin-Wei, Shui-Yang, Shu-Ming, Sen-Hai, Aldinger et al., 2004).

In Hong Kong schools, health promotion efforts have enhanced positive health behaviour for children and teachers. There is strong evidence from research findings that health promotion amongst young people has been effective. The authors reported that strategies were being developed in Hong Kong to address the key issues and challenges inherent in developing Health Promoting Schools; including work on teacher training in relation to health promotion and health education, funding and resources, policy-making ensuring that School Councils were intended to act as a major catalyst for the HPS programme, and the formation of healthy alliances. It has been suggested that all these issues need to be addressed before a school-based health promotion programme can be developed further. Such a foundation can provide an opportunity for trained school health educators to develop health promotion and health education programmes on a territory-wide basis (Lee, Tsang, Lee, To, & To, 2001).

In India, lack of basic school facilities such as drinking water and sanitation, and inadequate school health services were identified (WHO, 1999). Education and health have been identified as the two most important sectors for national development. One strategy to address these issues was to integrate health education into the school curriculum (WHO, 1999).

Improving health through schools has been a focus in Indonesia in the context of immense diversity of culture in that country. School health was run by a school Health Coordinating Committee (SHCC) which consisted of four ministries: the Ministry of Education, the Ministry of Religious, the Ministry of Public Health, and the Ministry of the Interior. The SHCC outlined the roles and functions for four ministries to take responsibility for HPS. They played a particular role in developing *"School Health Competitions"* as part of the development of HPS.

The national strategies and approaches included community participation, curriculum development, training of personnel, counselling services, life style training, the primary school cluster system, and other special programmes in health promotion and education (WHO, 1999).

Pridmore (2000) analysed the level of participation illustrated in case studies of school health in Nepal, Zambia, and Botswana. The results presented a rationale for the increased participation of children in developing HPS. The main barriers to children's participation were reported to be the attitude of adults as expressed in the traditional concepts of personal identity, knowledge and the authoritarian characteristics of strict societies and the consequent impact upon the children's ability to make their own decisions.

The role of teachers as role models in HPS has been questioned (Gordon & Turner, 2001). It was generally agreed that teachers could give health advice, and should model good interpersonal behaviours. Also, the teachers should not openly display negative health behaviour that directly affected pupils. However, there was little support for the position that teachers should be role models for good health.

In Thailand, as in other developing countries, there have been a number of studies of health promoting schools. The principal objective of such projects was to solve particular school health problems. For example, Wonganun (1995), and Pengkhum and Yodpanya (1998) worked with children who were underweight and on food sanitation in schools, respectively. The study results showed improvement through use of varying strategies, such as participation by parents, teachers and the community. These programmes have shown positive results. The staff, parents, children and communities have willingly participated (Wonganun, 1995; Pengkhum & Yodpanya, 1998). However, such studies focus on specific problems in order to reduce serious health problems and are unlikely to lead to a whole school approach to HPS. Most interventions have used classroom (curricular) approaches (Lee et al., 2001; Chaipipat et al., 2003). Some

programmes have developed many activities in school both in class and out of class to advance health (Suwan, 1995; Chaipipat et al., 2003).

An example of such an approach can be seen in encouraging anti smoking behaviour in young people. A comprehensive programme was developed which a wide variety of active activities such as promoting and rewarding non smoking, reducing the availability of tobacco products to young people, and helping young people who already smoked to quit. The results showed that young people became alert to the dangers of smoking and built up a positive image of non smoking. This programme influenced the behaviour of the young people and their parents. In the schools, they developed their own ideas and emphasis was placed on making activities both educational and enjoyable. For example, they took a caravan to visit and present the programme to rural students in Northeast Thailand (WHO, 2000).

According to WHO (2000), a broader study of HPS was also developed relevant to the culture of Thai schools, and the school curriculum and lifestyle. Suwan (1995) developed the multiple components of a school health programme in four pilot schools in three steps; needs assessment, programme planning and implementation, and evaluation. The programme had many activities for children which emphasised life skills. This model was succeeding in changing the attitude and behaviour of primary school students, however it was concluded that changes in health related behaviours are very complex and need a great amount of supportive efforts (Suwan, 1995). In 1999, the results of the pilot programme were analysed and existing and potential resources for school health programmes were identified at various levels to improve health promoting schools in Thailand. The data revealed an urgent need to establish precise health promotion policies at every level, to develop more effective collaboration between the sectors of education and health and to implement training programmes for the teachers, and further research (Suwan, 1995; Suwan & Narayong, 1999). The results of the study showed that Thai school needed more effective methods for implementation.

A few studies reported integration of HPS concepts in the general curriculum. For example, Chaipipat et al. (2003) put forward another model in Promoting Healthy Community and Environment through School Actions. This programme involved the general curriculum in schools, and sought to encourage teachers and children to participate in *"health promoting schools"*. In this programme health and environment content in existing curricula and training for teachers were analysed, then a protocol in six pilot schools was adopted in Northeastern Thailand. The results showed that all teachers and students preferred to use these guidelines in schools. Moreover, the results showed a positive way of integrating HPS into the curriculum in relation to the health and environment components, in Northeastern Thailand schools. However, pilot studies in other areas would be required before the protocol could be provided to all regions.

Lorlowhakarn (2001), who conducted an action research in a health promoting school in Phuket province, stressed the need for attention to participatory management in HPS in Thai society. Participation is a core component of HPS, which requires partnership between the school and the community. Lorlowhakarn reported that the average score of management skills and participatory management behaviours in developing a health promoting school programme, and opinions concerning management of the stakeholders had increased. The impact of the programme also showed that pupils received better health services and the school teachers had increased perception about school climate as related to supporting and rewarding, and increased job satisfaction.

2.6 Issues in the Adoption of HPS Concept by Schools

The widespread implementation of HPS in any country is dependent on the school teachers' understanding and their capacity to implement the programme. St Leger (1998), writing in relation to the Australian context, reported study findings that *"teachers thought mainly about school health in terms of curriculum and had little understanding of how community partnerships might work"* (p.223). St Leger argued for *"comprehensive professional development programmes for*

teachers; the production of resources which link the core business of the teacher – teaching the curriculum – to the key aspects of the HPS; closer collaboration between the health and education sectors, and recognition by the community that schools cannot solve societal health issues" (p.223). The need for training to enhance the professional development of school teachers, and lead change in the management of schools is also identified by Lee et al. (2001).

Common barriers to the adoption of school health programmes and the HPS concept were identified in the literature reviewed for this study. The barriers included "*inadequate: vision and strategic planning, understanding and acceptance of school health programmes, and collaboration and coordination among responsible parties, and lack of sense of ownership, responsibility and accountability for actions to improve school health programme, and lack of resources"* (WHO, 1999, pp. 15-16).

Lack of support: Reports from Asian countries showed similar findings with respect to schools' need for financial support; for example to develop the environment for health care services such as the place for brushing teeth after lunch, and washing hands (Chaiwong, 2001). Also, human resources and materials were needed (Symons & Cinelli, 1997; Mikawal, 2001; Tiabdokmai, 2002). Moreover, the HPS programme needs more research to identify the most appropriate programme for each school. Each country must implement its programmes taking into consideration their different conditions and cultural expectations (Symons & Cinelli, 1997; Tiabdokmai, 2002).

Inadequate understanding and acceptance of school health programmes; Schools need to understand the concept of health promoting schools (Inchley, 2002). In particular, the school manager or Director needs a clear understanding of HPS concepts and support from the school staff (Mikawal, 2001). Thus, trained health teachers are a necessary step to promoting health in schools. The lack of trained health teachers in some schools was identified as a problem (Symons & Cinelli, 1997), as classroom teachers cannot be expected to take full responsibility for

implementing programmes. In the context of a New Zealand low income School, Pearson (2002) found that "*teaching staff had considered that they had insufficient access to health knowledge, and input from health services staff did not meet health education requirements for the school" (p. i)*. As earlier identified, the level of children's participation in HPS depended on the attitude of adults as expressed in the traditional concepts of personal identity, knowledge and the authoritarian characteristics of strict societies and the consequent impact upon the child's ability to make decisions consistent with HPS guidelines (Pridmore, 2000).

Inadequate collaboration and coordination among responsible parties; Some projects could be dealing with a diverse set of health problems and the specific conditions of a certain area, and have difficulty with coordinating programmes amongst diverse cultures or suffer from inadequate links between the health and education sector (Symons & Cinelli, 1997). Also, a lack of monitoring and cooperation in the team was identified. The partnerships need more team work and cooperation; planning, implementation, and monitoring (Mikawal, 2001; Premboon, 2003). In Thailand, HPS research (Thanunchai, 2001), identified the following factors as contributing to school achievement: partnership support, motivation, cooperation and continuing encouragement in the team.

2.7 Complexity of Evaluating HPS and their Effects on Health

Research is fundamental for identifying strategies to improve student health, to monitor the process and outcomes and to evaluate new interventions. Evaluating HPS and its effectiveness is crucial to its future development and sustainability. The health promoting school is complex, broad, multi-sectoral and long term. It is important that evaluations mirror these characteristics. The studies of such evaluations are reviewed.

Nutbeam (1998) highlighted that *"there are many different interpretations of what represents 'value' from a health promotion programme"* (p.27). These different interpretations of value complicate the decision making process in evaluation research. He argues that success in health promotion is examined in relation to valued outcome and valued processes in health promotion that arise from definitions in the Ottawa Charter. There were different forms of health outcomes hierarchies; health and social outcomes, intermediate health outcomes, and health promotion outcomes (Nutbeam, 1998).

- Health and social outcomes are the end point of the actions.
- Intermediate health outcomes are the actual determinants of the health and social outcomes which are agreeable to modification.
- Health promotion outcomes represent those personal, social and structural factors that can be modified in order to change the determinants of health.

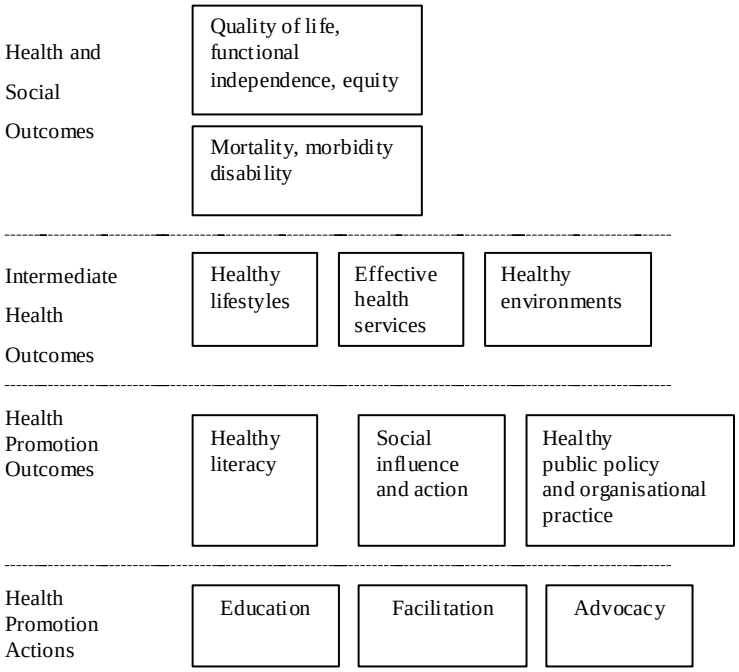

Figure 2.1: Illustrates the possible indicators of those outcomes at each level.

Source: "*Evaluating health promotion - progress, problems and solutions"* By Nutbeam, D, *Health Promotion International, 13(1), 27-44.* p. 30

A review of evaluation literature relevant to HPS shows the effectiveness of such programmes to promote health and also improve the knowledge of students (Warren, Henry, Lightowler, Bradshaw, & Perwaiz, 2003). The evaluation in the European Network of Health Promoting Schools (ENHPS) in Scotland showed that the schools had achieved all of their initial aims. The project outcomes addressed activities undertaken such as; school meals, eating behaviours, and the school environment. All agencies involved recognised the importance of a working partnership (a valued process). However, there had been limited involvement of the external agencies in some primary schools and few of the external professionals had direct involvement in the project in some high schools. Some staff, pupils, and parents were not familiar with the health promoting school concepts and were not aware of health promoting school activities (Inchley, Currie, & Young, 2000; Inchley, 2002).

There are many possible main approaches to gathering data for evaluation purposes (Parsons & Stears, 2002). A review of nine evaluation studies in HPS by Mukoma and Flisher (2004) stated that there were few studies that evaluated both the process and outcomes. This finding suggested that the researchers should employ triangulation of the most appropriate methods for answering the evaluation questions for each area of the intervention, rather than trying to evaluate all aspects of the intervention using a single methodology. Such an approach is supported by Nutbeam (1998). Qualitative approaches could be utilised in evaluating the implementation process as well as obtaining more in-depth information on the efficacy of the intervention (Mukoma & Flisher, 2004).

2.8 Conclusion

Every country has some form of ongoing school health programme, and it is important to summarise the significant research findings. The vast majority of school health research has been descriptive in nature. Much has been learned about the health status of children such as health behaviours, school physical and psychosocial health environments. However, that portion of the literature

dedicated to research has been largely categorical, focusing on a single area of health promotion such as smoking, nutrition, or personal hygiene. Relatively little research has been conducted on the integration of the component areas of the school health environment, school health education, and school health services. Especially in the studies undertaken in Thailand, there was little evidence to support the whole picture, with only some aspects of the health promoting school being represented.

Some Thai research was either unpublished or published only in Thai journals, which limits its accessibility by other researchers. The evidence showed that each country has attempted to implement school health programmes and has faced similar obstacles in the implementation of their school health component. Some of these include a lack of support, coordination, and commitment from both health and school sectors.

With respect to evaluation of HPS programmes, Speller and colleagues have made the point that, *"Many research studies are still seeking simple results with consideration of the effect of other influences, or use costly designs to attempt to control them"* (Speller, Learmonth, & Harrison, 1997, p. 361) . Due to the lack of literature on a different view of health promoting schools, research also supports the implementation of models in health promoting school through practice. There are few evaluations of the way in which the characteristics of the distribution process have affected the development of coordinated and integrated approach programmes. Also, many projects were quite well developed programmes to implement in schools but the schools are dynamic settings that are continually changing and health promoting school projects require varying activities in order to keep up with these changes.

In Thailand more work is required to explore the meaning of health promoting schools in the Thai context. It is essential if school staff are to understand and "*own*" health promoting schools. There is a lot of evidence which tries to present a successful project which does not guarantee the clear meaning of health promoting schools (WHO, 1998a). Moreover, there is limited knowledge about how the schools become successful in the HPS programme. Therefore, this study, in which a qualitative research approach was used, is an attempt to fill this gap by exploring how schools understand the meaning of HPS and the ways in which the achievement of a health promoting school status can be accomplished in Northeastern Thailand.

CHAPTER 3

RESEARCH METHODOLOGY AND FIELDWORK

3.1 Introduction

The review of literature in the previous chapter indicated that implementation of HPS varies depending on the needs of the school and the community situation. There are many barriers to projects being implemented. While successful implementation of focussed projects relating to nutrition, exercise, and environment has been reported, few researchers have looked at whole system change in a school, or what factors contribute to achievement of HPS status in the Thai context. In this chapter the research methodology is described with the rationale provided for its selection. Then a description of the fieldwork methods and the manner in which the methods were implemented in this study is detailed, providing an audit trail for the research.

3.2 Research Methodology

Ethnography has an important role to play in the study of human behaviour, as the methodology seeks to build a systematic understanding of human culture from the perspective of modern life in specific situations (Spradley, 1979a; Morse & Field, 1996). As Spradley explained, *"Ethnography is the work of describing a culture. The essential core of activity aims to understand another way of life from the native point of view"* (Spradley, 1979a, p. 3). The culture includes three fundamental aspects of human experience "*what people do, what people know, and the things people make and use*" (Spradley, 1979b, p. 5).

The value of ethnography in understanding one's own society has often been overlooked. People who live in complex societies actually live by many different cultural codes. As people move from one cultural scene to another, they utilise different cultural rules. People interpret experience and generate social behaviour in different ways, and different points of view are held between *"outsiders"* and *"insiders"* within a particular cultural context.

Spradley distinguishes between *"ethnographic projects beginning from an interest in some particular culture, area of the world, or theoretical concern"* and *"strategic research which begins with an interest in human problems"* (Spradley, 1979a, p. 15). This study has a strategic research focus on health promoting schools in the Northeast of Thailand. As such it could be described as focused ethnography (Knoblauch, 2005).

Ethnography is conducted in natural settings, in which the behaviour of people in everyday situations is followed as it happens, in order to understand the meanings constructed by the people as they undertake daily activities (Grbich, 1999; Angrosino, 2002). Ethnography views all elements under study as existing in a particular context, in which elements in the setting influence the behaviour of individuals and groups (LeCompte & Schensul, 1998). So, the methodology can be used to arrive at a better understanding of the selected situation, to gain more understanding of what is happening in the particular circumstances. Thus there is a good fit between the research methodology and the topic selected for study.

Ethnographic research methods include unstructured participant observation, interviews, fieldnotes, photographs and review of existing records and documents (Morse & Field, 1996; Angrosino, 2002; Have, 2004). However as Have (2004, p. 108) points out, ethnography always includes *"direct observation of situated activities"*.

The following sections describe how ethnographic research methods were applied in the study context to provide an understanding of the meanings of a health promoting school programme, what underpins success in a HPS in the context of Northeastern Thailand, and in what actions (and why) teachers, pupils, parents and communities participate when health promoting programmes are applied in a local area.

3.3 Fieldwork

The fieldwork of this study was carried out for nine months, divided into two periods: February to March 2005, and May to October 2005. April to May was a long period of holiday in the Thai schools; during this time I studied the school documents. In the following subsections I outline how the school was selected, the steps of approaching the school, and how the relationship was built. Data gathering and data analysis are discussed in the following sections. Finally, the details of the exit from the setting are presented.

3.3.1 Gaining access

Ethnographic method is based on personal contact; to establish rapport is vital in order to research accurately. Essential to the rapport building process is the notion of mutuality (Angrosino, 2005). Gaining access as a process required locating sponsors, and getting past gatekeepers (Roper & Shapira, 2000).

In order to gain access to the field, personal contact was necessary before the formal letter from the university arrived. I therefore contacted, by telephone, the deputy Director in the office of the Basic Education Commission Service area office 1 of Mahasarakham province, before I returned to Thailand to set up the study. I requested permission to conduct the research in his region. A good response was received. I had known the deputy Director of the Basic Education Commission in Region 1 of Mahasarakham province in a formal capacity for three years prior to this request. He had been invited to speak and to cooperate in

conducting Mahasarakham University research about health promoting schools and I had been was a member of the researching team.

3.3.2 Site Selection

The setting for ethnography can be wherever people and activities that give rise to cultural questions are. The researcher must know that significant data are accessible in a particular setting. When I arrived in Thailand, I went to discuss how to select the school with the Deputy Director of Mahasarakham Educational Service area office 1. I outlined to him the purpose and the processes of my study. Potential schools were identified with a member of the team of evaluators, who had responsibility for health promoting schools in the province. They took me on a tour in several schools; I had a good chance to see the real school situations and to talk to school staff. Being accepted by the deputy Director of Mahasarakham educational service area office 1, who accompanied evaluation team members on the tour, helped facilitate my gaining rapport and trust. Consequently, the management team in the particular school that I selected agreed to participate in the study.

The study was located in a rural primary school in Mahasarakham province, Northeast Thailand. The school had been listed by the Thai Ministry of Public Health as having successfully implemented the health promoting school programme, and was identified with the assistance of education personnel who have responsibility for health promoting schools in Mahasarakham province. The selected school had achieved successfully at the provincial and regional levels for its HPS programme; it was a convenient distance from my university (approximately 17 kilometres), was of a medium size (17 staff and 236 pupils) and rurally located, thus it was unlikely to be highly resourced.

3.3.3 Entering into relationships: establishing rapport and trust

Ethnography always involves a consideration of people and events in their natural setting. The researchers typically lives with or in the institutions or groups they are studying for extended periods of time because it takes considerable time to become familiar with the participants (LeCompte & Schensul, 1998). I sought to form relationships and establish good rapport with the people in the study so they could share their feelings, and reveal their understandings of the situation to me as the researcher. As Germain (1993) commented, meanings are emphasised rather than surface data, and trust needs to be built all the time with informants, to get meaningful data in context.

The first contact was made through the deputy Director of Mahasarakham educational service area office 1, who introduced me informally to key personnel at the school. The fact that I was a staff member at Mahasarakham University, in the same province as the selected school, made acceptance by the school staff easier. A formal meeting was set up in my second week at the school, to introduce me to all school members. I gave details of my study; the purpose, process of the study, time, and the methods of the study. The staff were asked for their cooperation. For this meeting, I prepared tea and cookies, which made a good impression. I was introduced to the pupils at the morning school assembly.

During the first month of fieldwork, I was a stranger to the school staff and pupils. I presented my study honestly and briefly; those who wished to know more asked specific questions. For example, when I introduced myself and explained my study, the teacher who worked as the leader in school subjects asked me what special things the school had to prepare such as things about the environment, pupils, or teachers. I found that she felt uncomfortable when I came to the school. However, trust and rapport were gradually established over a prolonged period of participant observation as detailed in section 3.4 below.

An informal meal was the way to get to know *Gumnan*[1] . He often came to join in lunch with the school staff; I was invited to join the lunch and was introduced. I briefly presented my study purpose to him and asked for cooperation. I wanted to know his ideas about the healthy school, and how the community could act in and join the school activities. The leader was the key man, he knew how to work and organise the villagers.

3.3.4 Informants

In the study, the key informants in the school were the Director, school health teacher, and the leader teachers. In addition, some informants were found by key person referral because the Health Promoting School committee was informed. Potential informants were identified at the school and in the community; teachers and pupils on the committee, the *Gumnan*, the health officer, and community health volunteers. Names were talked about. Appointments to see potential informants and to build trust and gain rapport were made; the *Gumnan* appointment was arranged by the health teacher, and community health volunteers were linked by the pupils. The health centre was nearby the school; I had visited and introduced myself to them previously. They were willing to share information with me.

The informants included pupils, school staff, health officers, and villagers. All pupils could be considered to be participants, although to varying degrees of participation. Interviews were conducted with 24 girls and 21 boys; 26 pupils were in primary level, and 19 were in lower secondary level. Sixteen teachers and one janitor were informants in this study and two health officers who worked in the local health centre were informants also. Moreover, the villagers who had experience in HPS were also interviewed. All informants shared varied experiences related to the school health promotion.

[1] The leader of the community, chief.

3.4 Data gathering

Participant observation and ethnographic interviews were the major methods of data collection. Ethnographic records included fieldnotes and photographs, were also taken in this fieldwork. Typically, ethnographers observe and talk to informants to find out what they are doing and why. So, many different kinds of data collection are employed (LeCompte & Schensul, 1998). Ethnographic fieldwork begins with asking broad descriptive questions to guide the observations and develop an understanding of what goes on in the social situation. Initial data are analysed. From these data, the researcher moves on to developing both structural questions and contrast questions to make more focused observations and selective observations (Spradley, 1979b). A critical dimension of an ethnographic study is a description of the context in which behaviour occurs (Morse & Field, 1996) as provided in Chapter Four.

3.4.1 Participant observation

Collecting ethnographic data by observation is a particular job in ethnographic research. There are varied social situations in the research setting for participant observation. Observations are focused on three elements: place, actors, and activities as illustrated below. A good participant observer will keep in mind six features: the purpose, explicit awareness, wide-angle lens, the insider/outsider experience, introspection, and record keeping (Spradley, 1979b). Extensive fieldnotes and photographs assist with recall of observations and informal discussion during periods of observation.

Techniques of participation vary in different situations, and over the period of fieldwork the researcher may choose differing levels of involvement from passive participation, moderate participation, active participation, to complete participation (Spradley, 1979b). Over the nine-month period of the study, my levels of participant observation moved from passive observation to active participation as a means to achieve acceptance and the reciprocity expected in

Thai culture. I spent approximately three days per week in school between 7.30 a.m. and 4.p.m.

As an observer, I spent a lot of time in the school on the school grounds and around the class rooms in each school building. To minimise disruption of class learning, I observed from outside the class room. Only once or twice, I asked for permission to attend in the class.

Joining the assembly every morning provided an opportunity to meet teachers and pupils. I attended morning school activities such as singing the national anthem, chanting Buddhist prayers, doing pupil activities, and listening to a duty teacher giving notices. I followed all the activities in the school. It made me familiar with school life and with the school members.

The school gave me an office in the first aid room, which was near a classroom. It was easy and quick to approach pupils from the first aid room. When the pupils had free time, I enjoyed making relationships with them. Walking around the school to meet and talk with teachers, pupils, and others as much as possible provided additional opportunities to obtain information by observation and informal discussion. I would see what they usually do when they were in the school grounds and class room. Playing with, and chatting to, pupils when they had no class helped to form good relationships and made us known to each other. I also asked about their parents and home, as such enquiries would lead me to the pupil’s family.

Sitting and having a drink in the canteen gave chances to introduce myself and make relationships with canteen staff and the parents who brought their children to school. I would observe the situation in the canteen and talk with them individually and in a group.

Parents were contacted via contact with their child. They were pleased when I visited their home to show respect to them. Some villagers, who had limited education and a poor life, initially felt uncomfortable when a person with

education came to their home and were shy about their life at home. It was easy to build a relationship with that family; showing that I respect them by *Wai*[2], communicating in the local dialect, my mother tongue. Also, I presented a good rapport with their child; talking about their child's activities in school, calling the child a nickname.

Teachers invited me to share lunch with them on occasions. The janitor or pupils were assigned to buy food from the community. I always joined their lunch and provided fruit to share. Also, on special days such as a staff birthday, the school would organise a birthday party. Thus I often participated with them, and did the same as the school staff.

Whenever any activities were held in the community, the school staff were invited. It was helpful for me to participate in those activities. For example, Isaan[3] people were happy when many people came to their house and had food together, when they celebrated. I saw this as a way to be accepted by the villagers and I was viewed like a school teacher.

Another feature which contributed to acceptance was joining the school's activities on special days. Sports days were organised for pupils. I contributed motivation things such as candy and cookies and sat beside the playground to cheer. The teacher showed a sign of acceptance of me by asking me to advance money for decorations and makeup for the pupils, and she would return it later. On special religious days, most pupils went to the temple for Buddhist activities; praying and meditation. I joined in the temple activities and helped oversee the students as if I were a school teacher.

The action that made the teacher who was a leader in school subjects accept me was my contact with a lecturer at the Western languages and Linguistics

[2] The Wai may be a method of showing respect in different degrees. Thais use the Wai to say Hello, Thank you and Goodbye. They also use it to show respect.

[3] An ethnic group is a feature of Northern Thailand, their language and culture are similar to those of their neighbors; Laos and Cambodia.

Department of Mahasarakham University, to correct the English proposal of pupils in English as a subject, for a pupil competition at the province level. I represented the school teacher, and took pupils in my car to see the lecturer at the university.

Other reciprocal involvement with the school members included supervising a classroom or the examination room when there was an urgent school meeting or other unexpected situation. Moreover, the teachers asked for assistance with correcting and creating English conversation in the English project for the provincial competition. Also, I offered to help to type the databases of new cases in the computer. In addition, I contributed to cleaning and took responsibility in the first aid room while data gathering on the school site. Thus over time I took an increasingly active role as participant observer which enabled me to explore a wide range of places and focus on all of the actors and activities relevant to HPS in the selected setting.

3.4.2 Ethnographic interviewing

Spradley (1979a) suggests that the ethnographic interview is a particular kind of speech event. There are important elements in an ethnographic interview such as an explicit purpose, ethnographic explanations, and ethnographic questions. It is possible to insert ethnographic questions within a friendly conversation. There are different types of ethnographic questions. Descriptive questions are the easiest to ask and to accept for interview. Structural questions enable exploration as to how informants have organised their knowledge. In addition, contrast questions enable the ethnographer to discover the dimensions of meaning by exploring the diverse terms in *"native"* language (Spradley, 1979a).

Initially, I interviewed key informants such as the health teacher and the school Director. At the same time informal questions were asked of school staff, pupils, cooks, and pupils' relatives who brought and picked up the child at school. Broad open-ended questions were used to gather information identifying the source of

basic information, rather than simply acting on assumptions from the start (LeCompte & Schensul, 1998). The general descriptive questions began with the topic of HPS. I attempted to encourage the respondent to talk about the context of HPS in the school from personal experience and from other schools the informants may have been involved with.

Most of the interviews were recorded. In order to minimise interruptions the interviews were undertaken in free time and at a place acceptable to the informant. Interviews with pupils were done in the class when no study was scheduled or he/she had free time. It was hard to keep the interviews private; often only a short time was possible, requiring continuation of the interview another time. Being recorded was not a common experience for children; they asked "*what's this?*", "*what's it for?*" about the recorder. Staff interviews were sometimes interrupted by mobile phones or urgent documents to be completed. During recording, some staff asked that I delete some parts of the recording because it was not linked with the research topic, only individual behaviour that they would like to tell me. Many data were recorded in fieldnotes based on informal spontaneous discussions that took place as a part of observation.

3.4.3 Ethnographic records

An ethnographic record is the record of the cultural scene that includes fieldnotes, tape recordings, pictures, and anything else that documents the cultural scene under study (Spradley, 1979a). There are two principles of an ethnographic record – the language identification principle and the verbatim principle. These principles suggest that the researcher should use the language of the actual field situation and make a verbatim record of what people say in the field situation. While a verbatim record may be obtained by tape-recorder, informants may not always be comfortable with the technology as illustrated above. It is not possible to write down verbatim everything that informants say. Therefore fieldnotes recorded on the spot provide a condensed account using the actual words of participants rather than an etic interpretation by the researcher. As soon as

possible after the field session the researcher should fill in details and recall things that were not recorded on the spot. In addition, a journal is a particular record of experience, ideas, fears, mistakes, confusions, and problems that happen during fieldwork (Spradley, 1979a). Visual recording is important in data gathering. Photographs of the school and community, and the events in the period of fieldwork were taken and have been used in Chapter Four to aid understanding of the Thai context.

3.5 Data analysis

Data analysis is a systematic examination to determine the ways of thinking of people within a particular context. Ethnographic analysis consisted of a search for the parts of a culture, the relationship among those parts, and the relationship of the parts to the whole. It requires feedback from one stage to another. Analysis of ethnographic information is a long and thoughtful process and requires time for reflection to achieve personal understandings of complex events and the people who perform them (Spradley, 1979b; Morse & Field, 1996; Roper & Shapira, 2000).

Initial data analysis took place simultaneously with data collection. During the initial phase of the fieldwork broad descriptive observations were made in order to obtain an overview of the school context and what went on there. Cultural data were generated by asking descriptive questions, making general observations, and recording field notes (Spradley, 1979b; Morse & Field, 1996; Roper & Shapira, 2000). The data were analysed during fieldwork in order to know what to look for or focus on during the next period in the field. In each period, there was a large amount of data. Analysis of these data resulted in the refining and revising of research questions focusing more specifically on the HPS issue, until the end of the fieldwork. As Roper and Shapira (2000) noted, "*In reality, there is nothing linear about the analysis of ethnographic data. You move back and forth among the steps*" (Roper & Shapira, 2000, p. 94).

LeCompte and Schensul (1999) identify three phases in ethnographic analysis that represent different levels of abstraction. As the researcher engages in the systematic inductive thought process, individual items are clumped together into more abstracted statements about those themes as a group. Patterns are identified in relation to those items, then structural analysis enables a higher, more abstract grouping of patterns.

In this study Lofland's analysis of the structure of human interaction was applied. Lofland's strategy uses a hierarchically organised set of categories (LeCompte & Schensul, 1999, p. 78) ;

- Actors and acts
- Activities
- Settings
- Ways of participating
- Relationship
- Meanings

Lofland's approach involves identifying all the individual actors in the settings, as well as the acts in which they are engaged. Actors participate in the setting in different ways. In the field situation I used three categories (setting, actors, and HPS roles) to identify all of individual actors in the particular setting at the community school as shown in Figure 3.1.

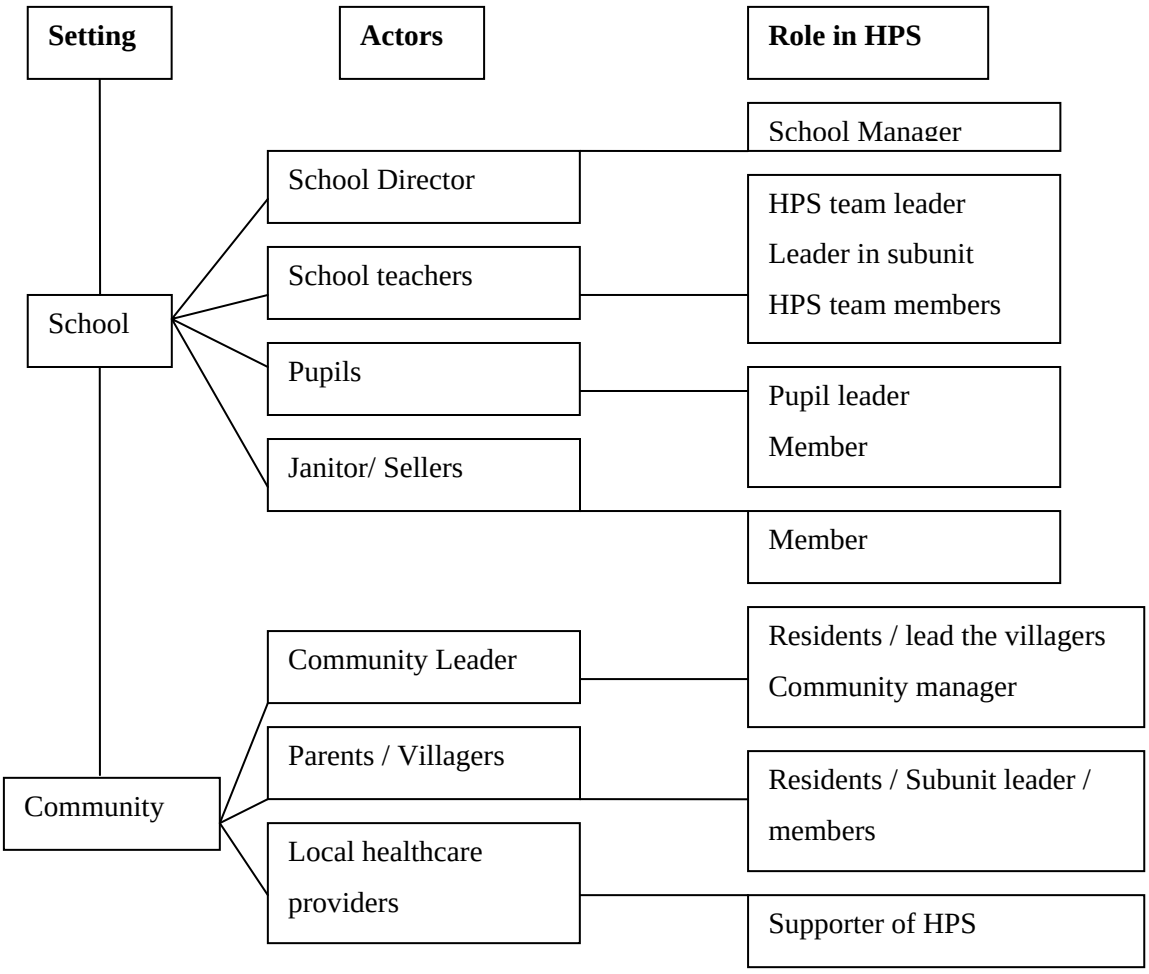

Figure 3.1: Relationship between setting, actors, and roles in HPS

I identified two settings; the school and the community. Actors in the school setting included the school Director, teachers, pupils, and janitor and sellers (in the canteen). These actors played differing roles in the HPS programme. Actors in the community included the community leader, parents, and villagers. The local health personnel who took roles to support the HPS programme were also located in the community.

I then worked to identify the actors and activities in which the actors engaged in each of these settings. Lofland defines *"acts* as *small-scale interactions in which individuals are engaged, and that conduce to one specific goal"* (LeCompte & Schensul, 1999, p. 79). Individual acts combine into activities that may be influenced by the time of day. Figure 3.2 illustrates the settings, acts and activities of pupil at the school in the morning.

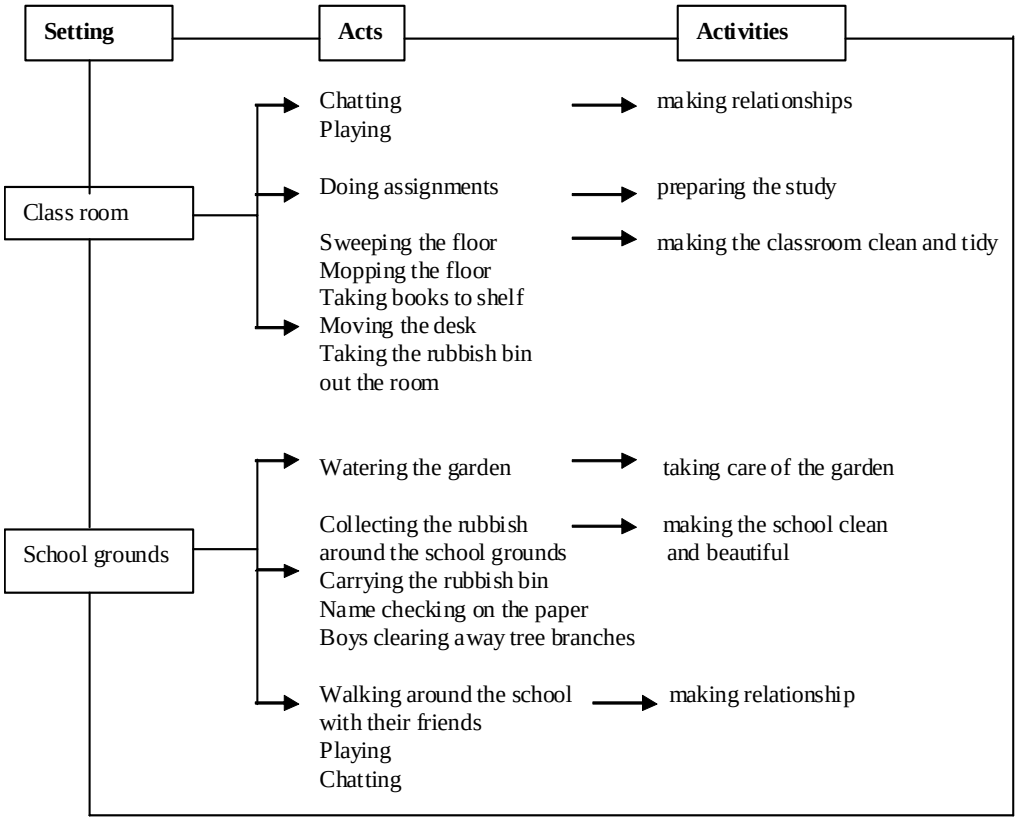

Figure 3.2: Setting Acts and Activities of pupils

I identified that actors participated in the setting in different ways and that different forms of relationship also affected the level of participation in activities. For example, pupils participated in the health activities in school because of the relationship between the teachers and the pupils, while the good relationship between the teachers and the community leader facilitated active participation in the community. Differing levels of knowledge also contributed to differing levels of achieving. As illustrated in Figure 3.3 all of these factors contributed to the differing understandings or meanings of HPS held by different actors.

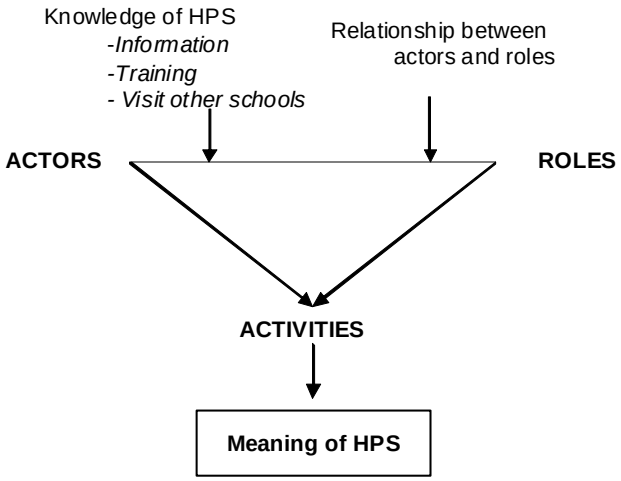

Figure 3.3: Relationship between actors-roles, activities-and meaning of HPS

I followed by looking through the data for the set of meanings held by differing actors about HPS. Figure 3.4 illustrates that teachers, pupils, parents and the community leader all held a view of HPS as a collection of health activities, as evidenced by the data extracts.

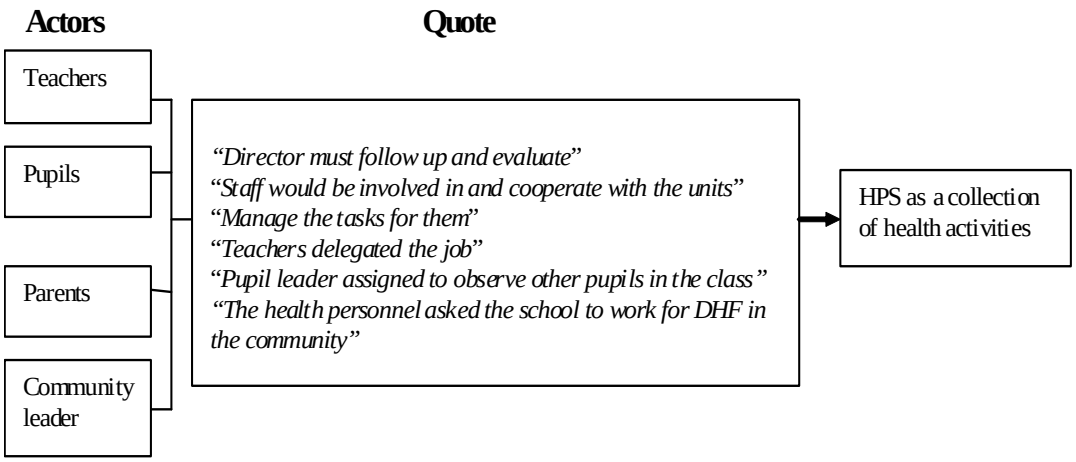

Figure 3.4: Relationship between the actors and activities to structure into the meaning of HPS

This meaning of HPS was one of five categories of meaning identified in the data analysis and described in Chapter Five. Analysis has no single form or stage in ethnography. Analysis is iterative to build firm knowledge. As analysis is undertaken, new questions arise resulting in additional reviews of data, this process continues until near the completion of the research.

3.6 Ethical Considerations

Ethnography involves a process of research that is mediated by personal encounters, thus the researcher must be concerned with the ethical dimensions of the study. The first responsibility as a researcher is to respect the people who are studied. Researchers need to protect their dignity, their privacy, and their interests (Angrosino, 2005).

This study was approved by the Human Ethics Committee of Massey University, approval number PN 04/187. Permission for entry to the school setting was obtained from the deputy Director of Mahasarakham educational service area office 1, Mahasarakham Province and the Director of the school. The letter document is not appended to maintain the anonymity of the school.

The Thai version of information sheets and consent forms (English versions appended) were provided to staff, parents/community members, and to the children formally interviewed. Information was sufficient for the participants to make a decision as to whether or not they freely chose to participate in the study.

However, oral consent was used for informal discussion with participants. Extended fieldwork requires process consent and I regularly reminded the informants about the study to ensure their understanding, and their continued willingness to participate.

All informants were ensured that they had the right to withdraw from the study any stage, to refuse to answer any questions and to not have their names used in any report or publication from the study. Photographs have been used with permission.

In ethnographic research a particular ethical dilemma arises wherein the researcher seeks a delicate balance between presenting the most precise picture of the field experiences and protecting the anonymity of participants involved in the study (Mann, 1976).

In this study the name of the school is withheld, although persons living in the region may be able to locate it based on personal and public knowledge because of the school's high status as a health promoting school. Individual teachers and the Director are not named, however because individuals hold particular positions such as Director or the health teacher, the identity of particular individuals may be able to be deduced. However in this study which focuses on a successful health promoting school such identification is unlikely to cause harm to the school or the personnel.

All of the research information in this inquiry including tapes, transcripts, participants' information, informed consents and coding of data is stored securely and will be retained for five years following successful completion of this thesis and publication of articles, and then destroyed.

3.7 Trustworthiness

Lincoln and Guba (1985) have suggested four criteria for establishing the trustworthiness of qualitative data: credibility, dependability, confirmability, and transferability.

Credibility is assured by carrying out the investigation in such a way that the believability of the findings are enhanced and by taking steps to demonstrate

credibility. There are a variety of techniques for improving and documenting a credibility of the study (Lincoln & Guba, 1985):

- *Prolonged engagement* refers to *"the investment of sufficient time to achieve certain purposes: learning the culture, testing for misinformation introduced by distortions either of the self or of the respondents, and building trust"* (Lincoln & Guba, 1985, p. 301).
- *Persistent observation* refers to *"the researcher's focus on the characteristics or aspects of a situation or a conversation that are relevant to the phenomena being studied"* (Polit & Beck, 2003, p. 428). As Lincoln and Guba note, *" If prolonged engagement provides scope, persistent observation provides depth"* (Lincoln & Guba, 1985, p. 304).

- *Triangulation* improves the quality of data and the accuracy of ethnographic findings. It is at the heart of ethnographic validity (Fetterman, 1998). There are four types of triangulation; data triangulation, investigator triangulation, theory triangulation, and methodological triangulation (Patton, 2002; Denzin & Lincoln, 2003).

In this study prolonged engagement and increasingly active participation built trust and a good relationship between the researcher and the informants. Persistent observations focused in depth on a different series of acts and activities in a range of settings and involving different actors. The use of differences data sources; interview, observation, documents and fieldnotes is a form of data triangulation which improves the quality of data and the accuracy of ethnographic findings (Lincoln & Guba, 1985; Stewart, 1998; Patton, 2002). Furthermore, the same questions were put to different levels of informants including teachers, pupils, parents, and HPS committee members in order to obtain multiple perspectives. Peer debriefing (De Laine, 1997; Polit & Beck, 2003) with fellow Thai doctoral students provided feedback about data quality and interpretative issues. These techniques improve the credibility of findings from this research.

Other aspects of trustworthiness in qualitative research include *dependability and confirmability: dependability* refers to the stability of data over time and over conditions. Also, *confirmability* refers to the objectivity or neutrality of the data (Polit & Beck, 2003). My supervisors, in their examination of my data and questioning of my analysis and writing, ensured dependability and confirmability in this study.

The final kind of trustworthiness is *transferability;* which refers essentially to the generalisability of the findings to as other settings. Thick description and verbatim quotations in the report increase transferability (Germain, 1993; Polit & Beck, 2003). Thick description is a written record of cultural interpretation that starts during fieldwork. Thick description can reveal both cultural scenes and a researcher's analysis (Fetterman, 1998). The reader can infer the values and worldview from verbatim quotations. It was not the intent in this study to be able to generalise the findings to other settings, rather than to provide an in-depth understanding of HPS in the context of one school.

3.8 Conclusion

Ethnography was the research methodology selected for this study. This methodology is suited to exploring the nature of the school to know what goes on in the school, and to understand and describe what needs to be done to produce a successful HPS. The fieldwork was carried out for nine months in 2005. The strategies were presented to show how I handled the fieldwork including gaining access, site selection, and establishing rapport and trust. Participant observation, interviewing, and ethnographic records were the particular methods for data gathering.

Data analysis took place simultaneously with data collection. The analysis was conducted using Lofland's structure of activities to identify items including all actors and activities in the school setting: teachers, pupils, parents, villagers, and health personnel. Analysis was focused on the structure of actors' interaction in

the school. Interpretations of the findings were verified and clarified by participant and relationships and structures. The results were developed into a chapter of my thesis. The trustworthiness of the study was illustrated along with steps taken to ensured credibility, dependability, confirmability, and transferability. In the chapter which follows I will give an explanation of the school setting with details of its structure, actors and activities in that setting.

CHAPTER 4

THE RESEARCH SETTING

4.1 Introduction

In this descriptive study, ethnographic research methods were used to explore what underpins success in a Health Promoting School (HPS) in the context of Northeastern Thailand, and in what actions (and why) teachers, pupils, parents and communities participate when health promoting programmes are applied in a local area. In this chapter the school's location, physical environment, population, organisation and daily routines and life within the school are described in detail in order to provide a context for the study.

4.2 Location of the Research Setting

The study area is in Northeastern Thailand and is known as *Isaan*. There are nineteen provinces in Isaan. Mahasarakham is a small province, located in the heart of North-eastern Thailand. Neighbouring provinces are Kalasin, Roi Et, Surin, Buri Ram, and Khon Kaen. Mahasarakham is 470 kilometres from Bangkok and has an area of approximately 5,291 square kilometres. (See Figure 4.1)

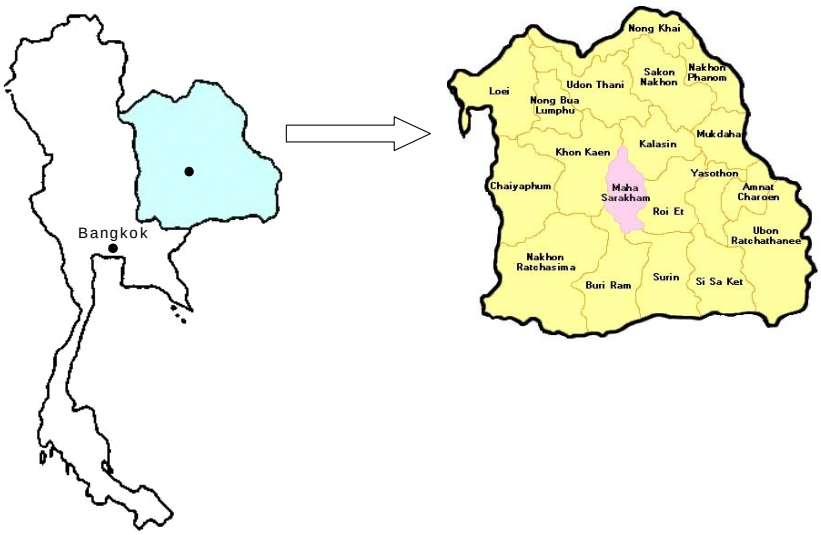

Figure 4.1: Map of Thailand and the Northeastern region

Transportation to Mahasarakham is via ordinary or air-conditioned bus that operates from Bangkok several trips a day. If travelling by a train or plane, you need to exit at Khon Kaen and continue the trip by road. Mahasarakham is 72 kilometres from Khon Kaen.

The province is divided into 13 districts (*Amphoe*): Muang, Kantharawichai, Kosum Phisai, Wapi Prathum, Borabue, Phayakkhaphum Phisai, Na Chueak, Chaing Yuen, Na Dun, Kae Dam, Yang Si Surat, Kut Rung and Cheun Chom. (See Figure 4.2)

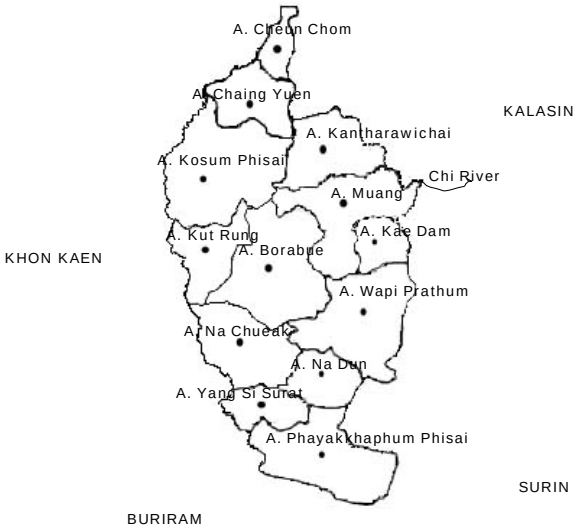

Figure 4.2: Map of Mahasarakham District

Mahasarakham is a peaceful province and regional centre for education. The majority of the Mahasarakham area is rolling plains, which are largely covered with rice fields planted beside the Chi River. The main occupations of the people are rice cultivation and animal raising. More than 84% of the population works in the agricultural sector.

The school studied was located in a suburb of Muang district, which is densely populated like a city; it occupies an area of 556 square kilometres. Muang district, which is located in the centre of Mahasarakham, is subdivided into 14 subdistricts (*tambon*), 185 villages, and 40,636 families. There are many educational institutions located in Muang district such as Mahasarakham University, Rajabhat Mahasarakham University, and Boromarajonani College of Nursing, Sri-Mahasarakham.

4.3 History of the School

The school was established on 16 August 1922. Initially, classes were held in the local temple with classes offered at primary levels 1-4. Land in the village was donated to build the school grounds twenty years later. In 1973 the school was moved to a public area, *San Pu Ta*[4], in the village, and the primary classes were extended to level five. In 1978 a kindergarten was established. In 1991 lower secondary school classes at levels 1- 3 were introduced. In 2001-2002, the villagers gave money to develop the school and for educational support. With this money, the school name was engraved in marble in front of the school (see Figure 4.4), a temporary canteen was built (see Figure 4.14) and computers were bought for pupils' study.

[4] "*San Pu Ta* or *Pi Pu Ta is the ancestral spirit and protector of villages, land, forest, and life of villagers*." (Preecha Kuwinpant, Thai Society and Culture, Graduate School of Economics Nagoya University, 2002)

4.4 The School location

The primary school selected for this study is located in a suburb of Muang district, Mahasarakham province, approximately 12 kilometres from the centre of Muang district. It costs 7 baht (30 cents, $ NZ) to travel by bus from the village to the centre of Muang district. The local buses cover this route from early in the morning. Otherwise families travel independently using their own transportation: a car, truck, or motorbike. Travel to the school and surrounding villages leads you off the main road and onto a dusty country road. The village roads have been concreted, including the road in front of the school, and are about 3-4 metres wide (see Figure 4.3-4.4).

Figure 4.3: The main road from Muang district and the road to the villages

Figure 4.4: The concrete road in front of the school.

The school area is about 7 *Rai*[5]and belongs to the Basic Education Commission of the Mahasarakham Province. Children from seven surrounding villages attend the school. The school was built in the centre of the community, alongside a canal, a small branch of the Chi River. The Chi River is one of the three main rivers that flow through Isaan region. People depend on the river for irrigation for their agricultural needs. Also located near the school is the local health centre.

4.5 The Physical Environment of the School

There is a fence in front and along one side of the school. The school has two entrances: the main entrance is at the front of the school and other one at the side near a local health centre. Most people prefer to use the front entrance, only people who live on the side and the teachers, who park cars on that side, use the side entrance.

There are small red-dusty roads, around 4-8 metres wide, in the school, between the buildings. In dry weather the red earth creates dusty roads. In the rainy season, the dust becomes mud because of heavy rain. In previous years flooding has been a problem and has caused a lot of damage in the school grounds. They have now solved the problem by clearing the canal at the back of the school grounds allowing for a larger volume of water to flow within the canal.

Figure 4.5: The main entrance in front of the school.

[5] Rai is the Thai unit of measurement of land; one Rai is approximately 1,600 square metres

There are many big *Yang* (rubber) trees around the school area. They were planted for the good environment only – they are not for business. The rubber trees provide good shade for the pupils while they rest and play (see Figure 4.6). The people avoid cutting down the trees in the school because they believe that they belong to *San Pu Ta*. People in this area hold strong Buddhist beliefs. They also practise ancestor worship, which is especially widely performed in the villages in the Northeast. In this area the spirit is called *San Pu Ta* or sometime called *Pi Pu Ta* (Kuwinpant, 2002). The worship of *Pi* is widespread throughout the rural areas, particularly among villages in the Northeast. Pupils, teachers, and the people in the villages respect it. People always ask permission from *San Pu Ta* before commencing an activity that may offend the spirit. They believe that the spirit is a guardian of the area.

There are proverbs on the trunks of the *Yang* trees. The proverbs contain encouraging words for everyone. However, they are placed too high for primary school pupils to read them.

Figure 4.6: Big Yang (rubber) trees around the school

There are two Buddha images in the school grounds: an old one near the petanque ground, and a new one at the front of building four. The new image is beautiful and golden (see Figure 4.7). Lush green trees surround it. Most people in the Northeastern area are Buddhists. It is the responsibility of the pupils to keep the

surrounding areas clean and tidy. So, the pupils sweep and clean around this area early every morning.

Figure 4.7: A beautiful golden Buddha image

In addition, the school has two plant nurseries, which include small rubber trees and decorative plants. These nurseries are located near building four and near a pond. There are many kinds of decorative plants. Small plants are put in plastic bags and kept in a nursery. When the plants mature, they are planted in the school grounds for beautification. The pond provides easy access to water for the plants in the nursery. Sometimes the villagers and other schools have asked the school for free plants. However, when I finished the fieldwork, the pond was filled up with soil, which was produced as a by-product of clearing the canal. That area is being prepared as a building site for a future new school library.

There are small gardens scattered around the school grounds; they are planted and maintained by pupils under teacher supervision. Alongside the road, there are a few blocks of flowers. Pupils plant bougainvillea plants, a hardy plant that survives in dry climates, in circular concrete blocks. In the long summer school holidays the janitor cares for the grounds himself.

In the middle of the school, there is a green lawn (see Figure 4.8). On the edge, the big rubber trees have grown up to make a nice atmosphere for this school. The boys often play outdoor sport: football, running, and other games. The girls prefer to play in the classrooms or under the trees. On one side of the field are sports grounds used for volleyball, basketball, petanque, and the traditional *dakraw*

(rattan ball). Near the sports ground is a flagpole, which is built on a concrete base with about 3 steps.

In front of the kindergarten classes is a junior playground with climbing equipment (see Figure 4.9).

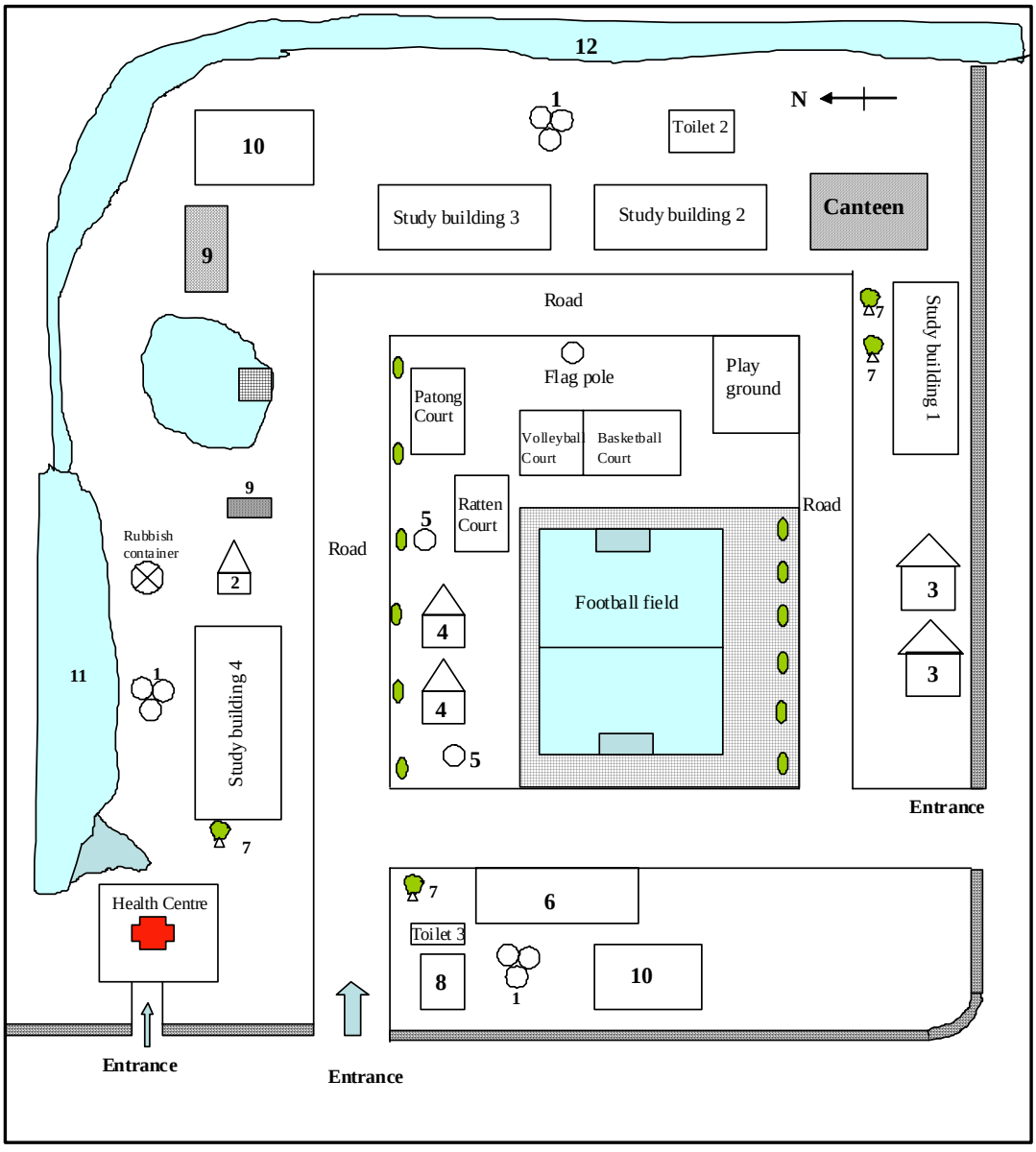

Figure 4.8: Map of school

1. Big Water Tanks, 2. San Pu Ta, 3. Empty Staff Residences,
4.Shelters from the sun, 5. Buddha Images, 6. Multi purpose Building,
7. Small gardens, 8. Temporary Residence, 9. Plant Nursery
10. Car Parks, 11-12. Canal

The lawn requires little care in the summer; the grass is very dry, as they have no water to put on it. In contrast, in the rainy season, the grass grows quickly. Villagers often come and cut the grass for fodder with a scythe. If the grass becomes untidy, then the janitor is asked by the school Director to cut the grass with a motorised lawnmower. There are two shelters: painted blue and about three metres high, between the roadside and the football ground that are very popular places to rest for teachers and pupils.

Figure 4.9: Playground in front of the Kindergarten classes.

There are five school buildings, eleven classrooms. The location of the buildings is shown in Figure 4.8. Two wooden buildings (one and two) are built in traditional design, on piles, about one metre above the ground. There are large steps up to the entry level, and a large floor at the front of the class. The first building has three classrooms for kindergarten levels 1-2 and primary school level 1. The second building has four classrooms of primary school levels 4-6, and a first aid room.

Building three has two floors. Previously the building was only one level, on raised piles, with two classrooms of primary school levels 2-3, a reading room and a media storage room. There was a large space unutilised under the building. The school wanted a general classroom for studying so they built a concrete room in the unused space under the building for an art room, workshop, staff lunch room and two storage rooms: one for physical education equipment and the other a general store room. However, there was also a concrete floor under the building,

approximately one quarter of the length of the building, for pupils to play or study out of class. (See Figure 4.10)

Building four is of a different design from the other three buildings. The first floor made of concrete, the second floor is made of wood. There are three classrooms of lower high school levels 1-3, a computer room, a science laboratory, an English laboratory, an administrative room and a meeting room. The last building is made of concrete and built on the ground, in the south. This building is different from the other buildings; this looked like a hall (see Figure 4.11). It is a multipurpose building used to support all the indoor activities. For example, on a “special” day, the pupils had a show on the stage. Pupils, parents, and community leaders’ meetings are also hosted in this hall. The community is able to contact the school for use of this hall sometimes.

Figure 4.10: The third building which is made of wood

Figure 4.11: Multipurpose building

Behind the school buildings, there are 3 big concrete water tanks, to keep rainwater. Rainwater is collected from school building roofs via spouting and piped down to the tanks. At the bottom of the tanks are taps to provide water for drinking. The water in the tanks will keep for a summer season (see Figure 4.12).

Figure 4.12: Big concrete water tanks.

In 2005 an area for oral hygiene was built. The school received a money reward from the Health Promoting School programme so they gave the janitor the job of constructing the facility: he bought the materials, put the taps on, and constructed a raised area below the taps to trap waste water and ensure that it drains away (see Figure 4.13). In previous years the pupils have not had a specific area assigned for them to brush their teeth. Now, with the sinks being positioned near the kindergarten and primary classes, the children have easy access to good facilities which promote personal hygiene.

Figure 4.13: Oral hygiene area in front of classrooms.

The canteen is open air with no walls, which is built between buildings one and two. The canteen roof is supported by pillars and the area below the roof has a concrete floor. There are many big tables for pupil dining, including wooden tables and concrete tables, approximately 15-18 tables. There are four shops, which sell food in this canteen. Each shop has a big table to put their materials, kitchen stuff and food on. The sellers cook their food and arrange it on the tables to sell. It is the responsibility of the sellers to clean the canteen themselves. (See Figure 4.14)

Figure 4.14: The canteen;

A, B: lunch time, C: in the morning, D: the seller arranges food on the table

Near the main school entrance are two empty wooden staff residences. These houses are in ruins, and not fit for occupancy. They store damaged goods in the houses. There is also a temporary residence near the side entrance, near a local health centre. This residence is very old. However, the school organised that the house be used for pupil teachers, who come to practise their teaching skills at the school on short-term stays.

School rubbish is collected in a specific area, which is surrounded by corrugated iron sheets, at the back of the school. Rubbish includes leaves, branches, dry grass, cans, plastic bags and plastic wrappers. When there is a lot of rubbish, it is the janitor's task to burn it (see Figure 4.15).

Figure 4.15: School rubbish

Each classroom is medium sized, with two entrances and many windows. Every class has a wooden notice board on the outside wall, between the two entrances. It presents special events in Thai, which relate to their study. Notices are stapled to the board. The boards are changed depending on different situations. The classroom is equipped with a blackboard: chalk and an eraser are in front of the class. Every classroom has a picture of the King or members of the royal family, a Buddha image and a Thai flag, above the board. The individual wooden desks and chairs are organised from the front to the back in pairs in two or three rows (see Figure 4.16-4.17). There are electric fans on the ceilings used to provide cool air during the hot weather. The wooden floors of the school are cleaned with wax made from kerosene and candles. Each classroom has its own cleaning equipment.

They keep brooms, a mop and a rubbish bin in a corner at the back of the room. On the class wall, there are many kinds of charts such as the subjects for each day, the timetable for toilet cleaning and room cleaning duties and a multiplication table. There are some books, which are placed on the shelves or put on tables at the sides of the classrooms; no one packs the books up so they are generally messy and make the room untidy.

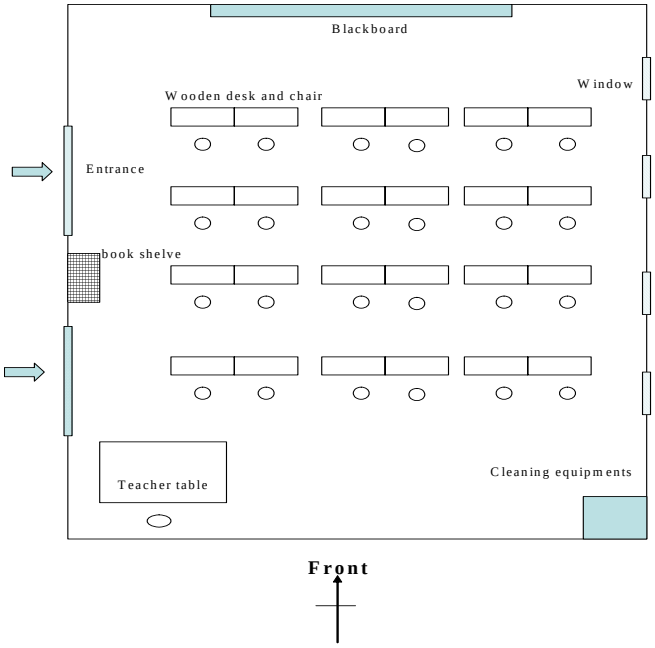

Figure 4.16: Map of a classroom

Figure 4.17: A primary level classroom

The school toilets are located adjacent to the buildings. Buildings 1 and 2, share one toilet block. They are built on the ground level, and look like a hut. The toilet floor is made of rough concrete. There are two toilets in a block, female and male toilets are separated. On the side of the male toilets are urinals for boys. Each cubicle consists of a squat toilet and a water reservoir refilled by a tap. In Thailand you use water instead of toilet paper. Toilets are manually flushed with a water ladle and hands washed by pouring water from the ladle (see Figure 4.18). Some children return to the oral hygiene area to wash their hands in clean water as the water inside the toilet cubicle is not always clean. Some kindergarten pupils urinate outside the toilets because they are scared of the dark and of ghosts.

Figure 4.18: The school toilets.

A and B In front of the toilet, C The boy's urinal at the side of the toilet,

D Inside the toilet cubicle.

4.6 Population

The school provides an education for pupils at three levels: kindergarten for 4-6 years, a basic education in primary school (primary level 1-6), and lower secondary school (level 1-3). The school is considered medium in size. In 2005, there were 17 members of staff and 236 pupils. All data are shown in Table 4.1-4.2

Table 4.1: Position and Sex Distribution of school staff, 2005

Position	Sex		Total
	Male	Female	
Director	1	-	1
Deputy Director	1	-	1
Teachers	6	8	14
Janitor	1	-	1
Total	9	8	17

Teachers maintain a full weekly teaching load. Regular working days are Monday through Friday, regular working hours 8.30 a.m. to 4.30 p.m. They have a minimum qualification of a Bachelor's Degree and one female teacher held a Master's Degree in Thai Education. They are under the direct supervision of the Director of the school. The Director has no class and manages the school. The majority of classroom teachers are female (8:3 in 11 classrooms). In addition, there are many tasks for them (see section 4.7). Weekend duties may be required at the discretion of Administration.

Table 4.2: Level of Classroom and Sex Distribution of Pupils, 2005

Classroom	Level	Amount of Classrooms	Sex		Total
			Male	Female	
Kindergarten	1	1	15	19	34
	2	1	16	10	26
	Total	2	31	29	60
Primary level	level 1	1	10	7	17
	level 2	1	10	10	20
	level 3	1	8	10	18
	level 4	1	11	7	18
	level 5	1	12	12	24
	level 6	1	14	8	22
	Total	6	65	54	119
Lower secondary level	level 1	1	11	12	23
	level 2	1	7	9	16
	level 3	1	11	7	18
	Total	3	29	28	57
Total		11	125	111	236

The majority of pupils are primary school level. There is a class in each level. Pre-primary education is provided in the form of kindergarten. There are two classes of kindergarten level, this level of education is not compulsory but aims at encouraging the promotion of readiness for young children before they enter primary school. The age range of children under this category is four to five years. Primary education is compulsory. Children enrolling in this level are usually between six to eight years old and must spend at least 6 years studying at this level. There is easy access into the school for kindergarten and primary education; the school admits children who live in the school area to enter without an examination. It is free public education. Parents prefer to bring their children to

school in the village because they live near the school, it is convenient to collect their children from school. Secondary education is divided into three years of lower secondary (12-14 years of age) and three years of upper secondary (15-17 years of age). This level provides good preparation for further study at higher education level or vocational level. The school provides only the lower secondary level. Pupils who want to continue their study will go to the city school.

Regular school days are Monday through Friday, regular class hours 8.30 a.m. to 3.30 p.m. The pupils have differing uniforms for the different days of the week; for example, on Monday and Tuesday they wear their standard uniform or a physical education uniform (depending on the schedule); on Wednesday they wear a physical education uniform; on Thursday, a Boy Scout/ Girl Guide uniform; while on Friday, they wear traditional regional or ethnic dress (See Figure 4.19).

Figure 4.19: School uniform

A; standard uniform, B; traditional regional dress

4.7 School Organisation

The school abides by a main principle for organisation, which is a participation principle. The school is organised as a team cooperative: members share ideas, work together, and are involved in administration of school management. Duties are allocated to teachers according to their potential and their willingness. Teachers have not only their main academic duties such as providing supplementary materials and teaching main curriculum subjects, teaching and

giving support to teacher assistants, preparing overall plans each semester, test preparation, evaluation and reporting the educational results, but also have a range of other duties. These include: personnel duties (organising the jobs for people, preparing documentation about staff members), administrative duties (routine work, providing the school material, and financial tasks), working with pupils (school nutrition, healthcare service, guidance services), maintenance and environment (maintenance, looking after the school environment), and community cooperation duties (helping the local community by assisting in training / seminars / workshops / camps, which may occasionally occur). So, the school staff carry many duties as part of their school day. For example, one of the female teachers is a classroom teacher, with the associated academic duties, but she is also responsible for school nutrition, and coordinates with the community for school activities.

4.8 School projects

There are many projects being run in the school: academic, support, knowledge, and pupil interest and community cooperation programmes. Some projects are related to the curriculum such as academic skills competitions; English, Thai, and Sciences. Pupils from every grade take part in competitions. The school gives pupils the chance to develop their skills. For example before the afternoon schedule starts the pupils are given 15 minutes for practising reading skill. Many projects support the special events in Thailand such as the poem competition on Mother's day, the anti-drug posters and there is an anti-drug school parade. For some activities the school works in cooperation with the villagers to produce traditional products for competitions. The school takes part in more advanced competitions not only at a province level, but also at the regional and national levels. The school achieves well and is awarded many medals from the competitions. Normally, the school staff try to do their best, so there are many different school projects.

One of the important projects is the ‘Destroy Mosquito Larvae Project’ because of the need to solve the endemic threat of Dengue Hemorrhagic Fever. The project operates between the community, the local health centre office and the school. The programme includes education and display of knowledge for solving the Dengue Hemorrhagic Fever problem. The health volunteers and school members conduct a survey and destroy the larvae of this mosquito in the villages. They survey and destroy the larvae of the mosquito either by using chemicals, or by distributing fish in water containers, in the community. Also, they control other risk factors and have a network in each village. The school staff are active in this process; surveying and destroying the larvae every Friday (during the last two periods). They record data in a handbook. One pupil takes responsibility for five houses. The programme is successful because of community participation, and has been awarded a certificate at golden level from both the local level and the provincial level of educational institutes.

4.9 Education Organisation

The government, through private and local administrative councils, operates most of the schools in Thailand. The current education system of Thailand is based on the 6:3:3 model, comprising 6 years of primary education, 3 years of lower secondary education and 3 years of upper secondary education. Based on the 1999 Education Act, from 2004 compulsory education has been extended to 9 years. The core curriculum for basic education is directed towards preserving Thai identity, good citizenship, desirable ways and livelihood.

The development of school curricula is chiefly the responsibility of the Ministry of Education. As previously stated, the study school provides kindergarten education, primary education, and lower secondary education.

Kindergarten, pre-primary education, is to promote children's readiness for primary education. Learning activities and experiences are organised for physical,

emotional, social, and intellectual development of children through everyday activities.

The primary education curriculum is to provide children with basic knowledge and skills in general; the structure is made up of five learning experience groupings as follows:

- basic skills, consisting of Thai language, mathematics
- life experiences, focusing on the process of solving social and daily-life problems, including social studies, natural science, health education, citizenship, conservation
- habit-forming activities or character development including moral education, physical education, music and performing arts, art education, and boy/girl scouts, girl guides, young Red Cross volunteers
- work-oriented experiences, aims to enhance working attitudes and basic vocational skills, including housework, agricultural work and selected work
- Special experiences, dealing with activities based on learners' interests.

The lower-secondary education curricula consist of four main components: core subjects, prescribed elective subjects, free elective subjects and activities.

Because of the stepped-up development of technology, laced with economic and political plans, the government accepted the challenge of training its young people for the change in as short a time as possible. School programmes had to be modified to include specialised skills needed by industry, such as computer science, environmental engineering and medicine.

The school year runs from mid-May to the end of March, and is divided into two semesters. The first semester of the school year begins May 17 and ends the first week of October. After a three-week holiday, the second semester begins November 1, and continues until the second week of March. The long summer

vacation is from the third week of March until May 16, and the cycle begins again.

Regular school days are Monday through Friday. Every day, most classrooms operate on a classroom timetable, which start at 8.30 in the morning and ends at 3.30 in the afternoon. There is one hour (11.30-12.30) for lunchtime, with the exception of the kindergarten classes, who have lunchtime before the other classes, at 11 a.m-12 noon. An example of a primary classroom timetable on Monday is provided below.

Table 4.3: Classroom Timetable in Primary Level on Monday

Level	8.30-9.30	9.30-10.30	10.30-11.30	Lunch time	12.30-13.30	13.30-14.30	14.30-15.30
1	Math	Thai	English		Physical Education	Art	Self- Help Group
2	Math	Thai	Sciences		English	Art	Self- Help Group
3	Math	Math	Science		Thai	Socio	Self- Help Group
4	Math	Thai	Physical education		Ethics & religion	Art	Self- Help Group
5	Thai	Science	Sciences		Math	Guidance	Self- Help Group
6	Science	English	Art		Thai	Math	Self Help Group

There are six periods in a day: three in the morning and three in the afternoon. The timetable is composed of core subjects: Thai, mathematics, science, social studies, ethics, arts, music, physical education and vocational skills. In the last period, most classes have the same activity. Table 4.4 shows activity information of each weekday as outlined below.

Table 4.4: Weekly Activities for the Primary Level in the Last Two Classes of the Day

Day	13.30-14.30	14.30-15.30
Monday		Self -Help Group
Tuesday		Group Activity
Wednesday		Exercise
Thursday	Boy Scouts/ Girl Guides	Boy Scouts/ Girl Guides
Friday	Destroy mosquito larvae Programme	Destroy mosquito larvae Programme

Self-Help Group: a group of pupils who study the same subject. This group aims to help pupils improve their knowledge. Each pupil is placed in a subject group according to their personal interest, however some pupils are selected for groups by teachers.

Group Activity: called "*Chom Rom"* or club. The pupils select the group pertaining to their interests such as the environment, physical education or art.

Exercise: aerobic dance on the lawn. Every class participates in lawn exercises. There are leaders, (teachers or senior pupils) who dance in front and all of the pupils play "follow the leader".

Boy Scouts /Girl Guides: Scouting is part of the normal school curriculum. Thursday is Scout day and pupils come to school wearing their Scout uniform. They learn as a group about Scouting from books or through practical activities, a variety of training activities; learning knotting, cooking, practice drilling, playing games and singing songs.

Destroy mosquito larvae Programme; one pupil takes responsibility for five houses (As described in section 4.8).

4.10 Life in the School

Life in the school is similar to life in other schools in Thailand. Some pupils start arriving at school as early as 6.00 a.m. After they arrive, pupils usually go straight to their classrooms to deposit their bags. Then, they go to the designated area with their friends to clean and collect rubbish. Pupils who have classroom-cleaning duties will sweep and mop the floor readying the classroom for the day. Those who clean the toilets do likewise and clean their area before school begins. However, some pupils sit around chatting with their friends. Early in the morning is the best time to play in the playground before the sun becomes too hot.

From about 7.30-7.45 a.m. the radio is played over loudspeakers which is the signal for the pupils to start making their way down to the playground for morning assembly. They start with the national anthem at 8 a.m. They have to stand still wherever they are for the national anthem. Shortly after 8 a.m. the pupils start singing the national anthem and at this time the flag is raised. After the anthem, the pupils chant some Buddhist prayers. These are repeated line by line after a senior pupil. Then, pupil activities follow: senior pupils (1-2 persons) share a piece of knowledge about Thai words, English, or science. Lastly, a duty teacher gives notices about events to all the pupils. The notices provide information about special days which are upcoming, and activities that will happen in the course of that specific day. The teacher giving notices will often talk about particular issues such as manners, hygiene, and social life. After that, the pupils go straight to their classrooms. When they enter the building they have to take their shoes off before going up the steps and put their shoes on a shelf or in front of the classroom. Then the class schedule begins. At lunchtime, the pupils have lunch in a canteen and have an opportunity to join in a wide range of activities such as playing in the playground, chatting with their friends, or doing some quiet study in their classroom. About 15 minutes before the afternoon classes begin, the pupils join in a reading programme aimed to train pupils in the skill of reading in front of the class. Pupils start going home as early as 2.30 p.m. The first to go are the

kindergarten pupils, followed by primary at 3.30 p.m. and then lower secondary at 4.30 p.m.

4.11 Parent participation

Pupils and their families have great respect for the teachers and appreciate the opportunity to learn. They have a positive attitude towards the school and the majority of children study locally. However, some children travel into the city, as their parents believe the schools there provide a higher quality of education.

In my fieldwork, I received the following feedback about the school;

> *…I learned at this school, I love this school. This school is very good; good teachers, and good environment. All big Yang trees, we had grown when we studied, very enjoyable. … (one parent)*
>
> *…I love this school, I want to develop the school the best…because we have to love our school, we have to look after our school…..I love my school because my parent, they love this school and have been studied here, they did the best thing in this school, so I do love this school too. (Pupil who joined the HPS committee)*

The villagers always support the school development. When the school asks for support they always cooperate. For example, in the last two or three years, the villagers raised merit money (as detailed in Chapter Six, section 6.2.4.3) the money for school development such as the marble sign at the front of the school, a computer laboratory, and a temporary canteen. However, low income is the main problem of the villagers.

The parents help with the school cleaning. In the case of kindergarten pupils, they come to school with their parents or relatives. During my fieldwork I saw a grandmother take a kindergarten aged child to school after which she cleaned the kindergarten class; swept and mopped the floor. She told me that two or three grandmothers often helped the teacher to clean the classroom because the children

were too young for cleaning the floor, and the teacher couldn't do it all themselves.

4.12 Food and eating patterns

There are four shops in the school canteen at which different kinds of food are sold. At the first shop staple foods are cooked. The owner is the school janitor's wife. This shop provides food in the lunch programme and cooks for sale to other persons. The owner cooks the pupils' favourite foods; sticky rice with fried chickens, pumpkin curry, pumpkin fried and chicken, Thai curry, basil pork or chicken, omelette, and so on. The second shop is a noodle shop which the female owner had just sold for 2-3 months; she had closed her shop. The third shop was for drink. The couple were selling many kinds of drink: *ocimum basilicum syrup, coconut syrup, iced milk with cocoa, iced coffee, iced tea, orange juice, and Coca Cola.* The lady who sold the drinks always encouraged pupils to buy some food as well. She had a good rapport with other sellers and parents. Her husband often swept and kept the canteen clean. He regularly helped the janitor do little things such as repair a bed in the first aid room. The last shop sold many sweets, some local fruits, junk food, and toys or playthings. This shop's products created a lot of plastic rubbish around the school.

None of these shops had lockers or counters for storing their belongings. The owners carried their materials and came to school on schooldays. They left only big tables, stoves, some kitchen equipment, and a big ice container outdoors. On schooldays, the shops' owners came to prepare things about 9-10.30 a.m. but the staple food shop owner began to cook earlier than others. In the morning before school began there was no food being sold.

At lunchtime, 11 a.m., the kindergarten pupils walked in line to the canteen for lunch. The cook arranged a serving dish on the table. Before they had lunch they prayed and gave thanks for the food. During that time, two classroom teachers came and sat near the pupils. After that at around 11.30 a.m, other classes came

and had lunch at the canteen: more than a half of the pupils buy food, some pupils carry their own food from home and share it with friends, and some pupils are in the Lunch programme (see below). The canteen is crowded with pupils, putting some other pupils off coming. They spend lunchtime in their classrooms or under rubber trees with friends. When the food is nearly finished the remaining pupils who have not eaten yet occasionally go out of the school grounds for lunch. Sometimes a teacher would ask a pupil to buy him/her lunch, and the pupil had a good chance to have lunch out of school.

At the school there are also a lunch programme and a milk programme, which are supported by the Ministry of Public Health and Ministry of Education in primary schools as follows:

Lunch Programme

The government provides funding to support lunch programmes in all Thai schools with the aim of improving pupil health by providing high quality food for elementary pupils. The programme varies in each school. This school supports free lunches for pupils with financial and malnutrition needs. The school arranges food at lunch time for pupils, such as the following;

Table 4.5: Percentage of Pupils in Lunch Programme, 2001-2003

No	Item	2001	2002	2003
1	Malnutrition cases	38	40	32
2	Financial cases	14	12	30
3	Others	-	-	2
	Total	**52**	**52**	**64**

The school provides food in cases of malnourished pupils and poor pupils. The organisation committee of the programme includes a Director, teachers, parents and members of a basic local education committee. There is a private cook hired to cook for these pupils. She cooks for all kindergarten pupils: rice or fried rice, soup or stir-fry, omelette, and dessert. The programme provides the food free to the pupils, however, some decide to pay for their meals. The primary pupils in the lunch programme bring a plate or bowl and come to the canteen. The private cook gives them some food. However, a teacher on duty in the canteen said that some pupils were embarrassed to carry their containers, so they refused the free lunch. They preferred to buy their lunch instead.

Milk programme

The school milk programme is also supported by a government budget. It provides milk for primary school children to resolve the underweight problem. The aim in the programme is to resolve growth problems, and covers 100% of both target groups. Milk is provided to pupils in this school at kindergarten and primary school levels 1-4, and identified malnutrition cases. Every day a truck delivers milk to the school and puts it in a big iced container, in front of the kindergarten classes. The kindergarten pupils wake up around 2 p.m., and drink their milk. Then, the primary classes, level 1-4, have their milk. The programme supplies milk to all the pupils for afternoon consumption during weekdays.

During the long holidays, the programme still continues and milk is delivered to the pupils' homes. They give a larger quantity of milk. The parents are happy with the programme as illustrated below:

> *...I got milk from the school…it's good for my kid, he likes to drink…if milk finish before a new school semester, I bought for him …but I don't know about other parents …(one mother, primary school)*

4.13 Health Service

Healthcare services are provided for pupils at school by school teachers and local health personnel. At school, there is a health school teacher; she is the main teacher who takes responsibility for ensuring the health of all pupils. Moreover, the school organised for all the teachers to look after the personal healthcare of the pupils in their own classes. A health record book is provided for each pupil. The classroom teacher checks the personal hygiene of each pupil and records the results in the book. The school also provides a fundamental service: malnutrition screening by age and weight, or weight and height for pupils in the school. Additionally, there is a first aid room: two wooden beds, an old glass cabinet for keeping some basic medicines, and some equipment for basic care. There were only Paracetamol and Alcohol 70% in the cabinet. However, the front glass of the cabinet was broken and the door unlocked. On the front of cabinet was a sign stating "*Do not take the medicine without teacher supervision"* (see Figure 4.20). Actually, this room was often closed.

Figure 4.20: First aid room at school,

A: two wooden beds, B: an old cabinet

The health school teacher said that pupils regularly came and played in this room, however, she always tried to keep this room tidy and clean. In the case of sick pupils, the pupil is meant to tell his /her classroom teacher first. Then the teacher

will take care of her/him. In the case of accidents, the school refers cases to the nearby health centre immediately.

The health centre provides a range of services to the school. It is located near the school. There is a standard of school health service which includes health promotion, health protection and treatment. The health centre provides immunization, oral health service, health education programmes, health knowledge support, and a supply of basic medicine and health statistics forms.

For a treatment, pupils often go to see the health staff and ask for medicine independently, when they feel uncomfortable with fever, abdominal pain, headaches, or abscesses. There is no charge for school children. In my fieldwork, I saw cases where pupils came to school and rested in the first aid room. I asked one pupil in the first aid room that she go and see the health staff after morning activities had finished. She went to the health centre with her classmate. She was given medicine and took it while she rested in the first aid room. The teacher did not take any responsibility for her care and treatment.

4.14 Community

The school is located in the main village area of the community and provides education for seven villages nearby, so it is still more common to see almost all pupils walking to and from school. Most people who live in the village are farmers, some people work in town or are the owners of a grocery store in the community. The average income is 10,000-12,000 Baht (25-26 Baht - 1 $NZ). Most people are Buddhist, and have finished compulsory education (six years primary prior to 2004).

The school and the community have a good relationship, and the school shares resources with the community. In the rural area there are insufficient resources to provide for meetings, social functions and other activities, so the community often uses the school resources such as the sports field, hall, tables and chairs.

Moreover, there was Thai education legislation in 1999, the main idea being that educational institutions had to cooperate with families, the community and social institutions to help in community development and provide access to local resources. Educational Institutions should use resources and facilities in the community to aid development depending on community need. As a result, the school has an educational strategy to join with the community. The school often has a plan and practical service in the community. For example, there was a project to prevent Leptospirosis disease in the last 1-2 years. There was a plan to support community prevention and the school went out into the community to share their knowledge and join in activities. So, a prevention programme was achieved. In a similar way as the Destroy Mosquito Larvae Project, they have good cooperative activities in local regions as well and have been successful.

The head of the community has a good rapport with school staff. He is a local person, about 34 years old, and a new generation leader. He was elected from the community to be a leader, and his responsibilities cover many villages; we call the position *"Gumnan"*. The leaders of other villages are more senior than him but they respect the *Gumnan*. He is educated and powerful. One of the many responsibilities of *Gumnan* is to take part in the school committee. He often supports and joins the activities with the school such as the school sports competition. School staff often join him for lunch and they have discussions together. As a result, the school and community have a good relationship.

4.15 Conclusion

The study was carried out at a primary school which is a successful health promoting school. The school is located in a suburb of Muang Amphoe (district), Mahasarakham Province, Northeastern Thailand. In 2005, there were 17 staff and 236 pupils. Children from seven villages attend the school, which is located in the centre of the community. The school has a large area and lot of trees around the buildings. There are five school buildings in which education from kindergarten level to lower secondary level is provided.

The school Director managed all activities in the school and had no class for teaching. However, the school was organised as a cooperative team, the staff carry many duties as part of their school day. The members shared ideas, planned and worked together. Because there were many projects run in the school, the school staff members worked in various functions. This school has gained many medal awards from the school competitions. Becoming a Health promoting school was one of their achievements. It is very interesting to study how the school staff, pupils, parents and the villagers participate and work together. What are the strategies that led them to achieve the status of a health promoting school?

CHAPTER 5

THE MEANING OF A HEALTH PROMOTING SCHOOL

5.1 Introduction

In this chapter, I address the subquestions: what do people in the school community understand HPS to mean, and what influences their understanding? These questions arose out of both my initial fieldwork observations in the school and informal discussions held with members of the school community.

I came to understand that informants' views reflected diverse understandings of the meaning of HPS, and that those views were based on their experiences of HPS which differed in both the degree of participation, and in the roles they played, in the implementation of HPS in the school. For example, teachers who joined in only some HPS activities appeared to have little understanding of HPS. They knew only what they did in the HPS activities with which they were involved. This hypothesis was supported by a teacher who commented that not all staff understood much about HPS. They understood the jobs they took part in. "*The leader did not give much in detail [about HPS]…only delegated the jobs [necessary] to join in the HPS."*(M1.1, p. 9).

I observed that the teachers took different roles in the school activities. For example, a group of teachers supervised and exercised with the pupils on the playground on Wednesdays, a female teacher took responsibility for control of the quality of food sold at the school canteen, and a janitor took overall responsibility for the school cleaning and looked after the gardens, the trees, and the school environment. These jobs were delegated to the school staff by the HPS leaders in the school.

The differing understandings about HPS held by people in the school community were analysed according to Lofland and Loflands' (1995) structure of activities, as outlined and illustrated in Chapter Three (Figures 3.1; 3.2). I found that members of the school community understood HPS in different ways; the meaning of HPS could be classified into five categories: as a way of working, as a collection of activities, as a part of usual life in the school, as a competition, and as meeting health standards and criteria. In the sections which follow I describe the roles of actors and the activities and functions with which they were involved in relation to HPS; and the relationship between actors, roles, activities and the meaning of HPS. The five meanings of HPS are detailed with examples.

5.2 The Roles of Actors and the Ways They Participated in HPS Activities

Within the school setting, the Director was the school manager who led the activities of the whole school, while the health teacher was the key person who took direct responsibility for the HPS programme. All staff and pupils were involved at some level in the HPS activities. At the community level, the leader of the community, the local health personnel, parents, and villagers were involved in differing activities and functions. Figure 5.1 outlines the differing levels of involvement and the top-down approach that underpins allocation of functions in relation to HPS activities.

Actors participated in the setting in different ways. The differing levels of knowledge about HPS as a consequence of the roles that actors performed in HPS, and the relationship between actors, also influenced the level of participation in activities, as illustrated in the following section.

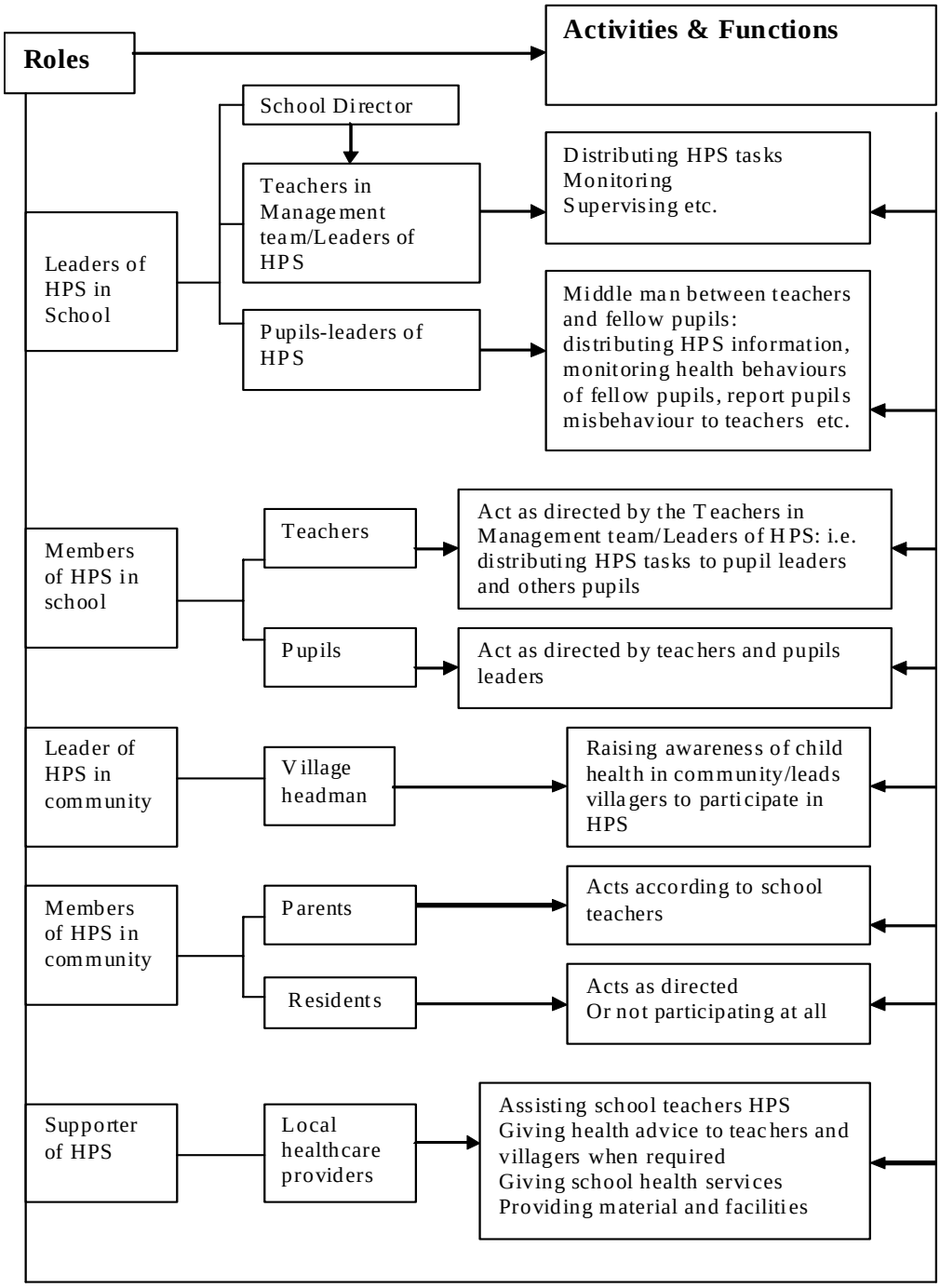

Figure 5.1: Identifying relationship of activities (functions) and roles of actors

5.3 Actors, Roles and Activities Influence the Perceived Meaning of HPS

Informants had differing levels of knowledge about HPS depending upon the role they held in the HPS programme in the school. While key people such as the school Director and the health teacher had a clear understanding of the concept of HPS and the process, standards and criteria for its implementation, many teachers joined in only some of the HPS activities and did not fully understand the concept of HPS because they had limited time to learn all the detail.

There were few chances for the school staff to obtain full information about HPS; only in meetings and asking the key leader in their private time. The HPS manual was provided only to the health teacher and persons who took direct responsibility for HPS. Most of the teachers' time was spent in classroom teaching, administration activities, and special duties. HPS was not their main focus. The staff were able to ask key personnel at any time if they needed more information. Thus staff followed the directions of the manager in each job. Discussion with the teachers supported my view that they understood what they had to do in their jobs but did not understand the whole picture of HPS: *"I think that some people understood and others did not. They may have understood what they had to do but have not fully comprehended the bigger picture…"* (M 1.1, p. 8).

The pupils who worked as a part of the HPS team gained knowledge during HPS meetings, learned from the practice, and understood about the fundamentals of HPS. In contrast, some pupils only worked on the school activities to clean the school environment as part of a team, following orders from the teachers or team leaders. They did not understand why they had to do the activities. In such situations, pupils participated in health activities at school because of the relationship between teachers and pupils as illustrated in the following quotation: *"If I don't clean the school, the teachers would punish me and I would lose marks"* (M21.1, p. 5).

The community leader had a wide vision of HPS. He gained the knowledge from meetings in which the health sector was involved at community, district, and provincial levels. Generally, there was an integrated topic in the schedule, when all community leaders came for a monthly meeting. The health sector gave the idea to all leaders of communities to understand and be concerned about health and well-being in the community. Both the leader and people in this community had to concern themselves about health problems. He viewed improvement of the school as a part of his responsibilities as community leader.

The good relationship between the Director and the community leader and between parents and teachers enabled community activities to be instigated; "*We help together, as "an empty glass", needs many people take water to fill it full"* (KK1.1, p.10).

Figure 5.2 illustrates the relationship between the actors, roles, activities and perceived meaning of HPS; the impact of differing levels of knowledge about HPS arising from those roles and the importance of relationships between actors and roles in both activities undertaken and the perceived meaning of HPS.

The differing understandings of HPS held by members of the school and community as a consequence of differing knowledge levels and involvement in the implementation of the HPS programme in the school are discussed in the following sections. Note that these positions overlap. More than one meaning of HPS may be represented in informant discussion.

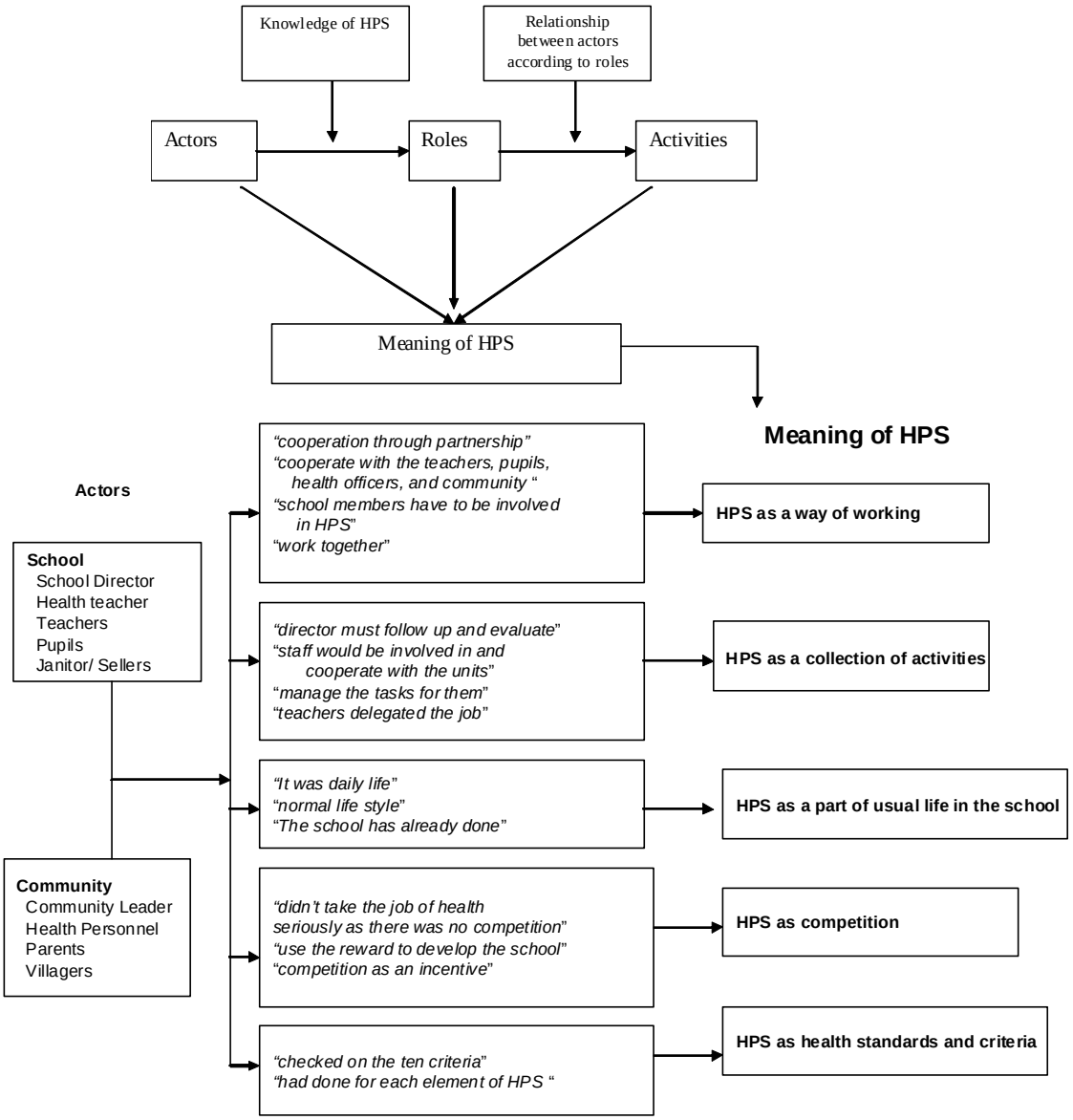

Figure 5.2: Illustrating relationship between actors-roles, activities-and meaning of HPS

5.3.1 HPS as a way of working

Some informants viewed HPS as a way of working to improve the health of the school community. HPS was described as a method to bring positive change to the school and to strengthen health in the school; the HPS programme directed attention to the school members (teachers and pupils) working together cooperatively as a team in partnership with the community. Despite differences in knowledge about HPS amongst members of the school, HPS was framed by school leadership as requiring cooperation and teamwork. The jobs were integrated into the school routines. All teachers and the pupils joined the HPS activities at various levels, thus HPS was built up by the members working in teams. Figure 5.3 below illustrates the roles and communication channels that underpin an understanding of HPS as cooperation, working together and partnership.

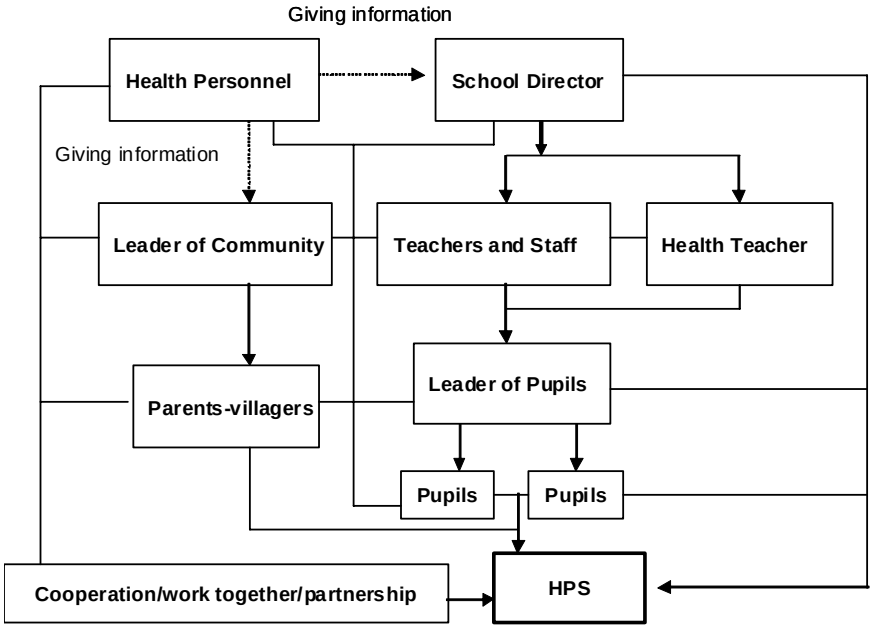

Figure 5.3: HPS as a way of working

I had a discussion with the local health officer about how the school became a HPS. His response reflected a view of HPS as working together and cooperation through partnership, on the basis that intersectoral cooperation was required between the health and education sectors and between the school and the community. He told me that while health was the main sector to take responsibility for the HPS programme, HPS is one standard of National Education, so the HPS programme was not the duty of the health sector alone; most Thai schools have to adopt the HPS programme. He stated:

> *HPS was about cooperation through partnership. Most partners; villagers, the local health centre, teachers, and pupils, worked together, by heart and power. The school Director was the first key person to accept the HPS* (MH1.1, p. 3).

The health sector personnel understood that the school and the local health officer had to work together. The local school needed clear understanding of the programme objectives. The health sector took responsibility to initiate the HPS programme smoothly in all local schools and was willing to support the school to implement the HPS.

Not all schools in the district were interested in HPS. The school Director commented that when other school Directors went to the HPS meeting, they did not pay attention to the HPS information. They often left the meeting before it was finished. They did not worry about parts of Educational National Policy that focused on the health and well-being of the pupils who study in school. He commented: "*We have to know what health promotion is and the role and function of the school. That was related with the Educational National Standard"* (PR 1.1, p. 5).

As the manager of the school the school Director initiated action about HPS. He looked at the whole school and pushed the school to be better, to be known as a successful school. HPS was therefore a way of working to achieve better health and to improve the reputation of the school. He expected all members to

understand HPS and took responsibility for cooperation in relation to the curriculum, teaching and supporting health promotion in the school. Each part had to be successful and the sum of them would show the whole of HPS. He expected shared understanding of HPS and working together to achieve it.

> *I thought that most of the school staff would have to understand HPS. Then we would work together, not just one part of the school. …..The strong team was the main thing in HPS. In addition the school environment, staff, pupils, community were vital parts to becoming a HPS too* (PR1.1, p. 7).

The health teacher in the school held a pivotal role in implementing HPS. She had considerable relevant experience, having worked both as a leader in school subjects, and as a trainer and evaluator in education in the local region of education. She was accepted by most staff in the school. She understood that HPS was a way of improving health until the desired results – good health for pupils and school staff, and a healthy school environment – were achieved. She looked at health as physical hygiene, good behaviour of pupils, and the school surrounding and also identified the need for a strong team to work in the school and community: *"It is a school that has promoted the health and well-being of the children, the school members have to be involved in HPS"* (P5.1, p. 7).

The pupils who worked as a part of the HPS team understood that cooperation between many people was required to achieve positive results in the school. The pupil leaders had deeper understanding of HPS than other pupils. A pupil leader who studied in the secondary level class and participated in the health promoting school team, described the intersectorial cooperative nature of HPS as follows:

> *HPS is a strong school with good health, the pupils are healthy…We cooperate with the teachers, pupils, health officers, and community* (M26.1, p.3).

Other pupils, who participated as members, followed the leader without necessarily holding a shared meaning of HPS. They did it because they needed to be good pupils, consistent with the aim of the Thai government outlined in Chapter One (Section 1.4) to produce quality members of society, imbued with good values and morality for society.

HPS as a way of working included cooperation between the school and the community at a number of levels. The community leader held a pivotal role in supporting cooperative relationships between the school and the community. He was a new generation leader who was born and resided in the community and therefore was familiar with the health problems in the community. He was responsible for instigating a good quality water supply in the village. This initiative supported the school as well. Many issues in the community were solved and contributed positive results to the school as well as illustrated below. Therefore when the HPS programme was adopted in the school, he was the manager of villages. He understood that HPS involved the health and well-being of people within both the school and the wider community. The school and the community became a team to solve the community issues as outlined in the following exemplar.

The incidence of Dengue Hemorrhagic Fever (DHF) had increased in the school members and the village. In the past, the school flooded every rainy season. The water overflowed into the school from the canal behind the school. Part of the school grounds and the school materials were damaged. There were health problems because of this. The worst disease was DHF which is transmitted when mosquitoes that transmit dengue live among humans and breed in discarded tyres, flower pots, old oil drums, and water storage containers around the school and community. The problem had an effect on both the school and the community. The problem of flooding was cooperatively solved by the school and the community; they cleared sediment from the canal to widen and deepen it and enable the water to run more freely. The extracted sediment/soil was then used to build up the school road. Cooperation in this manner had benefits for health in

both the school and community contexts. School and community leadership had to be concerned about the bigger picture of health and cooperated to improve their environment.

Cooperation was also attempted in relation to special events, where the school organised activities to present to the community. For example, on the Drug Day (24th June 2005) there was a pupil parade that walked around the community; the topic was against drugs. It was not specifically aimed at any group of people. However, this activity was ineffective for changing the unhealthy behaviour of people.

5.3.2 HPS as a collection of activities

Consistent with viewing HPS as a way of working to improve the health of the school community, tasks were delegated such that school and community members who were not in leadership positions viewed HPS as a collection of activities of which they each were responsible for a small number. This collection of activities would bring positive change to the school and strengthen school health; the tasks were shared within and outside the school as illustrated in Figure 5.4 below. Actors at different levels had differing roles with respect to distributing, monitoring, and carrying out tasks that together made up particular activities in the school and/or the community.

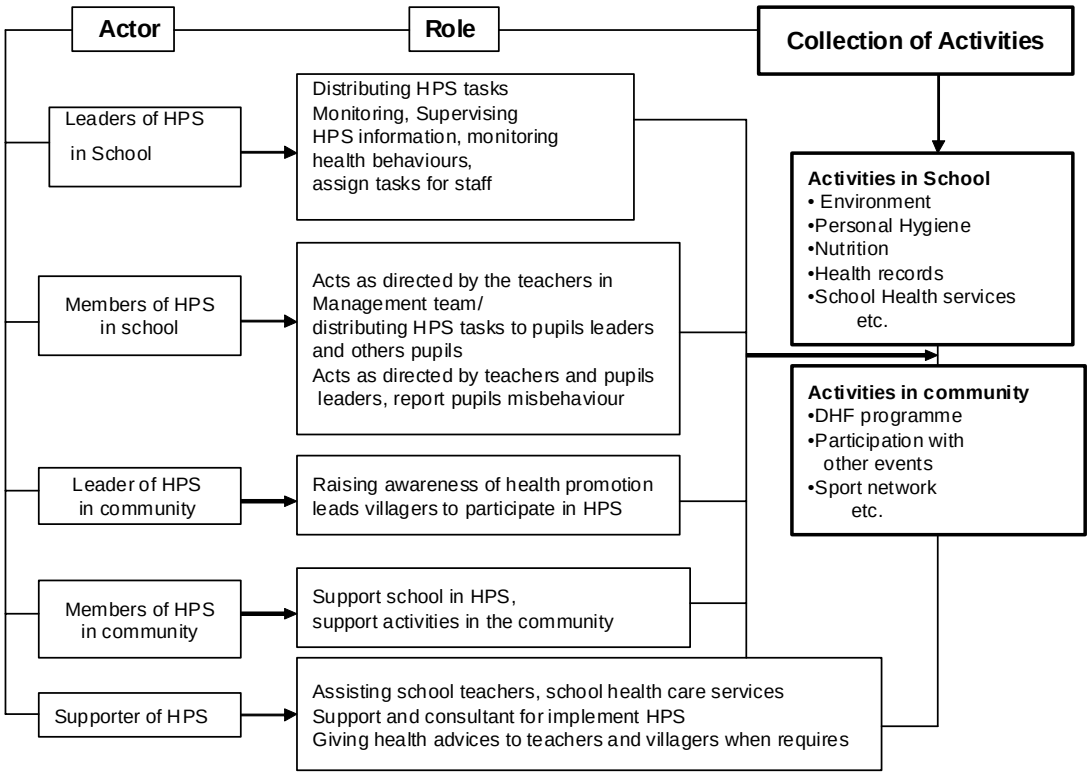

Figure 5.4: HPS as a collection of activities

The HPS activities were organised to involve all members, who took actions on their tasks jointly. One key teacher who was called the "*backbone of the school*" because she gave vital support and organisation so that HPS could be achieved within the school, believed that;

> *It's really up to the school and the leader of that programme to be committed whole-heartedly. Most staff have to pay attention to the school activities such as overseeing the pupils brushing their teeth after lunch. The Director must follow up and evaluate also* (M2.1, p.18-19).

Thus she distinguished between management and leadership roles such as organising and monitoring the programme, and members' roles to follow directions and focus on particular tasks that contribute to larger activities. A teacher who joined as part of the HPS team supported that statement by saying:

> *There are many tasks to do, right? So the person in charge of the programme divided everything into the units…. they asked that all staff would be involved in and cooperate with the units* (M1.1, p.7).

The jobs were split into small units, and then shared amongst all school members. Also, I observed that many activities involved the total school such as the environment, playgrounds, and classrooms. Groups were established to take responsibility in a particular area of the school. In each group, the members held different roles and functions, for example, as illustrated in Figure 5.5 below, a teacher was a supervisor to oversee the activity of the group, and a senior pupil was a group leader to monitor, and other pupil members were labour to work on the school grounds.

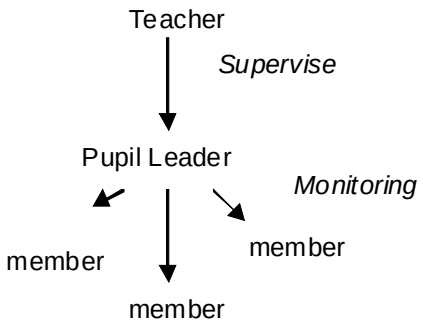

Figure 5.5: Illustrating the jobs in small unit in HPS

The school Director understood that HPS was integrated in several activities in each part of the school to make a healthy school. Staff preferences and experience were taken into account when allocating responsibility for tasks as evidenced below:

> *Initially, I asked for their need to work with whom and which kind of jobs, dependent on their experiences. Two years later, I manage the tasks for them. However, I found that some tasks made slow progress because they lack experience, they waited for the order* (PR1, p. 1).

To develop the pupil's health and improve the school surroundings, the tasks were delegated to school members. For example, pupils talked about brushing their

teeth after lunch in relation to delegated responsibilities: *"The teachers delegated the job of observing the teeth brushing and checking [recording] the names of those who did, to the head pupil of the class"* (P68.1, p. 2).

The teachers had to report the activity of teeth brushing for each classroom, so they delegated a pupil leader for each class to record and report every school day. The pupil leader checked off the pupils in the class who had brushed their teeth. I met some pupils who asked for their names to be checked off without brushing their teeth. The leader needed their acceptance as friends and to maintain relationships, so he agreed to check the friends' names. Most pupils brushed their teeth in order to get their names checked at school. They could not link the activity with HPS, rather the activity was seen as following the teacher's orders for the school to run well. The pupils thought that following orders made them good pupils.

In order to introduce some activities relevant to pupil health, the school needed to provide new facilities for healthy actions.

> ..*In my view, the main part was pupils; being clean and healthy. The components that were linked with healthy pupils were the school environment, sinks for washing hands and brushing teeth, and clean rooms* (P4.2, p.6).

The school constructed a sink for pupils to brush their teeth, using a money reward from a health competition; because of limited funds, pupils and the janitor assisted with its construction. The teacher organised the pupils for tasks. This activity had other advantages. The curriculum was integrated into the school's need: to support the HPS actions. The pupils were assigned tasks so that they could learn their skills in real situations within school schedules, and the physical activity was good for physical and mental health. In addition, the school completed the sinks to support the actions for HPS.

During my fieldwork, many times I saw the pupils work together, under their teacher's orders. During the period for work-oriented experiences or some period when the teachers had urgent duties, they arranged for their pupils to work in the school grounds.

Figure 5.6: Illustrating the pupils activities to build up the place for brushing their teeth

As illustrated in Figure 5.6, the pupils enjoyed doing the tasks for school, although – as earlier stated – they did not link these activities to health.

Parents, when asked, also associated the meaning of HPS as a collection of activities that contribute to health. For example, one parent, a health volunteer who lived near the school, when asked about HPS described activities in school life that led to physical health.

> *There is exercise on Wednesday, check for the pupil hygiene; no lice, clean and short nails. Also, in case of malnutrition, the school teachers manage the quality food and food education* (VM2.1, p.11).

She observed what went on in the school and heard from the loudspeaker in the morning what happened in the school. She understood that the school supported the pupils in being healthy. Another parent who had been working in the local health centre, said that she knew a little about HPS from the teacher; "*there was an aerobic class on Wednesday, right?'*(VM1.1, p.11*).* She was uncertain in her answer. She focused on exercise because there had been group exercise in the community as well. Although she was working as an assistant to the health centre, she did not talk much about anything in school. She worked near the school and her children studied at the school, but she did not pay much attention to the school situation.

In contrast, a villager who lived in the centre of the village did not know about HPS, she had lived in front of the school for many years; she could potentially observe what went on in the school and hear the loudspeaker announcements in the morning, however her health awareness was restricted to the health volunteer coming to her house to check for mosquito larvae. Thus she lacked knowledge of HPS and was not engaged in any role or activity that would give meaning to HPS.

5.3.3 HPS as a part of usual life in the school

HPS was also viewed as part of the usual activities in the normal school day which promoted school health. It was not a special task to work on the school grounds (as illustrated above). Many activities during the school day could be construed as contributing to the health and well-being of pupils and a healthy environment as well as contributing to other goals of the school, such as creating a beautiful environment that would reflect well on the reputation of the school. Therefore actions undertaken in usual school life could be linked to HPS such as caring for the school grounds, a focus on training the manners and behaviour of pupils such that they are good responsible pupils, and the curriculum for exercise and health education. All these aspects of daily school life contributed to HPS as illustrated in Figure 5.7.

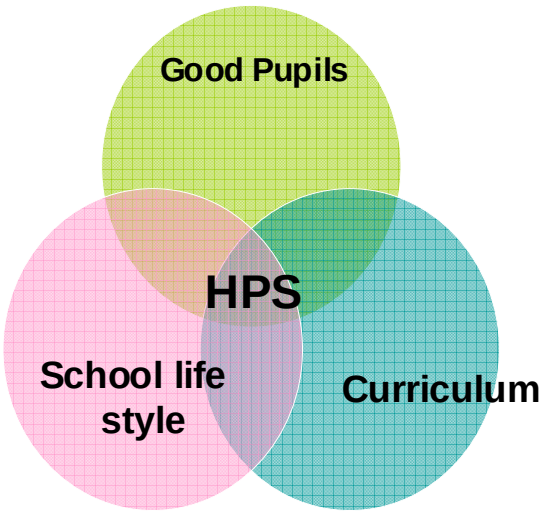

Figure 5.7 illustrate HPS as usual activities in school life

The community leader, who worked as a member of the HPS committee, thought that HPS activities could be included in normal daily life of the school and the community to protect people from diseases such as DHF. He stated;

> *I look at the project; it is not difficult to do. It was daily life. We should know the ways of protecting ourselves from disease. It was better than to get the illness; it was a waste of the money and time to treat it…../I had observed that the projects wanted the school clean.* (KK.1,p.3,7).

The school deputy agreed that HPS was part of normal life style which had to be practised correctly and regularly. These actions would influence good behaviour. He focused on the pupils' good behaviours. He expected a positive outcome in the school when HPS involved the school, however he did not see HPS involving special or separate activities.

> *HPS is about a natural, normal life style. We should manage it in the right way, make it good. It was not difficult, depending on how much we practised the good things and good behaviours. The pupils could learn what is good and bad* (M3.1,p.12).

The idea that HPS was related to normal school life was reflected in its implementation within the school. The staff members were delegated jobs in the common school activities such as improving the school environment, exercise, and looking after the pupils' general hygiene. The training for good manners of pupils was related to HPS. The pupils attended school five days a week from morning until afternoon. The training of pupils' behaviour belonged to the classroom teacher. He thought that their families did not spend much time in training their children to have good behaviour because of their low socioeconomic, rural life style. Many parents had to work in the city from early morning. The children would have to take care of themselves and go to school every day. The teachers acted like parents to them, being their caregivers at school.

The health teacher who took responsibility for HPS looked at the whole school and identified routine activities that were related to HPS such as the school health service, and taking care of the school environment.

> *Now I learn from practising. HPS was the same as the school healthcare service. I don't think it was difficult. The school has already done (the HPS activities) in the school routine. It focused on promoting health in the school to teachers, pupils, and parents* (P5.1,p.16).

While some teachers paid attention to the pupils' hygiene and the school environment, one teacher focused on cleanliness as a normal activity that contributed to HPS. She was more strict on cleanliness than other teachers, as shown in this statement;

> *I could not teach in a dirty room...Firstly, the pupils must be in good physical and mental health. These come from good behaviour such as brushing teeth for healthy teeth. Also, the physical [body] must be clean and strong…* (P4.1, p. 16).

I often saw her check pupils' finger nails and general hygiene in front of their classroom. If they had dirty or long nails, she would hit their hands with a wooden mathematical instrument. She told me that she trained them to be disciplined. The significance of HPS was linked with personal hygiene of the pupils and the school environment. It illustrated a form of pupil punishment. The pupils did not understand why they were punished. It was the traditional way of schools to control the pupils to be well behaved. When she was young her father was very strict with the children, so in her belief it was the best way to train the pupils at school. Some parents agreed with the punishment. She thought the pupils had to respect the school rules. The school is the institution that people have to respect and the school has rules to train the pupils and develop self-discipline. If the teacher ordered the pupils to have a hair cut, they had to follow the order strictly.

Usually, these tasks were assigned to all teachers to take care of pupils. Each classroom teacher had to ensure that the pupils in their class attended to basic hygiene and cleanliness. Also, the pupils needed support by advice and caring. They should understand why cleanliness is important. It would make the link with HPS in personal health and a healthy environment. It was the starting point to improve the young people to be healthy in the long term.

Some people argued that HPS was not a regular duty, not part of the usual daily life of the school and therefore not a priority. For example, I discussed with the local health officer why many schools in the local area did not accept HPS. He suggested that those schools thought they needed more time to apply the programme in their schools; they misunderstood HPS and thought that HPS involved extra duties, increasing the work load for teachers, and therefore was not a priority. One of the factors which motivated schools to introduce HPS was the incentives associated with HPS as a competition, as outlined in the following section.

5.3.4 HPS as a competition

Another meaning of HPS was as a competition to be won that resulted in recognition for the school, financial reward, the award of a certificate at bronze, silver or gold level (as previously described in Chapter One) and the possibility of winning a cup at regional level. The concept of HPS came to represent succeeding in the HPS competition. Indeed, the existence of the competition and reward encouraged the school team to join in the HPS programme. Figure 5.8 illustrates the process whereby HPS came to be seen as a competition.

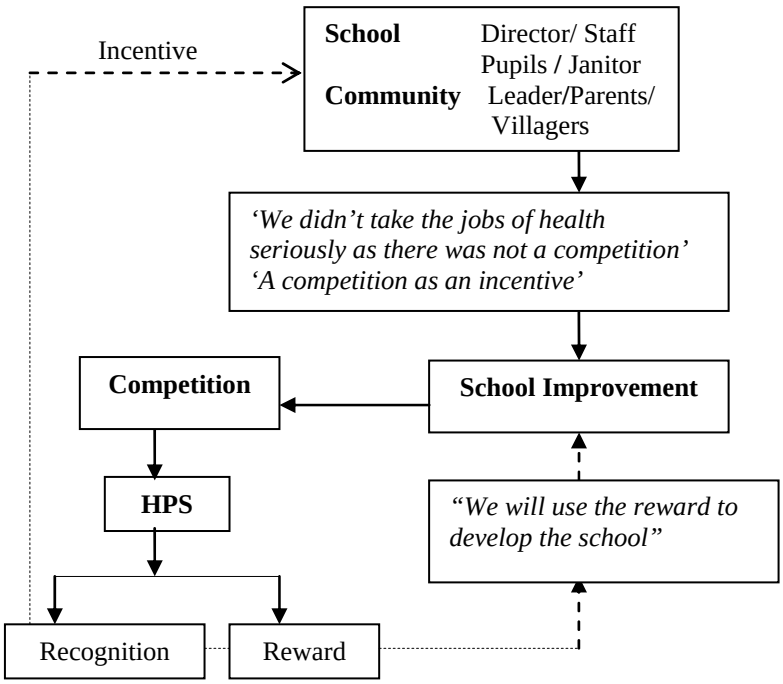

Figure 5.8: Illustrating HPS as a competition

Teachers suggested that the existence of the competition transformed the emphasis put on health activities that were already a part of the usual routine in the school.

> *Initially, the health teacher was in charge of the sickbay. Health was not an important part of school life. We didn't take the job of health seriously as there was no competition...* (M1.1, p.6), and *If speaking truthfully, It's good, health and well-being but it's not our main focus* (M2.1, p.6).

The availability of a financial reward for success in implementing HPS was an incentive to staff to participate in initiatives such as the DHF programme which demonstrated cooperation to address health problems in the community. The reward motivated staff to work hard on the project. The school had limited money for school improvement, so the reward would support school development as well.

> *So there would have to be delegations in every area of work. We entered into the province level and we received 30,000 [baht] and this gave us a real encouragement. We wanted to push on the regional level and organized teamwork every Friday* (M2.1, p.4*),* and *If we should win because the school doesn't have money we will use the reward to develop the school* (M1.1, p.9), and *however the quality of the programme and cooperation took on a new phase when the health sector used a competition as an incentive. We wanted to win the cup (prize). That was an important incentive* (M2.1, p.2).

Also, teachers looked for the reward to support individual recognition for their teaching careers. The teachers could not concentrate only on teaching in their subject. They needed to illustrate their success in their careers by recognition or rewards. Most teachers focused on rewards. The recognition that came with an award would represent the quality of teachers and the school. Therefore the reward was an effective incentive to push the people working to achieve the goals. A teacher supported the importance of the reward as follows: *"The award reflects the teacher's product, efficiency of the schools, and the administrator."* (M1.1, p.9)

The pupils also responded to rewards. The school encouraged the pupils to work in the school grounds by focusing on rewards. In order to improve and make the school grounds clean and tidy, the teacher gave the pupils tasks to train them to be responsible and gave them incentive by reward. Although the pupils had to follow the teachers' commands to work on the school environments, the staff motivated them by reward.

> *The children have areas that they are responsible for. Before the pupils didn't take their responsibility seriously but now they use this competition* (M1.1, p.4)

The last meaning attributed to HPS was that of standards and criteria to be met (in order to succeed in the competition) as illustrated in the following section.

5.3.5 HPS as health standards and criteria

Initially, I visited two schools to choose the school for my study. The information about my study questions relating to HPS was given to them before I visited. The deputy Director of Mahasarakham educational service area office 1 and some staff, took me on a tour of the schools. The teachers who took responsibility for HPS showed me what they thought was representative of HPS such as the first aid room, the physical school surroundings, the documentation of the HPS elements, and the display board which showed the elements of the school activities that met the ten criteria (as described in Chapter One). The teachers recognised these aspects as representative of HPS. One teacher told me that they took things to show in the provincial exhibition of HPS. In case of visitors who came to visit the school for the HPS programme, they would also be shown the same things.

HPS meant the standard of the school environment related with pupil cleanliness and good manners, the perfect school; A HPS would be better than ordinary schools. The school and the community also focused on HPS as a good school which had healthy pupils with good behaviour. Figure 5.9 illustrates the actors and the roles that were enacted to meet the standards and criteria for success as a health promoting school.

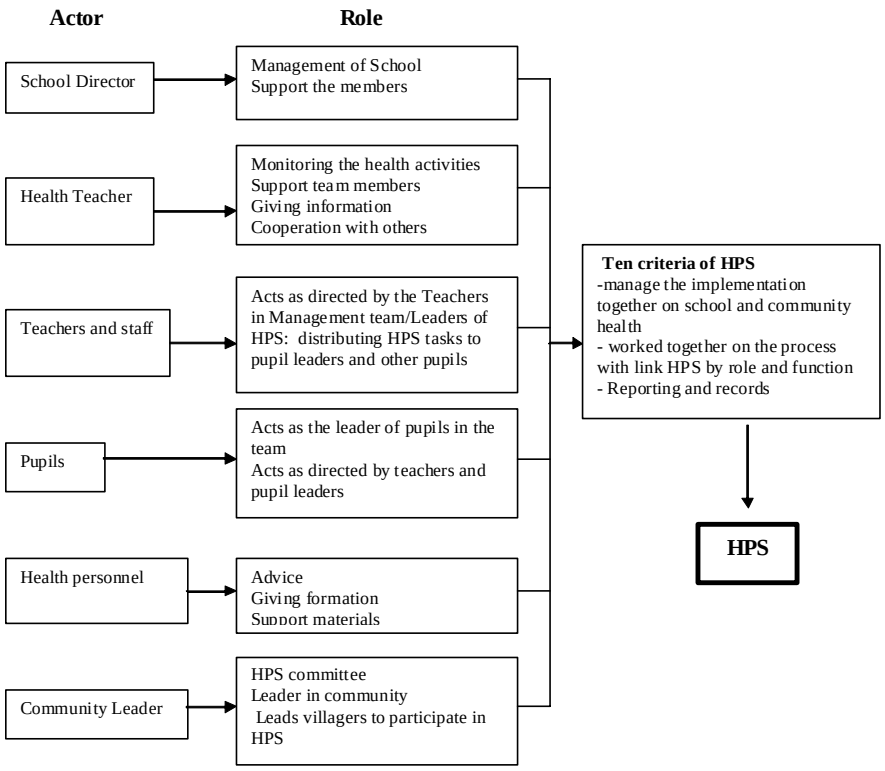

Figure 5.9: HPS as health standards and criteria

The school health teacher understood that the HPS had to reach the standards and criteria of HPS. She had no direct experience, so she learned about HPS from other schools which had achieved the HPS criteria. She sought out ways to achieve the standards by looking at a model school; the AA school was a famous city school; it looked good and had a nice environment. So her initial idea of HPS was about the general appearance of the school.

> *..initially, I thought HPS must be like an AA school (which is where the school gets the certificate of HPS) such as the school grounds are smooth; have no holes which fill up with rain water, they are beautiful and tidy, and have deluxe buildings..*(P5.1, p.7).

She learned from other resources that HPS covers many aspects of health; HPS was related with pupil cleanliness and good manners, and the standard of the school environment. There were many chances for her to learn and gain knowledge about health, such as talking about health with the local health

officers, discussion with other school teachers who worked as health teachers, and reading the HPS guideline manual. Also, HPS meetings were held in all schools; the school health teacher joined the meetings by position. Therefore the health teacher understood HPS as ten criteria of health which the school had to prove it met for the school achievement.

Another teacher referred to as "*the school backbone"* had been working in this school for many years, and was the leader in the academic subjects, and trainer in other programmes during her educational career also. Most school staff accepted her as a leader in the school; *"Ajarn…is a very special person. She can accomplish anything quickly"* (M1.1, p.7).

She had considerable experience in her profession and had a history of being able to organise the team to achieve goals in other projects. So the school members respected her ideas as the leader. She paid attention to the programme of HPS, and supported the school team members. She identified that documents were important in helping the school meet the criteria of HPS.

> *…Yes I used my life experiences; it's like if you have been an investigator or assessed anyone before. We must be able to predict what they might be looking for so we needed to work that one out…in the beginning they (evaluators) came to investigate and checked on the ten criteria required to be done for the project* (M2.1. p.18).

Creating the documents to provide proof for each standard was a way to reach HPS. In the evaluation process of HPS, the evaluators would pay attention to the documents; these documents showed the activities based on each element of HPS. There were many teams to evaluate HPS at local, district, provincial, and regional levels; each team looked at the documentation to prove the elements of HPS (details in Chapter One).

Because some school activities could not be demonstrated when the evaluators came and visited the school – such as the exercise on Wednesday afternoons, teeth brushing after lunch, and the mosquito larva checking in the community on Friday afternoons – the school members in the HPS team created documents to provide evidence of the activities in the school. The documents proved that the activities were done during the school day. The success of this approach was confirmed by a health officer who had observed the HPS team evaluation.

> *The evaluators looked at the surroundings, buildings, display of school cleaning, and the documents. The files of documents and board exhibitions were done to present what the school had done for each element of HPS to the team evaluator* (HF1.1, p.p. 2-3).

However, some participants expected perfection from achieving health standards in the school and expressed disappointment that while the school had met the standards and criteria the outcome was less than perfect. For example, the expectation of HPS held by one teacher was high; the ideal was to achieve 100% improvement in pupil hygiene. The health teacher had expected that the whole school would be free from alcohol or smoke. She thought that HPS would be better than ordinary schools. The school staff had to be more involved in health and well-being, to achieve the perfect outcome.

> *The pupils must look good, perfect; clean, know how to select the good healthy food... I thought our school has achieved promoting health in some parts; not fully in pupils, and teachers still drink and smoke* (P5.1, p.4).

Another teacher expressed disappointment that although the school had met the standards and criteria (and won the competition) aspects of pupil hygiene and behaviour and the school environment were not up to standard in her view:

> *We are already a HPS but I don't think that we are that good yet because the pupils' personal hygiene is not as it should be yet. The children's fingernails and hair are still dirty. In the area of buildings the*

> *cafeteria is not up to standard yet. …right now the children's personal hygiene is still not good. They eat rice with no manners and they still need to learn a lot about the cleanliness* (M1.1, p.13).

She supposed that when the school passed the standard criteria, the school would become perfect in all parts with a link to health. In reality full implementation to the standard she expected requires funding that is difficult for a rural low socioeconomic school to obtain. The school deputy acknowledged the financial challenges inherent in improving the school environment, in particular the school canteen.*"It was hard to do in practice, we need more budget for good environments and that meets the standard canteen"* (M3.1, p. 9).

They thought that HPS has to meet the standard of school environment. Increased budget was important to enable them to meet the standard, however the HPS programme was introduced without budgetary support for schools. The school canteen was temporary; it did not meet the standard. So, this was a big issue for their canteen.

In contrast, the Director was fully satisfied with the results from the HPS programme in the school. He was proud of the school and said that: *"HPS would look like our school"* (PR1.1, p.4). He thought that the whole school accomplishment to meet the health criteria was significant.

5.4 Conclusion

In this chapter, I addressed the subquestions: what do people in the school community understand HPS to mean and what influences their understanding? Informants' views reflected diverse understandings of the meaning of HPS. Those views were based on their experiences of HPS which differed according to their degree of participation, in their levels of knowledge about HPS, and in the roles they played in the implementation of HPS in the school.

The meanings of HPS identified through observation and discussion with key informants were classified into five categories: as a way of working, as a collection of activities, as a part of usual life in the school, as a competition, and as meeting health standards and criteria. The first three meanings listed above reflect an understanding of HPS as a process, while the latter two reflect a view of HPS as an outcome. In the next chapter I will focus on the school's becoming a HPS, to answer the question, *"What actions did the participants involve in when the HPS programme was applied in the local school?"*

CHAPTER 6

THE PROCESS OF BECOMING A HEALTH PROMOTING SCHOOL

6.1 Introduction

In the previous chapter I presented the differing meanings of HPS held by study informants, who understood that HPS was the process by which the participants carried out their HPS tasks. They understood that HPS was for the positive health of the pupils, teachers, and a healthy environment in the school.

In this chapter, the discussion is focused on the process by which the school became a HPS, as described by the study informants, and thereby the question *"What actions did the teachers, pupils, parents and communities participate in when the health promoting schools programmes were applied in the local area?"* is addressed. This school had already achieved HPS status, meaning that it had met the required ten evaluation criteria for a HPS.

6.2 The process of becoming a HPS

In this section I illustrate what went on in the school community when the HPS programme was implemented. As previously stated, implementation of the HPS programme is national policy from The Ministry of Public Health and The Ministry of Education, that requires all schools to achieve a standard by passing the ten criteria. Figure 6.1 illustrates the process of becoming a HPS in the study school. Informants described how they applied the HPS policy to the school community, arranged the tasks for the members, and worked together towards achieving the goal.

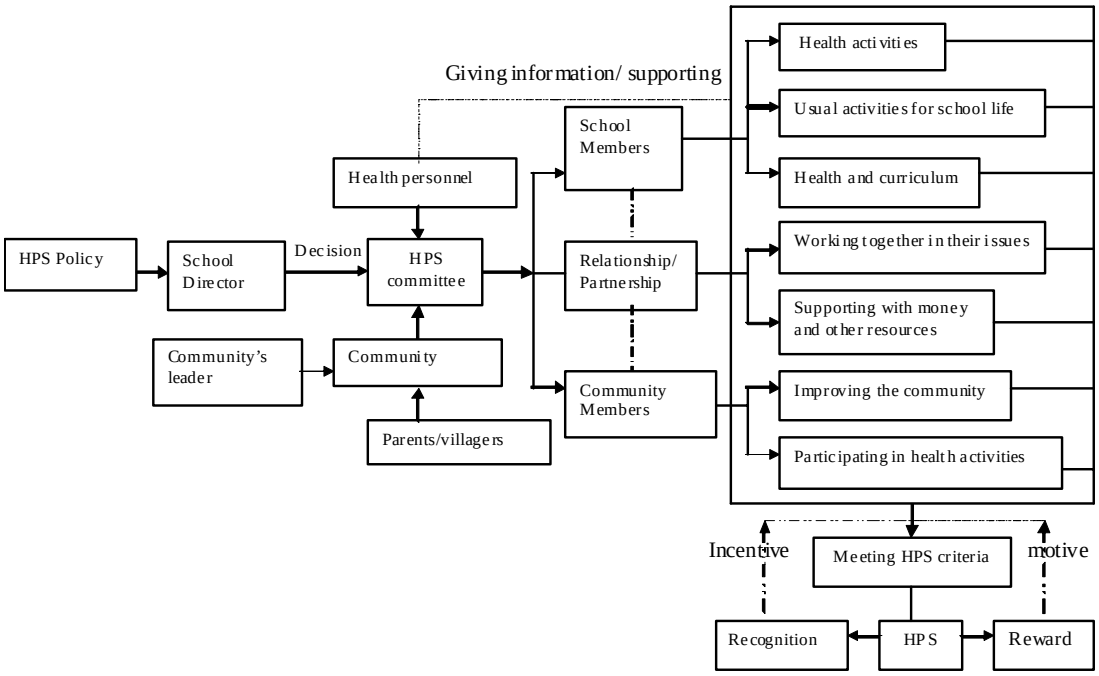

Figure 6.1: The process of becoming a HPS

6.2.1 HPS policy application

As previously outlined in Chapter One, HPS was a worldwide model that was supported at the top level of the health and educational sectors internationally and the WHO encouraged and supported many countries to participate in health promotion. One particular strategy was HPS, which Thailand agreed to apply in schools. This was a policy that promoted health in the school setting and the health and education sectors developed the package of HPS for Thai schools. According to the guideline manual for HPS it was developed with input from many experts in the Ministry of Public Health and the Ministry of Education, so it was advantageous for schools to accept and apply the programme locally.

The HPS policy passed from the Department of Health through the regional institute, and provincial health sector. The health sector of the province had organised ways to run the process that suited them. In Mahasarakham province, a letter from the provincial health sector was sent out asking that all schools participate in the HPS programme, and this letter was included in the HPS report.

The provincial health sector asked for the cooperation of schools and wanted to stimulate participation in HPS. In practice, the local health sector in each area took responsibility directly for local schools, and would contact and support schools which had responded passively. The local school needed to find ways to apply HPS which suited the complexity of the school community; the study school needed to be responsive to the low socioeconomic level, the culture of the rural community, and the character of the villagers. The study school responded to the call to engage with the HPS programme; they agreed with HPS and organised an HPS committee.

6.2.1.1 School agreement with the HPS policy

School agreement was the starting point in HPS. A letter had been sent to the schools to invite them to operate a HPS programme; that letter gave information about HPS and the situation of HPS in the province. In the letter it was recommended that, when the school agreed to HPS, it needed firstly to complete a school assessment. The school assessment form was sent back to the local health centre, the health centre then continued on with the next evaluation step. The study school decided to participate in HPS because of the vision of the school Director and the school health teacher who could see the advantages of being involved. Their roles in decision making and leadership were pivotal in implementation of the programme, as illustrated in the following section.

6.2.1.1.1 The key decision makers re the introduction of HPS

The school Director and the health teacher were the key decision makers in relation to the introduction of HPS in the study school. The head of the local health centre, who took responsibility for HPS, confirmed that the key person for making decisions in the school was the school Director – the leader and manager of the school. The school Director managed the school in a *"top-down"* hierarchical way, consistent with Thai cultural expectations; the Director held the highest position for making decisions. As the local health officer stated: *"the*

school Director was the first step through HPS. The school policy comes from the Director, it is easy to cooperate if the Director agrees with HPS and orders the health teacher to do it" (HF1.1, pp. 5-6).

Some school Directors did not show interest in joining the HPS programme and postponed the participation of their schools in HPS. The study school Director told me that other school Directors believed that the HPS programme worked through the school teachers only. The teachers already had busy schedules of work to do; therefore, they did not want to increase their workload. In their view, it was not a job for the school teachers and it was not important to adopt HPS in the school setting. His understanding was supported by the health officer who stated that other Directors questioned *"If we do not become a HPS, will it have any effect on the school? ...they also thought that the school teachers would have to work alone..."* (HF1.1, p. 6). All schools are expected to join the programme in the future; 89% participation was reported in 2003 (Bureau of Health Promotion, 2003).

The Director

In the study school, the school Director had agreed to the implementation of the HPS programme and to support the staff as they worked within the programme. He did not have much experience of being a Director. It was his first management position. He expected an outstanding improvement in the school that would demonstrate his ability in school management. He commented to me that other school Directors thought that he was too young and lacked sufficient experience to have been appointed to the position of school Director and therefore he was not accorded much respect by other school Directors. For example, sometimes, schools in the same area learned from the experiences of other schools by visiting to discuss aspects of their programmes. Other schools chose not to come and visit this school because of the junior status of the Director. They did not look at other components of the school, such as teacher ability or the school's networking experience.

> *…in this local area, the school Directors did not give permission for the school members to come and learn from our school; they thought that they were the senior Directors…they did not have an open mind to learn from others…*(PR1, p. 5).

The Director asserted that many teachers had wanted to be promoted to the position of Director in this school. While he worked as an ordinary teacher in this area, he achieved this position. He believed that he was no more special than other teachers, he was offered it by chance. It was hard for everyone to accept. He needed to show his leadership ability. So, he supported the staff to apply for HPS status.

A school Director requires a wide vision to develop a school. Currently there are numerous education initiatives to be implemented in schools such as a new curriculum, an education quality programme, and a range of other focussed initiatives. Thus a school Director requires an open mind; both to accept new knowledge, and to give the younger generation a chance. The Director of the study school became a leader with a vision, driven in part by the need to prove his worth. His vision and drive were instrumental in successful implementation of the HPS programme. Conversely, senior Directors, who were not open to changing their traditional ideas, were probably the biggest barrier to the innovative movement.

The health teacher

The health teacher was the person who took responsibility for school health and healthcare services. She worked as the school's official secretary, and received all of the HPS correspondence. She showed initial interest in the programme and went to ask the school Director if HPS could be implemented in the school. She described telling the Director that "*our school can improve the pupils' health through HPS"* (P5.1, p. 1). She had noticed that some pupils had lice and their physical bodies were unclean and expected that the pupils would be clean and

healthy when HPS was implemented in the school setting. From her perspective, successful implementation of the programme would produce good results for the school and she would achieve her specific curriculum goals. In support of her case, she argued that, given that HPS was a national policy, *"other programmes we could say no, but HPS we could not, it was the national policy."* (P5.1, p. 5). She mentioned that HPS was an important programme for which the Department of Public Health had set a 100% target participation rate for schools (Kramomthong, 2006).

6.2.1.1.2 Staff acceptance to implement HPS within the setting

Staff agreement was an important step for HPS involvement. The health teacher explained that after she had taken the information about HPS to the Director and he had agreed with the initiative, the Director then informed all staff in a school meeting about HPS; the HPS details, and the need for staff and pupils to work together. All staff in the meeting accepted taking on HPS. The main factor affecting the decision by staff was that they believed that the health teacher would have direct responsibility for HPS. The staff perceived their role to be support of the health teacher and cooperation in the duties that may be allocated to them. Pupils joined the HPS programme by virtue of being enrolled at the school.

In Thai society one pays respect to the power-holder and not to the expert like in Western cultures. A person's status is usually based on rank or ancestry: on how one is supposed to be, independent of how one got there. The Director is a senior position in the hierarchy of the school. Everything depends on a possible personal relationship to the Director of the educational institution or somebody else having a high position in this hierarchical system. Colleagues are expected to adjust harmoniously; therefore, the Director has the first and the final say in meetings.

In summary, there were two key people to lead the HPS programme at the study school. Firstly, the Director of the school, who was motivated to participate because he wanted the school to stand out as being better than others and to gain

acceptance from Directors of other schools. Secondly, the health teacher – who had a vision as to the value of the programme for health – wanted to apply her knowledge and experience derived from being an inspector of HPS, to obtain better health for pupils. The staff accepted that HPS was important because they realised that it was advantageous for the school be involved, both for pupils and teachers. If the school was successful it would represent HPS in the local area. Therefore, there was potentially a positive outcome additional to perceived health benefits, for the school to implement HPS. Moreover, the reputation of the school flowed on to the reputation of the teachers at the school.

The next step in implementation of the HPS programme, following the eight step process in the HPS handbook provided to schools (as outlined in Chapter One, section 1.4.3), was the establishment of the HPS committee.

6.2.1.2 Establishment of the HPS committee

A handbook was distributed to schools explaining how to adopt the programme. The school staff followed the steps in the handbook and established HPS committee. Figure 6.2 illustrates the first two steps to becoming a health promoting school: learning about HPS and making a decision to join the programme (as described in the previous section), and setting up a health promoting committee. The diagram illustrates the decision trail from the policy level to the membership of the committee, and identifies where responsibilities lay, and where information giving, support and cooperation were required.

6.2.1.2.1 The team members were selected

Consistent with national guidelines, membership of the HPS committee was drawn from the school and the community; committee members included school staff, pupils, parents, the people who were village representatives, and health officers. The guidelines recommend 10-15 members in total (Department of Health, 2003).

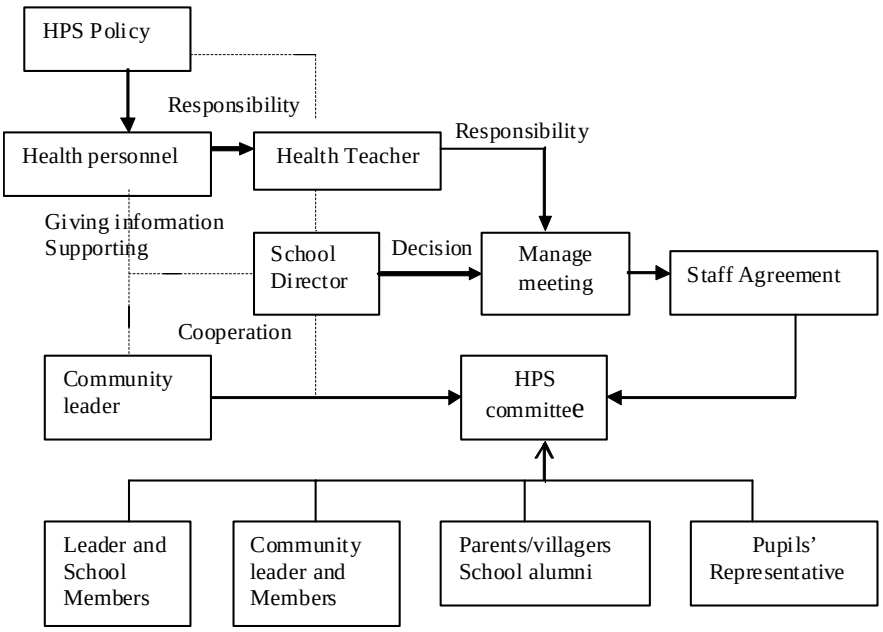

Figure 6.2: Communication and Decision-making Channels of the HPS committee

At the study school, members who had a good reputation from participation in other teams were selected to become part of the HPS committee. There were a number of different committees with which the school was involved, such as school alumni, the local education committee, and other committees to represent parents and villagers. It was the most straightforward way to select a committee. Also, from past experience, it was known who was willing to work and who had free time for the committee; those people were then selected for the HPS committee.

The head of the community was a powerful person. The school members often require the community leader to participate in school activities and therefore in the HPS committee also. In Thai culture, the head of the community is important for community development because the head of the community is expected to have wide vision; therefore the leader would have the knowledge and understanding to see how the HPS programme would be beneficial. The power of the head of the community was important for this programme because most people in the local area respected him; therefore it would be easy for him to ask for people's cooperation.

6.2.1.2.2 Giving the HPS members information

After setting up the HPS committee, the school Director gave them the HPS information; including the main objectives of the HPS programme, National and School policies, and the advantages of HPS. The information about HPS was intended to enable the members to understand the idea of HPS. The HPS manual was given to the committee members, so they could read it in detail and know how the process of the HPS worked. The HPS programme was then arranged between the school and the community after the committee members had understood the details of HPS.

During the period of my fieldwork, there was no formal meeting of HPS. I had heard from my interviews that the HPS meetings were organised before the school received the certificate. I asked for the minutes of the meetings from the teachers, however, they seemed uncertain about where such minutes were recorded.

6.2.2 Arrangement of the HPS tasks by the members

The tasks were arranged by the committee members. In the school, all teachers were assigned HPS tasks based on the duties linked to previous responsibilities and personal experience. For example, some male teachers were assigned as a team to look after the school environment and to take responsibility for the school grounds; this was thought of as a male role because of the heavy tasks. The school health teacher was assigned to record the health documents and look after the school health and well-being of the pupils.

One male teacher, who was a member of the school environment team, explained "*…they arranged the tasks for all teachers….that was called the standard health, something like this [he was not sure]….there was a lot of items…I took part in looking after the school environment with Ajarn*[6] *[name]….. The aim was for a*

[6] The word 'teacher' has a Thai equivalent '*Khruu* or *Ajarn'* , and in Thai, this word is used by children and adults alike, as an honorific title denoting showing respect.

healthy school, is it right?" (P2.1, p. 5). He was not sure of his understanding of the health aims. He knew that taking care of the environment was linked to good health. He recognised only his tasks and his team. It seemed he thought that it was not necessary to know about all school tasks.

The school tasks linked with the HPS programme were organised for all staff excluding the Director and the deputy. They both held administrative positions, and would work as the leaders of the team for monitoring. In Table 6.1 the HPS tasks delegated to the school staff are summarised. This information was compiled from the School Report, prepared by the school following its successful accreditation, to share with visitors to the school.

Table 6.1: The HPS tasks allocated to the school staff

Tasks / Class level	Kinder garten		Primary						Secondary			Others		
	1	2	1	2	3	4	5	6	1	2	3	Ad	Ad	Ad
Brushing teeth after lunch		■												
Exercise in school grounds on Monday, Tuesday, and Friday	■											■		
Test the pupils' physical body functions													■	
Development and maintenance of the school environment				■	■									
Head lice problem solving							■							
The annual health check for pupils and teachers								■		■				
Pupils' health and dental health competition			■											
Competition of drawing , poetry, or writing about drug addiction, environments, DHF, HIVS, and Leptospirosis		■							■					
Hand cleaning and exhibition of healthy regulations						■								
Sports clubs and the sports network between the schools in the zone													■	■
Protection and health prevention of DHF and Leptospirosis with community participation							■							
Health education in the school										■				

*Ad refers to teachers who worked as administrators, and did not hold classroom responsibilities

In the community, the villagers also support and cooperate with the school activities such as working on the DHF programme, organising the merit system to raise funds for the school, and cleaning the canal alongside the school. One parent stated that "*the local government cleaned the canal beside the school, it made sure the school did not flood. The water flowed in the water way. Also, they developed the school grounds such as topping up the road with soil"* (VM2, p. 5). The community's involvement with the school as has been mentioned ensures that they know about the school's problems and help to solve them.

During my fieldwork, I saw a health volunteer come to school when visitors came to hear about the HPS programme. She came and took care of the visitors in the school, and explained about the HPS processes to them. She had experience of working with the school, so she could share it in detail, including the steps of implementing changes in the school. While the group of visitors walked around the school, the school Director and teachers walked in front. The health volunteer walked in the group and explained some information about the programme for the visitors. She shared her experience in HPS with some people in the group, and acted as though the school was her responsibility. The visitors who came to visit the school were community guests as well, as the school represented the community.

6.2.3 Operation of HPS in the school

The staff took responsibility for their assigned HPS tasks. Some existing activities in the school could be linked with HPS, but there was a need to create some new tasks, and improve the school environment to meet the HPS standard criteria. Figure 6.3 provides an example of the ways in which HPS was operationalised in relation to nutrition and food safety- the seventh criterion to be met in the HPS programme.

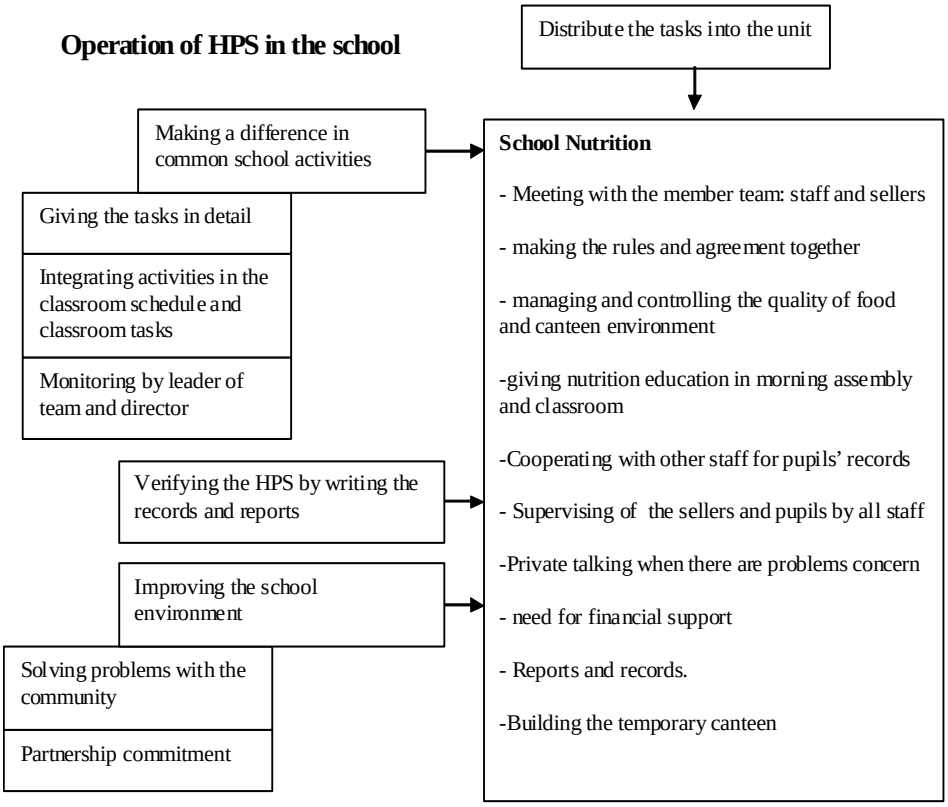

Figure 6.3: Operationalising HPS in relation to school nutrition

6.2.3.1 Making a difference in the common school activities

The health teacher explained that there were many common tasks in school that were linked to HPS such as the caring for pupils' hygiene, training of pupils' behaviours, and school nutrition. She stated that; *"we followed the guidelines of the HPS hand book. Some tasks were done in the school, some were not…"* (P5.2, p. 1). She studied and considered all items in the HPS guidelines, then the tasks were arranged to meet the HPS criteria as outlined in the following sections.

6.2.3.1.1 More focus on tasks

Some tasks linked with HPS were covered in the school curriculum, in which pupils are encouraged to have life skills at each class level (as detailed in Chapter Four, section 4.9) that are linked with HPS. For example, health education was implemented in the class schedule and outdoor activities. That was a part of the HPS criteria. The health teacher explained that; *"the sixth element of HPS was health education, it was part of the classroom schedule, the morning assembly and pupils' speeches at lunch time by loudspeaker"* (P5.2, p. 1). Some of the HPS criteria were integrated into the curriculum. They were already common tasks in the school.

6.2.3.1.2 The need to integrate activities into the classroom schedule

Some activities were integrated into the classroom schedules such as exercise on Wednesday during the last period, and the survey of mosquito larvae in the community during the last period on Friday. These were in the timetable for each class in the school (as illustrated in the classroom schedule: Chapter Four, Table 4.4).

For example, exercise was set up as usual in the weekday schedule. Most classrooms focused on pupils' learning skills as part of the main curriculum. The purpose was also to create healthy staff so the teachers and the pupils play together, giving a chance for all school members to gain exercise; the leaders were trained by a physical education specialist. Thus the school organised jobs according to the expertise of staff members and linked with relevant school subjects. It was familiar work for the staff. Other teachers came and joined in during exercise, however, they did not wear appropriate clothing. They worked together with the pupils but they participated at a different level; it was the leader of the exercise sessions who took direct responsibility for the tasks, other teachers did not show full commitment.

Thus a goal of HPS was for the staff and pupils to become healthy so the school put health promoting activities into the school schedule. However, the programme did not result in better health for some teachers who acted as supervisors for the pupils during exercise sessions, but did not fully participate.

6.2.3.2 Improvement of the school environment

To meet the criteria of HPS, it was necessary to improve its environment. The health teacher commented "*yes, we had to develop much more, such as running water for pupils to brush their teeth…if it did not work, we could not become a HPS*" (P5.1, p. 2). And "*our school had no canteen; all pupils in the past had lunch in the hall, the first floor of the building*" (P5.2, p. 1).

The school and community worked together to support HPS. The local government received a budget to provide all households in the community and the school with running water which had been available periodically in the school – it did not run all day. The school was able to organise its own running water by storing rain water in big tanks (illustrated in Chapter Four, Figure 4.12) that provided water to the school.

The temporary canteen was funded by "*Pha Pa"*[7]. The school's annual report stated that the money came from the community; "*Pha Pa"* was arranged for the villagers to donate the money to the school for the purpose of school improvement (rather than to the temple). The temporary canteen was a separate structure from the school building, with a concrete floor and a roof.

It was difficult to meet the standard criteria of HPS, as there was no extra money for the implementation of HPS. Many rural schools were not able to provide facilities that met the HPS standard because of minimal budgets. However, the school could manage to temporarily meet the HPS criteria.

[7] Means to raise funds and materials to jointly address their concern; the root of the practice stems from a Thai Buddhist ceremony.

6.2.3.3 Do not Pak- Che- Roi- Na[8]

The school focused on HPS tasks and paid attention to their assignment. The leader of the community said "*the school worked well, they did not **Pak- Che- Roi- Na***". He thought that the school expected real outcomes for the school that could be seen in the school environment, pupils, and the community.

For example, the nutrition task was assigned to a subteam in the school. They took responsibility for food safety, including the canteen, kitchen materials, and the pupils' manners. However, the assigned teacher could not control all aspects. As the health teacher mentioned:

> *…the HPS auditor advised us that our canteen did not meet the standard. Then the subteam for nutrition told the sellers in the canteen to put the dishes on the table, don't put them on the floor. A seller responded that she did not do that when the auditors came* (P5.2, p. 1).

The sellers understood that they would do their best when the supervisor came to visit. It was *Pak- Che- Roi- Na*. They would present a good face for the school. However, the sellers misunderstood the reason for putting the dishes on the table. The main idea was to keep the dishes clean. They should make the food safe from germs and clean all materials when cooking, and they should make it common practice – these standards were not only for inspection times. It was inconvenient for the sellers, who really needed a standard canteen with sinks and running water. The nutrition team was understanding of the restrictions and were flexible about the cleaning.

The teachers had limited time to concentrate on HPS tasks. There was lot of work for the teachers. One teacher said that:

[8] to put the best in front, show others good –so that they will think it is all good, or window dressing, Na is a Thai word meaning ' Face'

> *It [Pak- Che- Roi- Na] happens periodically when they come to assess the children's health. At that time we would be in a hurry to complete the tasks and paperwork for the teachers in charge. They would not take it seriously or it may have something to do with the workload that had been placed upon the teachers…. but if someone is going to come to inspect the school then we would help each other, to save our face* (M1.1, p. 14).

They worked as much as possible, but they could not pay full attention to all the tasks. Usually, they left the jobs linked with healthcare services for the health teacher. However, if people were coming then the teachers would work together and complete tasks quickly.

The concept of "*saving face"* is a strong belief in Thai culture. Thai people have a superior sense of public image. It is very common in Thailand, when others come and visit, that Thai people attempt to present their best. They would look for the best ways to save face. So, the school tried to present the best for people, even though they had much work to do. They made up ground in a short time, it was not done regularly. The school teachers were representatives of a respectable career, they needed to keep face by showing the best and hiding the worst.

6.2.3.4 Verifying the HPS

Evidence would support that the school was carrying out HPS activities, and there were a lot of activities to show that the school should pass the standard of HPS. However not all these activities were able to be seen by the HPS auditors on the day they visited the school. The school had to provide evidence to support the verification of HPS activities by including documents, and photographs.

6.2.3.4.1 Documentation

There were a lot of documents to support the HPS activities. I saw the folders for HPS displayed in the first aid room. They were prepared for the evaluating auditors and to show to visitors. Activities may occur only at particular times of

the day, such as brushing the teeth after lunch, or on particular days such as the exercise on Wednesday, and the survey of mosquito larvae in the community on Friday. The documents were important to show the auditor evidence of the HPS programme. To make the documents credible, some papers were completed by the classroom teachers and forwarded to the Director. Each classroom teacher had to check that the HPS-linked activities were completed in his/her class and sign to guarantee verification of the document. Documentation was collected by the school health teacher and passed on to the Director. The papers were signed by the school health teacher and the Director as well, and then they were used as evidence of HPS activities.

The documentation created an increased workload for teachers, who could not complete all these tasks. One senior teacher shared her ideas about the paperwork; *".. Even when the administrator sometimes gives orders… For example, we have to send in documents all the time but we don't know if they have been checked over, it's not connected"* (M1.1, p. 14). She was not sure that the tasks had been completed before the paper was checked. For example, there may have been no link between the report and checking of pupil hygiene. It was possible that there was a heavy workload for the school teachers to complete in each period, and that they wanted to hand in the reports to the Director just as the other teachers had done. The paperwork might therefore be completed without the associated tasks either being undertaken, or being recorded at that time as having been undertaken.

I thought that these records were not routine tasks for the teachers. These papers were created for special procedures, and because the teachers were unfamiliar with the procedure, they would wait until the Directors asked for them. They did not keep a regular record. So, it was difficult to complete them effectively. An important point was that the teachers could not recall their memory in all activities. It meant that the report lost partial credibility.

I also thought about training the pupils for recording their activities, – for example, when they participate in health education at lunch time; sharing their

knowledge in a public place and being trained to be confident at speaking into a loudspeaker. The pupils could have recorded the activities themselves. It was these important activities which advanced the pupils in the school. They learnt about health and shared it with other pupils in the school. When the pupils summarised their ideas on paper they were able to repeat what they learnt and deepen their understanding.

6.2.3.4.2 Photographs

Photographs were vital evidence. The school staff paid attention to taking photographs of the HPS activities. I had seen some on the display of HPS which was presented according to the activities of each HPS criterion in the school. The pictures illustrate the facts in the school context. All of the pictures had been taken before I came to study for my fieldwork, but during my fieldwork, I witnessed the event of photographing because the school needed the pictures to provide evidence of activities for an oral hygiene competition. The pupils gathered together in a line and brushed their teeth, for photographs. They were not shy, and they understood the situation. They followed the teacher's instructions and brushed for the camera, although some pupils had to brush their teeth for a second time so all of them could be photographed.

6.2.4 Building connections with the community

Cooperation between the school and the community was a particular part of HPS. The school community had a strong connection with the villagers; accordingly they shared the use of community resources and facilities. The school created a programme to more effectively communicate with villagers as it was recognised that the policies guiding teachers and parents to participate actively in management decisions regarding school operations were beneficial to both parties. The school built a relationship with the community and began to address the community's health issues.

6.2.4.1 Involving the community

In the past, there had been conflict between the previous school Director, the teachers, and the community. The teachers told me about a bad period in the school when one ex-Director had mismanaged the school. The teachers and some parents condemned the behaviour of the school Director, and the school teachers asked to change the Director. In that period, many families in the community took their children to the city schools, and had a bad attitude towards the community school. Currently, the school has a policy which encourages the involvement of teachers in the community. To build good rapport within the community, the school has engaged in activities with the community as follows:

6.2.4.1.1 Khruu-Pa-Jum-Khum[9]; the school has a policy about working in the community which was explained to me by a teacher as follows "the teachers have to be involved in the community, we arranged for them [teachers] to take responsibility for family groups in the village and called it '*Khruu-Pa-Jum-Khum'*..." (M2.1, p. 5). Each teacher took responsibility for a group of families in the community; this included communication between the parents and the school, and collaboration with community activities such as the DHF programme.

6.2.4.1.2 The mobile teacher to the community; other projects included a "*mobile teacher for the community supervision"*; the team of teachers visited and had meetings with the parents of the schoolchildren and other villagers, which created a positive attitude in the community. One teacher informed me that many families in the villages were in a low socioeconomic group -people had to go and work in the city every day. They could not come for meetings and participate with the school during the week. So the school deputy, who was resident in the community, created a programme for the teachers to go and visit the villagers at night or during the weekend. Some teachers reside in the community and understand the situation of the villagers. The teacher stated "*The aim of the*

[9] Khruu is a teacher who communicated with the villagers to pass information between the school and community. ' Khum' is a group of households in the community

programme is to encourage parents to talk about school" (M2.1, p. 5). The mobile teacher team succeeded in visiting the community to inform them of the school's programmes and build good rapport.

This initiative showed that the teachers have a strong commitment to the community; it was uncommon for a school to be so involved with the village. Staff also spent time in the weekend for meetings with the villagers. However, during my fieldwork, they did not manage to visit the community even once – so I could not see what happened when the teachers visited the community. One teacher told me that she shifted to this school for a year, she took responsibility for a family group in the community but she never did any work on this task. As she stated; "*I never went to the 'Khum' that they gave me the responsibility for"* (P6.1, p. 6).

6.2.4.2 Addressing health issues

When the community faced health issues such as disease spreading in the local area, the school staff collaborated and joined with the local health centre staff. They became involved and shared their knowledge with the villagers. For example, the teachers told me that they had experienced running education sessions about diseases, such as prevention and protection from Leptospirosis. So, the school staff had the experience to approach the community.

One of the important projects was the destruction of mosquito larvae because of the need to solve the problem of Dengue Haemorrhagic Fever. This problem spread during the rainy season for numerous communities and at times became an epidemic. The government had a policy on the prevention of DHF in all communities; they provided information about the disease to local people and support for the equipment and chemicals required to destroy the mosquito and larvae. It was common to see the communities work with DHF using similar strategies. However, each community organised the programme to suit themselves.

In this community, there were frequent cases of sick children with DHF in 2001 and 2002 (Health Centre Report, 2006). Prior to this, the school had a programme to limit the breeding of the mosquito by cleaning the school area. It was inadequate to clean only the school, therefore it needed to be controlled throughout the community as well. A teacher supported the idea of control by saying; "*we already had our own plan within the school programme that was to control the dengue fever within the school but our programme had not got out as far as the people outside the school as yet"* (M21.1, p. 2). So, the DHF programme evolved to include the school and the community.

Dengue Haemorrhagic Fever Prevention Programme

The project was a cooperative activity between the community, local health centre office, and the school. The information and the pictures from the display showed the programmes process which included health education and an exhibition about Dengue Haemorrhagic Fever. The health volunteers and school members surveyed and destroyed the mosquito larvae by using chemicals and distributing fish in water containers in the villages, an activity which controlled risk factors in each village. In addition, the school was active in this process; the pupils went out to the community to survey the larvae every Friday (during the last two periods). The programme was so successful that they received a certificate and were awarded money from a local level and provincial level in 2004. The money was used for building the oral hygiene corner.

My observations supported the activity of DHF. I met the pupils who worked with the households on Friday afternoons and their teacher told me that the pupils were permanently assigned five households. The pupils kept a handbook with them and worked as usual on Fridays; they surveyed and recorded the results in the handbooks in the village without supervision. I observed two pupils who went to survey the water containers in the households. They were familiar with the houses, walked through and looked in the water containers for larvae. The senior pupil worked as a professional. She greeted the owner and asked for permission.

When she finished her task, she gave the results, "*no larvae'* or *'there was some in …and could you please change the water?"*. In contrast, the primary pupil in the level two kept silent while working, from start until finish. She did the same things as other pupil for looking in the water containers. She recorded everything in the handbook and showed her records to the teacher at school. By recording everything in this way they supported the survey but they did not destroy the larvae or their breeding place effectively.

I thought that they would have built a good relationship and have clear communication lines between pupils and households. However, they had not developed a good communication pattern that was useful for their community. A villager told me about the pupils that went to her house for the DHF project by explaining, "*The pupils come to my house to survey the larvae but I have not seen them this month, I don't know who came to my house, they come in pairs including boys and girls"* (VM 3.1, p, 3). Another parent who worked as the janitor in the school said; "*the pupils go into the community regularly but the elderly people may not have been home or could not remember, and they didn't know what the pupils had come to do"* (WR 1.1, p. 5). There was a lack of communication between the households and the pupils.

The pupils continue their disease control efforts all year, which helps them to develop good attitudes towards health, and disease prevention. However, health volunteers engaged with the project only on a problem-solving basis, at the request of the health centre, when DHF cases were identified. The project was intended to encourage awareness about the DHF problem. It was hoped that the pupils would stimulate the families to be concerned and care for their own environment, by cleaning the surrounding areas of their house and closing the water containers during the mosquito breeding cycle. People should develop these practices as daily habits.

The difficulty of problem solving re DHF in the community

Some information was presented about the difficulties encountered in problem solving re DHF in the community. For example, one parent explained that; *"the pupils working in the DHF project were not the issue but the owners who did not let them put chemicals in the drinking water and did not give permission to empty the water containers, which contained a lot of water"* (VM2.1, p. 10). Water is important for each household, and is general problem for some Thai rural communities which suffer from drought. They keep rain water in big containers for the whole summer period. When larvae are identified in a container, the solution is either to put chemicals in the water to kill the larvae or to empty the water out. However, some villagers did not want chemicals in their water, and emptying the container was not an acceptable solution when water was scarce. The problem was solved by the teachers and the health officers who involved the community in discussion, because the villagers needed more explanation. The method was changed to using small fish in the containers to eat the larvae.

6.2.4.3 Support from the community

The local school needed support from the community but the government could not support all organisations in the short term – therefore, the local school was a resource of the community. For example, a villager donated the ground to establish the local school. They expected to have a school nearby the community and provide education for all children in the village. Also, many parents completed their compulsory education at this school. Some current teachers and the leader of the village had studied in this school when they were young.

The community had gifted merit money to the school (as detail in Section 4.3 and 6.2.4). The community leader thought that developing the school was important, so he encouraged the people to support the school financially. He believed that the local school needed education materials and money for development, which would ensure that the school provided quality education as the big schools in the

city could. If the school alumnus was to gift merit money for the school, it would confirm that the school belonged to the community. As the leader of the community said;

> *The building up of the temple is not necessary. If we change to develop the school it is better. The outcomes would go to the new generation of our villages. The school has a limited budget. If we donated the money to school for the computers or other school materials, it would gain more benefit for the pupils* (KK, p. 4).

The people preferred giving merit for religious purposes. Thai people are committed to making merit, particularly donating to the temples and monks. Part of the income of poor families is not only to live on, but also to enable them to make merit. They believed as Kuwinpant (2002) stated:

> *Wealth accumulation is not for economic investment only but it has always been invested in religious activities. Accordingly, it is not profit seeking that drives people to work. People make merit by donating money to the wat (Temple) in the hope that one's position in society will become better, if not in this life perhaps the next life"* (Kuwinpant, 2002).

In the rural villages, they were not rich but they expected to have a good future life. So, they gave money for merit. Some people were changing their ideas about school donations from the temples and monks, to children educational purpose. Maybe they expected more education in their lives. Education is a particular indicator for good jobs. If they had received a good education, they could earn a higher income, and reach a better social status in the next life.

6.2.5 The evaluation process of HPS

The evaluation process was an important part of HPS. Many schools have done a lot of work but they could not convey the meaning of HPS. They should understand the concept of HPS, and then they would see the precise importance of those school activities linked to HPS. As the health personnel supported the idea by saying; "*as a matter of fact, there were quite similar activities in each school. It depended on the ability of the presenter"* (HF2.1, p.1). The HPS auditor would come and evaluate the school, when the school was ready for assessment. There were different levels of team evaluator (see details in Chapter One, section 1.4.5). Although I did not see the event, key informants gave me important information.

I received information from health personnel and I saw the school documentation that illustrated HPS implementation on a display, through documentation, and in oral presentation by the pupils, and the teachers. The school followed the ten criteria of HPS in the evaluation guidelines. The display of HPS was kept in the first aid room and showed examples of each criterion, including photographs with explanations of the activities carried out in the school.

The implementing of HPS was presented to the evaluators. The teacher, who was called "*the backbone"* of the school by her peers, told me that she was assigned to deliver the presentation to the HPS auditors. She had been involved in every activity of HPS and she mentioned that; "*If someone really works on it, they can tell anyone perfectly*" (M2.1, p. 1). She thought that the people who worked on the tasks would understand and be able to clearly present the information. She presented information about how the school was successful in the HPS meeting and illustrated the key points of HPS beginning with the community participating in the school activities and how school and community worked together. She also presented the pupils' part in working with the community. The representative pupils presented ways to work with DHF. Health personnel confirmed the effectiveness of the presentation; "*That day the representative pupils presented the DHF process. The pupils who had worked with the community, they could*

explain and told the auditor in real context. The pupils understood and had the skills to work together as a team" (HP1.1, p. 2). The pupils not only worked but also presented and understood HPS. The auditor could imagine the real process of the activities which the pupils worked on in the community. Some pupils were interviewed about HPS during the evaluating processes, which proved to be an effective method.

They illustrated the steps of action by which the informants – teachers, pupils, parents and communities – had participated in the HPS programme. The school applied the HPS policy, managed the tasks of the members, operated HPS in the school, built up the connection with the community, and evaluated the HPS programme.

6.3 Conclusion

In this chapter I have described how the school successfully implemented the HPS programme and received recognition of its achievement at local level and regional levels. The process for becoming a HPS began with school staff's acceptance of the need to implement the National policy of HPS. An HPS committee was established and healthy activities were arranged to run in the school. The particular activities were presented as part of health and environment improvement. Some activities already took place as part of the school routines, but increased attention and priority were given to those activities. Other activities were created as classroom activities, however, community participation was an important part in the success of HPS. The school had a strategy to involve villagers, and the villagers were good at supporting the school, and the community leader played a vital role in the community. The DHF programme was a key activity that demonstrated school and community cooperation to solve a real health issue in the community. While there were some difficulties encountered in running that programme – for example, the rejection of chemicals in the water containers and a lack of water if containers were emptied – the evaluation of HPS was presented in a way to make the school successful. The school understood the

key concepts of the HPS criteria, so the school could illustrate the main ideas of how things should be done and how the process worked in both the school and the community.

In the next chapter I will explore how the culture and ethos of the school and its strong relationship with the community underpinned its success in implementing the HPS programme.

CHAPTER 7

THE SCHOOL ETHOS AND COMMUNITY RELATIONSHIPS UNDERPINNING SUCCESS IN HPS

7.1 Introduction

In previous chapter I illustrated the process of implementation of HPS, focusing on the ways in which the school managed the activities – including the channels of communication and decision making, task allocation, documentation and community initiatives – in order to successfully meet the criteria for a HPS and receive awards at both the provincial and regional levels.

In this chapter the school ethos and community relationships and expectations that underpinned that success are explored, in order to identify how a local, rural school in a low socioeconomic area was able to effectively engage teachers, pupils and members of the local community in the HPS programme.

7.2 Planting the idea of pulling together in unity

The teachers were concerned with making the school community work well. The teacher previously described as the *"backbone of the school"* believed that togetherness and unity were significant. **"***We just quietly coerced them along. We planted the idea of togetherness…. for everyone to pull together in unity"* (M2.1, p.15).

The *"backbone teacher"* had supported and organised the school staff, and mentioned how important it was that the school members planted new ideas. She thought that team unity was significant for success. So, she tried to lead the school members, teachers and pupils, to grow the ideas of teamwork and taking

responsibility for their school in their minds. The aim was that everyone not only worked together, but also shared the same mindset. She told me a simple way to accomplish this: "*In the morning we would talk to the pupils during the time we sing our national anthem in front of the flagpole and the teachers would also have heard the reason behind it all*" (M2.1, p. 16). The teachers and pupils heard the same conversation; therefore they would understand the school goals and know the school expectations. The messages were delivered on a regular basis when everyone was together.

7.2.1 A sense of belonging and ownership of the school

Some pupils expressed the idea that the school belonged to them and therefore they had to take care of the school as illustrated below, in this quotation from a senior pupil.

> *I love the school, I have been learning here from kindergarten until now, and also our parents took care of the school. In the past, our community gave the ground for setting up the school. I should take care of the school as my parents did in the past* (M27.1, p. 4).

This pupil had studied at the school for several years and could see how much the school was changing and developing. She knew that the land for the school had been from a community donation, to give the community easy access to education. In the past, the parents cared for the school in preparation for the new generation, so she believed that the school belonged to everyone in the community and that current pupils, in particular, should care for and maintain the school.

Two senior pupils who had studied for seven years in this school, told me that they cared for the school because it was their school; *"I grew all kinds of trees in the school from when they were young …we did it, it is our school"* (M15.1, p. 1), and *"we worked on the school because this is our school"* (M23.1, p. 1). They felt that the school belonged to all the pupils. They cared for the school environment

in the sense that they were the owners. Being part of the school over a longer period of time constructed a sense of ownership for the pupils; they felt a love for, and a connection with, their school.

The idea of the school belonging to the pupils was regularly planted in the school day as a rationale for the tasks that teachers allocated to pupils; for example, to clean the school classrooms, toilets and the school grounds. The pupils had to care for their school, to take responsibility, as discussed in the following section.

The leader of the community also planted a sense of unity; he looked at the school as a part of the community, and he planted the idea of unity amongst people in the community. He explained to me that he thought that when the villagers worked together, they were successful. If they worked together to support the school, the beneficial effect would also extend from the school to the community. He often told the people of the village that; *"This school belongs to our community, if there is a problem we should help solve the problem. The'Kwam Dii' (the good feeling in the mind) will be with you… also, …. The benefit would be to our villages…. "* (KK1.1, pp. 5- 7).

Kwam Dii is a Buddhist ideal from the saying "*do good-get good"*, so it affects people who believe that if they build up good deeds from this life, the good things will return to them in the future or next life. I thought that *Kwam Dii* is a state of mind that makes a person feel happy.

7.2.2 Responsibility to care for the school

Building on the responsibility to care that arises out of a shared sense of ownership of the school, the school teachers trained and disciplined the pupils and gave them responsibility for particular areas of, or tasks in, the school. The pupils were expected to learn self-discipline and responsibility from these school activities. One teacher commented:

> *I thought this was a very good idea because it taught the children not only to care for each other but to have a sense of responsibility for every aspect of the school. Every child has equal opportunity. The children have areas that they are responsible for* (M1.1, p. 4).

A sense of responsibility is implanted in early childhood in Thai families. Each child is assigned duties according to age and ability. For example, a child takes care of the younger sisters and brothers while the parents go to work in the fields. As they grow older, the responsibilities increase for more important jobs (The National Identity Office, 1995). At school, teachers plant the idea that the school is like the second home of the pupils. The teachers spoke regularly to the pupils about their school responsibilities such as taking care of the school grounds, classrooms, and the school toilets. The teachers oversee the tasks and attempt to foster the notions of belonging, ownership, responsibility and teamwork. For example, the teachers and pupils worked collaboratively on the school grounds and the environment. They divide members into small groups for working in the school. The teams include the teachers and a mix of pupils from various classes; the senior pupils are team leaders. Each team takes the responsibility for sections of the school grounds, being the leader for the morning assembly, and other activities such as the classroom and toilet cleaning.

7.2.3 Training, discipline and responsibility

The teachers understand that discipline training is necessary at school. Pupils should learn the school rules, the roles and functions of the pupils. They need to learn social skills within the school community before joining a bigger community in the future. A teacher needs to build self-confidence and responsibility in their pupils.

However, most pupils work for the school because the teachers command it. As one teacher said; "*it looked like we forced the pupils too much, I thought if we did not check, they would not work either…, the pupils were unaware of the school*

environment" (P6.1, p. 3). A senior teacher supported this concern: "*Only a few students understand the responsibility of cleaning. Most of them only do it because they are told to*" (M1.1, p. 5). Thus the teachers identified that the pupils worked without an understanding of the reason for the task.

Some pupils thought responsibility for the school was the teachers' obligation, not the pupils' responsibility. The teacher should ask the pupils to work on a task. If a teacher was not overseeing a task, the pupils would not work. The reason could be that the teachers forced them to do so without the pupils having an alternative understanding as to why they should be involved.

The pupils paid differing levels of attention to their delegated responsibilities. The girls often worked well, and focused on their responsibilities. For example, one secondary pupil who was not a team leader, acted like a leader; she arranged the jobs for her team members. When the members did not work on the jobs, she had to complete all these jobs because of marks and the teachers. She said that; "*I had a lot of work in the school grounds because I divided the area for each member but they did not do anything. I had to do it all…"* (M 21.1, p. 1). She told me that the team leader was not taking her job seriously. This pupil (M21) worked for the reward. Another pupil stated; "*If I compared the boys and the girls, I thought the girls work better, they might be more responsible"* (M25.1, p. 1). A senior teacher reinforced this view, saying that "*the boys will do little else but play"* (M1.1, p. 4). However, boys showed good cooperation skills when in the leader position; *"In case of a boy being a leader of a team, he worked well too. Also, some boys such as…., he is a good boy; who pays attention to study and is well behaved"* (M25.1, p. 1). The boys were usually placed in the leader positions because people believed that men were stronger and more suitable as leaders. Also in Thai culture, the father is regarded as the leader and the mother plays the instructor role in the family.

7.2.4 Cooperation based on relationships between teachers and pupils

I explored the views of a group of pupils who often got high marks for cleaning the school grounds and were reported to have good cooperation skills. The pupil leader of the group shared his view that the main reason the pupils picked up the rubbish and cleaned the school grounds was because the teacher pushed them to do so: *"they thought that the teacher told them to, so they must do"* (M32.1, p. 3). The pupils thought that good pupils followed the teachers' commands. Thus they were not self-motivated to work nor did they necessarily understand the purpose of their activities. When the pupils came to school their parents always told them to be good pupils by listening and following the teacher's orders. The parents supported the teacher's instructions. They respected the teachers who were highly educated, and thought of them as good role models for the pupils. So, the pupils followed the teachers' commands.

Many staff commented that the level of pupil concentration on working on the school grounds depended on who was the duty teacher. One teacher told me that Monday was different from other days; "*Monday is cleaner than other days…because of Ajarn M2…she worked as the duty teacher on Monday* (A2.1, p. 4)*"*. A janitor supported this view; "*how the school grounds were cleaned was up to the duty teacher, on Monday is Ajarn M2…., She could order all…"* (WR1.1, p. 2) and another teacher commented; *"the pupils did not follow other teachers' orders, except the order from Ajarn..M2…* (P6.1, p. 4).

I observed what occurred on Monday mornings. I met the duty teacher, who came very early in the morning and walked around the school area while the pupils picked up the rubbish or dried leaves. Whilst walking, she shouted in a loud voice to pupils who were sitting under the trees to continue picking up the rubbish. She was strict about paying attention to the task. Also, she stimulated the pupils to work on the school grounds by using a loudspeaker. She knew the pupils by name

and directly addressed them by name over the loudspeaker, which put additional pressure on the pupils to work hard.

The pupils were also aware of the teacher's feelings; they knew that they made the teacher upset if they did not focus on working on the school grounds; *"if we did not make the school clean and tidy, it made the teacher angry. She (M2) got really angry….she did not talk with us. We felt unhappy with that"* (M21, p.1). Also, one pupil said; *"I don't want to make the teacher get angry when she sees the dirty school grounds"* (M22.1, p. 2). The pupils usually had a good relationship with the teacher and wanted to make her happy; they understood that she tried to push them to do their best. Thus wanting to maintain a good relationship with the highly respected teacher underpinned their increased efforts on Mondays.

A kindergarten teacher pointed out the varying level of pupils' cooperation, she said that; *"All pupils work well in the school grounds, both primary and secondary pupils. But they only collaborated when the secondary teacher gave a command, they did not listen to my orders. They were really scared of Ajarn..M2…"* (A2.1, p. 4). The young pupils followed the kindergarten teachers' orders well, but the older pupils paid less attention to her orders. Some pupils would cooperate when the teachers showed respect by talking gently. One pupil stated that; *"I like to work well if the teachers make good conversation. If they talk in a bad voice, I do not want to work any more..."*(M11.1, p. 1). A female teacher shared the idea with me that the pupils need good conversation for cooperation. She explained; *"We have to talk in a gentle manner with them for cooperation...we should talk sweetly and praise them like …good boy or good girl…show them respect"* (P6.1, p. 3). This teacher was new to this school, with not much power, thus she had not earned the pupils' respect. She had to speak well to engender cooperation in the pupils.

The differing levels of cooperation shown by pupils may be attributable to their modelling their responses on the hierarchy evident amongst teachers in the school. I observed that hierarchy played out many times, in front of the pupils, as senior

staff gave directions about school management to other staff. In observing that process, the pupils could see the positioning of authority in the school. In the sections that follow I will explore what underpins cooperation and teamwork in the school staff.

7.3 Pulling on the heartstrings

Team work requires that the school staff make a commitment to work together. They are encouraged not only to take responsibility, but also to show commitment in their hearts and minds. The idea of *Sat-tha*[10] is invoked to achieve cooperation and unity. As a teacher stated: "*we…and the team leader, must create unity, cooperation and Sat-tha within the group and our own institution. We must make this happen in our own school"* (M2.1, p. 9). Building up the *Sat-tha* (as reflected in belief in the institute, team, and the ability of people to work together, goodwill) in the school was integral to the successful implementation of the HPS programme and foundational to rebuilding the relationship between the school and the community (as previously addressed in Chapter Six, section 6.2.4.1). *Sat-tha* was expressed towards the school and the school leaders.

7.3.1 Sat-tha to the school

By faith in their institution, the school teachers showed *Sat-tha* to the school. A senior teacher, who worked as the head of a school subject, said that staff needed to focus their attention on the school. One of the ways to focus their attention included *Kwan*[11], *Kumlung jai*[12], *Kwam dii*[13] *Kwam chop*[14], and fairness. The Director of the school would lead these aspects in the school. He encourages and supports the staff to work towards their full potential. When staff work well *'Kwam dii',* then they would receive incentives *'Kwam chop'* such as a salary rise

[10] "trust, belief in, confidence in"
[11] "Usually conceptualised as a form of 'life force', 'life spirit', linked to more western concepts such as 'self-esteem"
[12] "praise, spirit, moral support, will power, courage, morale"
[13] "good feeling in the mind, goodness, virtue, merit, meritoriousness, good, great contributions"
[14]" goodness, charity, beneficence, liking, fondness, affection"

or praise for their jobs. "*Kwam dii Kwam chop, if the teachers worked well, then they will get an incentive such as a top up of their salary"* (M1.1, p. 10). The staff were thus motivated to work. Perceptions of fairness in this system of rewards were essential to build *sat-tha*. The Director had the authority to make decisions in the school. In the past the Director made decisions by himself, however, more recently, a committee was established to consider each case; the committee was seen by teachers as fair and decreasing potential bias. *Kwam chop,* is the incentive to give to the staff to have *Kumlung jai,* that all staff felt happy and needed. They were confident that the school would work well under this scheme; it gave the staff good *Khwan.* It is difficult to judge *Kwam chop* without bias. So fairness was important. If people worked well, they would receive an incentive.

However, there was an exception; one teacher was awarded an incentive despite having inadequate quality outcomes. The committee agreed to support this teacher who had worked as part of the school team for several years, although his work was not outstanding, thus giving him an incentive to be outstanding and increased motivation to work harder. All the staff accepted the reason to encourage the staff member to work in being *Khwan.* They thought that he needed *Khwan* for working in the team. The school staff showed concern for each other. The reason was that they believed that different persons had different abilities; it depended on individual potential. As a teacher explained; "W*e cannot neglect them because people do not have the same potential. If we neglect them, it makes them worse"* (M2.1, p. 14). Thus the staff showed concern for each member in the school community by giving *Kumlung jai (praise)* that would pull on their heartstrings and provide them with the power of mind to work for the school.

In the school day the staff have many chances to converse with each other. I observed that within the school, the teachers worked and cooperated together. This school was medium sized; the teachers often met each other formally and informally. Generally, the teachers would oversee the pupils during morning assembly. The duty teacher would record the pupils' attendance each day, and would go and ask the classroom teacher how many pupils came that day, and then

record it. Also, the teachers share supervision of the pupils during outdoor activities. Sometimes I had lunch with the teachers at the school. They shared a cooked lunch. During lunch time, they were happy to chat and eat. It was good for the team to have a meal together, a good chance to talk informally. They discuss various topics and questions about the subjects and problems they face.

Some teachers help other teachers. Normally, I would meet the teachers who came and worked together in the meeting room. Such a situation arose when the Director joined the competition for *"the Leader Award"* at the regional level. Many teachers came and helped to manage the Director's exhibition; type papers, organise a display of the Director's history. I did not see the Director come and work on his jobs. The group of teachers were willing to work on behalf of the school Director, reflecting *Sat-tha* towards the *"backbone teacher"* and the Director as addressed in the following section.

7.3.2 Sat-tha to the person

Sat-tha was expressed towards key people who provided effective leadership, such as the *"backbone teacher"* and the Director. The team members thought that a person of excellence would lead a successful team, so they trusted that the person would lead the team to accomplishment. The *"backbone teacher"* was described by other teachers in this way.

7.3.2.1 The "backbone teacher"

Both teachers and pupils respected the *"backbone teacher"*. She was a powerful person in the school; I observed that when she talked or asked for something, every one responded to her as well as they could. I saw her ask the teachers to come and complete subject forms during their free periods. The teachers cooperated with her and did so. Many participants said that there was one teacher who encouraged the members to work and supported them to achieve. She organised the tasks for the members related to the HPS programme, and guided

other teachers who reported for the competition in which they were successful. All these events made them trust in her to bring the school success. One teacher said: "*Ajarn M2… is a very special person. She can accomplish anything quickly. She asks people to take responsibility and if they don't do it then she reprimands them. They must do the work"* (M1.1, p.7). And another teacher supported this statement; *"I thought that we achieved because of Ajarn…, she had a lot of experience to pull our members to work together* (P2.1, p. 11). She was recognised as an outstanding teacher in the school. Teachers commented; "*most jobs in the school, were led by her"* (A2.1, p. 5), and *"we are successful because she is the core of the team"* (P4.2, p. 5). The school members thought that she organised the jobs well. She paid attention to the tasks they did and encouraged the team to work together. As a result, many programmes were successful when she led them. Her power in the school was supported by her experience and seniority. As one teacher said;

> *I could not explain the programme because the person who didn't want to work with the programme asked me many questions and yelled; if Ajarn M2…gave the information, only a few people had problems. She could solve the problem. Accordingly she was a senior teacher and an instructor at the province level, so she had a lot of experience in this career* (P5.2, p.7).

There were many factors about her character which influenced how the school members worked together. She had been involved in the school for many years. She already had built relationships with the other teachers and they respected her. Even the new Director showed respect to this senior teacher; "*…when the Director found out that he was coming here he came to see me at my house…*" (M2.1, p. 13). Although he was at the top of the school hierarchy, he respected the senior teacher. So, the school staff were willing to work for the school because they believed in her ability. The members appreciated and respected her and were willing to work because of her expertise, which made them have *Sat-tha* for her.

7.3.2.2 The school Director

The teachers also expressed *Sat-tha* toward the school Director, who had a big vision for the school. During my fieldwork, the Director sought projects that supported the pupils who were academically challenged. Such special projects provided the budget for the school to arrange support for these pupils. These projects were advantageous for the pupils and the teachers also received money from this job. The budget from the project was divided into two parts; the school and the teachers. Most staff appreciated the school Director. One teacher told me that; "*The Director is very quick thinking. If there are opportunities he goes and gets them for our school*." (M2.1, p. 16).

The Director managed to create a good atmosphere for the staff during informal activities, which created a good feeling amongst the teachers. For example, when staff had birthdays, the school Director presented them with flowers in the morning assembly, and arranged a dinner party at night. I joined the deputy Director's birthday party. Most teachers came to the party, some bringing their families. It created a good attitude amongst the teachers about the school and other teachers. They relaxed and enjoyed themselves together, after they had worked hard in the school. One teacher told me that; "*...we had time to go out on an excursion and had a meal together. This kind of activity has helped to release and clear many issues...*" (M2.1, p. 15).

7.3.3 Competitions, teamwork and Nam Jai[15]

Most staff worked hard to provide an outstanding education in the school; tasks included curriculum teaching and administrative tasks. The teachers received various awards, as one teacher explained to me:

[15] 'Nam Jai'(water of the heart) is the word that shows one characteristic of Thai people, it was the typical Thai's sincere consideration for others.

> …*We also entered in the essay writing competition for the award (certificate). The award reflected the teachers' productivity, the efficiency of the school and the administrator…..in the years 2001 – 2003. Our staff had to show some outcome in their area of curriculum expertise and pupils' achievement. We succeeded in all competitions as we had paid attention to winning.*…(M1.1, pp. 9-10).

As previously discussed there was recognition of different potentials amongst team members, however, as a team they were able to support each other. As the senior teacher said;

> …*they are willing to change. There are some difficulties with some people who have different levels of potential. Sometimes staff are slower to change because they are not ready. But everyone is positive towards change* (M1.1, p. 3).

The teachers did not abandon their team members; they gave others a chance. The concept of give and take helped to maintain long-term relationships. The *"backbone teacher"* identified the challenge to balance competition with teamwork. Reciprocity was a basic part of teamwork for school achievement. Reciprocity was complicated as they attempted to support each other in various ways. The teachers had to show their skills and each teacher wanted to be outstanding, however they had to work together and compete with each other at the same time. The value of *Nam Jai* was modelled by the *"backbone teacher"* in this situation, using the comparison of a horse race.

> *I am in a horse race of the school. Everyone is a horse in a race. The fastest one will win. I'm not a greedy person …. … I should have* ***Nam Jai****, so I have not just focused on myself being outstanding; I have to help others. If they cannot understand, they will need more explanation…I explained to the teachers how they could achieve their goals…* (M2.1, p. 11).

In this case, the *"backbone teacher"* shared the opportunity with others. The school staff believed that she would support the team to achievement, and thus they supported each other. This situation gave the chance for other school staff to be outstanding, she showed *Nam Jai* to each other. Most teachers needed to illustrate their outcomes to be outstanding in the school. Only one teacher would win and receive the *Kwam dii Kwam chop*. So the teachers needed to demonstrate their productivities. Alongside this focus on teamwork in the school, sat the hierarchy and seniority relationships that form part of all Thai organisations.

7.4 Hierarchy and seniority relationships

Hierarchy and seniority relationships also underpinned successful implementation of HPS, because the health teacher needed the school Director to support her when she wanted cooperation from the school staff. The Director could ask all staff to be involved. The health teacher who took the responsibility for HPS did not have authority to manage the school. Although she had graduated with a master's degree a few years earlier, she was not in the position to make all staff join the HPS programme. As the Director stated; *"The teacher could not order other teachers; the order must come from the manager" (*PR1.1, p. 1). That was supported by the health teacher's statement; *"…as we know that in Thai society, people do not like the younger to order"* (P5.2, p. 7). and she also gave information from her experience; *"… when I finished the inspection of HPS in another school, I told my school Director that we could not do the same…we would have to develop the school and the Director would have to run the meetings for HPS management…"* (P5.1, p. 2). In addition, when HPS tasks were allocated and reports were requested, the command needed to come from the Director. The health teacher indicated that when she relied on personal relationships to collect the HPS reports, the staff were fairly cooperative, but it took time. It was easier to complete her tasks when she asked the school Director. As the health teacher said; "*…when I want some paperwork about HPS, I have to tell the Director to ask the staff for me"* (P5.2, p. 7). Thus the chain of command in the school supported the successful implementation of HPS.

Thai society respects hierarchical relationships. Status can be determined by position (e.g. Director of the school), age, education, and social connections. Although teachers with a high level of education would be respected by other teachers, they would not be able to command other teachers working in the team. The bureaucracy was hierarchically organised in order to reflect differential status and power. It was complicated for the staff to give commands when they were working together.

When the health teacher wanted cooperation from all the staff for HPS, she drew on the seniority and authority of the *"backbone teacher"*; for example, to give an explanation of the HPS programme to the school staff.

> *She was a senior teacher and had qualified for C8 (expertise qualifications) of the teacher degree...she talked loudly, and had authority with other teachers… she was mature….it minimised risk for me…it was common for Thai society to reject the orders of younger people* (P5.2, p. 8).

Thus school hierarchy and the seniority relationships played a part in supporting the staff as they worked together for achievement.

7.5 Relationships between school and community

The school was the centre of HPS which had to drive all the parts working together. The key parts were the school and the community. The school staff had agreed to change and improve the school. The community also supported the school in a partnership for development. It was advantageous for the school and it had a *"run-on"* effect to the parents and the villagers. Many participants stated that the success of the projects occurred because everyone worked together; "*Cooperation is the most important factor in getting things done,…..and become accomplished* (M1.1, p. 15), " *the success was from good cooperation between the partnership…(*HF1.1, p. 3*)* and " *we put emphasis on working together* (M3.1, p. 5)". In this section, school and community expectations and the key roles and

relationships of the Director and the community leader are explored to identify their contribution to the positive relationship between the school and the community.

7.5.1 Community expectations of the school

The community expected the school to provide an education for the children in the community. Most Thai people have similar ideas about school. Thai culture places a very high value on learning. They believe that a child should be educated in school, in order to find a good job and receive a high salary. Also in the future, children must take responsibility for – and care of – their parents when they are old. Thus, parents need to find good schooling for their children's education.

7.5.1.1 Choice of the city school versus the local school

During my fieldwork when I drove my car to school in the early morning, I saw some pupils at the bus stop on the roadside, waiting for the bus. They studied at the city school. Some villagers preferred their child to study at reputable city schools. They thought that the city schools provided a better quality of education, that they were better resourced. In contrast, rural schools had limited budgets for development and education. The leader of the community commented:

> *The problem is the people take their children to the city school ….they see other families doing this, so they think that the school in the city is better than our local school'* (KK1.1, p. 8).

Some families like to show their high status in the community, so they took their child to the city school, thus showing that they could afford quality education in the city. One parent mentioned the social values: how people place value on studying in the city.

> *The problem is people believe the city teachers teach better than the rural teachers. …..I think they want to show off their high status in community, to show face value* (VM2, p. 3).

I asked some teachers in the study school about their children's education. One female teacher at this school took her child to the city school: '*I want my child to get the best, I don't want them study in our school'* (M1.2, p. 1*),* a couple of teachers, who were local residents also arranged accommodation with relatives so their children could be educated in the city. The teachers knew the situation in the local school. They thought that the city school had more potential in education; advanced technology, a variety of education techniques. There were more opportunities. They opted to send their children to the school which had more facilities. The local school had limited resources and facilities for learning. This caused villagers in the local community to have a preference to send their children to study in the city school.

Some parents were confident in the teachers' abilities in this school. So they preferred to bring their children to study at their local school, which was close to home and made it easy to supervise their children. One parent, who lives nearby the school, believed this local school was good because of the teacher. She could see how the school worked with the pupils. The teachers paid attention to all pupils. Her child could read well and was competent with calculation. It was important for normal living. She was happy to have her child study at the local school. She said to me;

> *I don't mind, I take my child to study at the local school. The same as many other families who prefer their children to study there, it depends on their child's brain. Students in the city school might have bad manners because parents can't oversee their children as it is too far away. ...I wish that the school would extend to higher secondary education. I want my child to continue her studies here…In my view, my child will be successful in her studies because of teacher's ability* (VM1.1, p. 3).

Teachers commented that their role in a rural school was multifaceted. It included such roles as teaching, administration, training the pupils for good behaviour, developing the pupils' knowledge, and the extra jobs linked with education. As a teacher stated; *"The teachers are now doing everything. We are doctor, mother,*

father, police and judge. In the teaching profession teachers have to do everything (M1.1, p. 6).

7.5.1.2 Community expectations of success

Local health personnel and the leader of the community had high expectations of the study school. For example, the local health personnel asked the school to join the health programmes such as HPS and DHF. They thought that this school had good ability to achieve and good teamwork when compared with other schools in the same area. "*There were three schools in our zone, only this school passed the HPS criteria at the local level. So this school represented our community at the provincial level"* (HF1.1, p. 1).

The health officer gave credit to the school for recognising the need for change and development. While local health personnel, who took responsibility for healthcare services in the community, gave ideas and supported them, the school staff needed to decide for themselves to take up the initiative. As he stated; *"The school teachers paid attention to the school development. If I tried to force them, they would not respond. It would be impossible for the school to achieve…"* (HF1.1, p. 4).

In addition the leader of the community expected the school to achieve. When he talked about the school, he showed an appreciation of the school; "*other schools were not good enough, compared with this school…if you compare schools, you could see which is the best…"* (KK1.1, p.5). He thought that this school was good and also he expected the school to become successful. That would make the community outstanding as well.

These external expectations from the community put pressure on the school to be progressive. The school needed to become an exceptional school in the local area. Internal reasons added to the pressure for the school to be successful.

7.5.2 The vision of the Director for an outstanding school

The school Director identified that the school needed development, and the school teachers needed professional development themselves.

> *I want to develop the school. I am the new Director, I am never too shy to ask people to learn more and implement new knowledge to develop the school….also, our teachers should work progressively, not only work with a routine. They should be concerned with improving themselves in any way* (PR1.1, p.3, 5).

This vision was supported by the "backbone teacher" who stated that; "if the teacher's work is outstanding, and in turn the students' work is outstanding… they should come out with outstanding results" (M2.1, p. 11).

7.5.2.1 Pressure for professional development

The Director had a vision for the school to change and to develop, to be seen as an outstanding school, thus he encouraged the teachers to demonstrate their productivities. The school Director emphasised that the staff should work for outcomes and also show self-development. He encouraged the staff to be active in finding out ways to improve their knowledge. He stated that;*"…it was an indicator for personal evaluation, I include in the criteria the point that teachers could not stand alone without self-development…the teachers should have to develop themselves by any means..."* (PR1, p. 3). A senior teacher agreed that the teachers needed more development. It was beneficial for their careers and the pupils as well. She stated that; *"It has been good for our professional development. While we have been implementing these changes for the pupils we have discovered new techniques and ideas. So, we have improved ourselves"* (M1.1, P3). The reasoning of the Director was that, as staff developed themselves, it would strengthen the school as a whole. The outcomes of this development were displayed as evidence of achievement.

7.5.2.2 Competitions as evidence of achievement

I saw many certificates, medals, plaques, shields and cups in the meeting room. The school collected these in a cabinet, as evidence of the school's success. The school had been collecting these recognitions of their success for over 20 years. There was a pupil's certificate of the Thai Poem winner at the provincial level, shields of Teacher Awards in English, Thai subjects, science, sports cups for running, and the golden medal for DHF. These were some of the awards the school had received. It was common in Thai schools to see the awards on show in the meeting room. They symbolised the achievements which the school needed to present its success. People who visited the school would appreciate that there were lot of awards. Also, the school annual report included the certificates received as part of being a quality school.

7.5.2.3 Investing in community relationships

In addition to focusing on school development, the school Director was willing to investment in the community. For example, he focused on building rapport with the new community leader; the school team went to greet the new leader, which showed that the school team accepted and welcomed him. The Director told me that; *" we should go to meet him, and start by inviting him for a meeting or lunch together, give him flowers…it is an investment, although the school has limited finance. But if we stay here, we need to involve the community"* (PR1.1, p. 3). The leader of the community was powerful and had the authority to manage the community. Also, if they invested in this relationship, the cooperation between school and the community would continue in the future.

During the semester break, the school arranged an annual trip to the beach for the school staff. It was part of their routine in an academic year. They had a limited budget for the journey, but the school showed willingness by asking the community leader and his team to join with the school and by paying the money in advance. It made an impression on the leader of the community. He said to me;

> *…it was good, having a meal together is not enough, but travelling jointly on a tour absolutely built a strong relationship…it will encourage positive ideas to help the school develop...*(KK1.1, p. 8).

On the basis of his investment in building strong relationships, the school Director expected good cooperation between the community and the school in the future. The relationship was the important part that affected how the school and community worked together. This included the relationship with the school community and with the villagers that helped the school receive the achievements.

7.5.3 The community leader

The community leader engaged community cooperation using reciprocity as an underlying principle. He assisted the local people when they asked for help and was easy for the local people to communicate with. In Thai society, some leaders are difficult to communicate with; they hold a high status and have authority in the community. However, in the rural community the leader comes and works with the villagers. In this community, the community leader asked the people to join in and cooperate with the school. The villagers came and participated in the community activities because they thought that in turn the leader could help them so they were willing to come and help the school and community too. As the community leader stated:

> *If the villagers did not come when I asked for cooperation, they felt 'Bo-sum-bay-jai (not happy in their mind or in the heart, unhappy) because I was quick in coming to help them when they needed help* (KK1.1, p. 4).

Thai people always respond in a positive way towards someone who has helped and supported them. It is common to help others turn their problems around. If they could not help in return, they felt unhappy. So, the leader of the community presented himself to help the community first, and then the villagers would learn from his role modelling cooperation with the school for unity. The community leader often used the help of the village. There was a good relationship between

the leader and the villagers that enabled implementation of projects such as the DHF programme that involved the community.

There were many events which supported the relationship between the school and the community leader such as when the school had special occasions, the teacher invited the leader of the community to join both formal and informal occasions. The teachers could contact the leader of the community any time on his cell phone. Also, when I asked for an interview with the community leader, the school staff rang up to arrange my interview immediately.

Some of the teachers were resident in the community. Six teachers were local people and some teachers had studied at the school and were friends with the villagers. The villagers felt as if the teachers were relatives; they had a good relationship with each other. One teacher told me that when she smacked a child, she had told the parents about the punishment. The parents did not get angry but gave permission for the punishment. The villagers believed that the teachers did their best for their child. The villagers respected the teachers as role models because of their education. They often agreed with a teacher's decision to punish the child. They expected that the teacher would give the children a good education and train them to have a good character.

The head of the community gave the staff meat for lunch; the animal was killed by the villagers in the community. When they killed a cow, the leader of the community took some meat to the teachers for free. I saw the raw products cooked in the school, and noticed that the janitor worked as an assistant cook. However, some dishes were uncooked. Only the male teachers enjoyed the uncooked meat; they believed that fresh meat was tasty.

The events outlined above illustrate that the school teachers and the community have a good relationship. It is important for Thai rural schools to have good rapport with their community. If they helped and supported each other, it positively reinforced learning and minimised negative conflict with families.

7.6 The impact of the HPS programme on school success

The HPS achievement had a particular impact on the school; it illustrated the success of the school and community participation and successful cooperation between the staff, pupils, and the community. Other awards that were showcased in the school reflected individual ability or group achievement. This school became a representative school by joining the competition and achieving at the provincial and the regional levels. While some schools in the same local area prepared for school development, this school passed the HPS criteria. The HPS programme not only contributed to identification of the school as outstanding, it also created other advantages for the school, such as the monetary reward which enabled further development at the school; the school health services changed greatly, and so did the outcomes for teachers and the school.

7.6.1 Money for developing the school

The school had limited resources from the government and therefore needed more resources to be able to develop. The monetary reward was the key to make the teachers want to win the competition. As the teacher said when the school participated in the programme to be free of DHF in the school, they were more focused when there was a reward in the competition; *"We started to really mean business when there was a competition. Prior to that we did it half-heartedly… The prizes that they gave were, at the province level 30,000 baht and district level 50,000 baht"* (M2.1, pp. 3-4). Although the health problem was the priority, the potential prize money encouraged the team members to look at the goal of the winning competition. When the school received money, they arranged for it to be used for school development. For example, the money from the DHF prize was used to build the facility for children to brush their teeth at school.

7.6.2 The extended school health services

There were big changes made to the school health services. The school staff had to get involved in all areas of school health. The tasks were organised so most staff joined in the health activities in the school. They also encouraged community participation. In earlier times the job of keeping pupils healthy belonged to the health teacher.

> *Initially the health teacher was in charge of the sickbay. When children were sick that's where they went. Health was not an important part of the school life. Health involved measuring height and weight by teachers and checking teeth and eyesight by health officers. Most sicknesses (pain and fever) were treated by paracetamol. If it was more serious, then we referred the students to the health centre. Teachers did not have direct involvement with healthcare services* (M1.1, p.6).

When the school shared the responsibility for school health with the school staff and the local people, they could experience health promotion and the ways of getting healthy. Although each person had a different level of participation, they all had to be concerned with health. The main concept of the HPS programme has provided a positive pathway in which schools can contribute to the health of the pupils, teachers, support staff and their local community through the creation of a health enhancing social context and environment; and also improve the pupils' healthy practices. It made them look forward to seeing their community become healthy.

7.6.3 The productivity of the teachers

The rewards and certificates point to the quality of the school and the staff. The school needed its name to be outstanding. So the school Director encouraged the teachers to be productive; to develop themselves and change the school. The school teachers needed to illustrate the quality of the subjects and tasks for which they took responsibility. The HPS programme stimulated productivity amongst

the school teachers and team members and HPS reward was the product of all school members' input. However, some teachers had the idea that the HPS achievement belonged to the health teacher's efforts. As the information showed when there was an exhibition of HPS, the health teacher took most of the responsibility for the task.

The HPS programme stimulated productivity in other programmes in the school. Teachers wanted their productivity to be represented by rewards. They looked at other activities related to their skills and experiences. They tried to join competitions in their subjects, competition activities (poetry competitions, drawing competitions). The rewards were reflective of the efforts of the staff member responsible. This brought the school recognition. The pupils also needed rewards for their achievement too.

7.7 Balancing change and social harmony

Implementation of the HPS programme created difficulties in some areas. For example, the nutrition team covered the tasks of the lunch and milk programme, and overseeing the canteen. One teacher in the team complained about the canteen saying; *"I saw one of the canteen staff selling candy and rubbish toys. I tried to stop them but they hid them from me"* (P4.2, p. 2). She wanted the canteen to provide healthy food for the pupils but she could not control the seller. The seller was not concerned with the pupils' dental health. She was only concerned about her business. It was a difficult job for teachers to encourage the pupils to be healthy. She told me that; "*Others teachers saw the same problems but they did not want to confront the seller, they came and told me about the situation, so it was my responsibility to talk with that seller"* (P4.2, p. 3). She had to repeat the school policy to the sellers. The school rules were discussed between the school teachers and the sellers before the beginning of school year.

The teacher discussed with me that it looked like some sellers 'hated' her because she was strict in overseeing the canteen. She would like to take her responsibilities seriously because they influence pupils' health. She wanted to move out from the canteen task to avoid personal conflict. However, the Director did not allow her to do so. The school Director may have thought that the task suited her; she had gone about things in the right way which benefited the pupils and the school.

It was difficult for the teachers to take responsibility for this task and stop the seller on that issue. The sellers thought the healthy school programme was the teachers' responsibility. They were not concerned with the school programme, they were outsiders. Although the teachers tried to explain the school situation, and encourage them to be involved in the school programme, the sellers still were concerned only for their business. The parents gave money for their children to buy food at school; they did not expect them to buy candy or toys. The parents wanted the teachers to oversee their children when they were at school. In reality, only a few teachers took the tasks seriously. Nobody wanted to face a bad situation which would destroy personal relationships. Thai people believe that social harmony is best maintained by avoiding any unnecessary friction in their contacts with others (The National Identity Office, 1995) so the teacher wanted to preserve a stable environment.

Buddhist teachings are the root of the Thai social values that are practised. The communal life style instils a strong sense of social harmony in which tact, compromise, and tolerance are essential. When something unfortunate happens, Thai people must gracefully accept. The common expression is "*never mind, it doesn't matter" (Mai pen rai)*. Thais believe inner freedom is best preserved in an emotionally and physically stable environment. They believe that social harmony is best maintained by avoiding any friction, or confrontation with others. In general, people will do their utmost to avoid personal conflict. To keep social harmony, they often compromise their true feelings (The National Identity Office, 1995). Sometimes it leads to misunderstanding by other people as to why the teachers ignored the problem in the school.

Another challenge was to continue to identify and run programmes that brought targeted health funding to the school. Malnutrition was a significant problem which the government was addressing by funding the school lunch programme. The teacher who was responsible for this job explained how to manage the funding for the school.

> *The pupils were screened for malnutrition by measuring weight and height. If any pupil had a lower than standard level of nutrition on the Ministry of Public Health's graph, they were supported by receiving lunch through the government's budget….However, there were a smaller number of cases this year, I had recorded members of pupils who were from low socioeconomic families, to get more funding for our school. We managed to cater for the extra pupils when we received the budget,* (P4.1, p. 6).

She knew the problem was a lack of food causing the pupils to have issues at school. So, she needed more funding from the school lunch programme for the low socioeconomic pupils. When the budget decreased, the managers were unhappy. Consequently, the teacher reported more cases for funding. Each classroom managed its extra lunch cases. However she distributed an equal amount for each classroom to get the lunch meals rather than identifying where the greatest needs for extra funding lay, thereby maintaining social harmony amongst teachers.

Another challenge lay in expectations that teachers would model healthy behaviours. Some teachers were aware of risky health issues such as smoking or drinking. One teacher suggested *"nowadays are better, some male teachers have changed from drinking whisky to beer, and one teacher stopped smoking"* (P5.2, p. 3). The learning of health activities involved the school community. The health concern was placed in front of the school members each day. Some teachers paid attention to changing their behaviour although it was hard for them to do so in a short time. However, it showed that they were concerned and wanted to improve their well-being. Also, it was good for the teachers to be role models for the pupils

in the school. The teacher continued *"the pupils often reflect the teachers' behaviour. …the pupils said this, the teachers should listen and improve themselves…"* (P5.2, p. 3). In some events teachers appeared unaware of the health issues (such as eating raw meat) or being role models. However, it was the starting point of health awareness in the school. It was a positive sign for the new generation in the school to be speaking to the teachers about health and well-being. Traditionally Thai people, give young people few chances to discuss and share their ideas with the community. Only the ideas of seniors were accepted. The pupils were brave to talk and present their ideas and would share their ideas about health in other settings in the future.

7.8 Conclusion

In this chapter the school ethos and community relationships and expectations that underpinned this success were explored in order to identify how a local, rural school in a low socioeconomic area was able to effectively engage teachers, pupils and members of the local community in the HPS project. The key people influencing that success included the school Director, the *"backbone teacher"* and the community leader, all of whom encouraged working together at school and in the community. Thai cultural values were identified that underpinned the behaviours of teachers and pupils in the study school. Although largely taken for granted in that context, such cultural values and the ethos of the school were largely instrumental in successful implementation of the HPS programme.

In addition, there were some challenges for being a HPS. The responsibility of the HPS was complicated and different from participating in HPS. The part of the pupils was to follow the teachers' commands for training them to be responsible in the school. The school atmosphere was an important element that makes the staff work together in both school and the community. The relationship between the school and the community allows them to work collectively. The hierarchy, the seniority relationships, and reciprocity are the values that create a good working cooperative. At the same time, they joint together and support the work.

They share opportunities to utilise their skills in the school. Moreover, the HPS status gives the school and community an advantage. You could see a small beginning of health awareness in the school the starting point for improved health. Also, the school tried to provide a wide range of health services which operate within the school and villages.

CHAPTER 8

THE SUSTAINABILITY AND FUTURE OF HPS

8.1 Introduction

A question that arose for me as I undertook fieldwork was *"how would the HPS programme be sustained and further developed in the school, in the face of competing priorities?"* This school was recognised as a HPS at the gold level in 2004. When I collected the data, this school had been a HPS for a year. I examined the sustainability of HPS which included the school's implementation and planning for improving HPS. This consisted of the description of current activities which were implemented in the school and the community, the advice that could be given to other schools for achievement, and how such programmes could be sustained.

8.2 Maintaining a Healthy School

The personnel of this school implemented the HPS activities that were put in place prior to evaluation and incorporated them into the school programme. These include the school health services, screening for malnutrition and the lunch programme with support from the government. Also, health promotion was utilised to promote an overall healthy lifestyle in primary hygiene and increased physical activity; checking personal hygiene, dental care, and exercise. Moreover, the school maintained credibility for HPS outside the school with the ongoing mosquito larvae survey in the villages.

I saw various activities in the school that were linked with HPS which had been implemented in the school programme. Some activities had a traditional school routine such as pupils cleaning the room and the environment prior to starting

studies for the day. Consistent with the first stage in the long history of school health, attention was focused on hygiene and an effort to prevent infectious diseases (Sutton, Baum, & Johnston, 2004). These experiences showed the training role of the school for environmental management in both the school and the community.

Moreover, the school staff undertook ongoing improvements in physical facilities necessary for health promoting activities such as the provision of water for the pupils to brush their teeth; initially running water was not provided to the school during the lunch period, so water was kept in big containers for the pupils to brush their teeth. As the health teacher explained; *"currently, the water flows the whole day, the pupils had water for brushing their teeth and washing their hands...if there was no water, it would not meet the HPS criteria"* (P5.1, p. 8).

However, the health officer suggested that some parts of HPS had declined. He stated, "at that time... they did really well…such as the beautiful school scene and the environment, and the display board. Also, the document files were organised for each HPS criterion.…" (HF1.1, p. 2). He compared past and present practices. Since the school improved the road, several trucks have taken soil for topping up the school grounds but this made the school grounds unsightly because of the dust. I witnessed the dust and mud made by the trucks on the road. However, I did not see what the school looked like prior to those activities.

There was a new project initiated in the school that did not directly relate to HPS. The Director received information about the new project, sought out further details and organised a team for support in the school. The project was aimed to support pupils who were delayed in their studies. The school had to make additional time for study for this group of pupils who had trouble with learning such as languages and calculation. The staff thought that the project gave the school an advantage, and it was supported by a budget for implementation in the school; the staff involved would receive extra money. This situation did not start from the school needs but it was beneficial for the school in general. The staff had

more work but they had limited time to find out the real issues which they faced in the school context. They were concerned in providing the universal programme which aims to cope with common school issues. The school staff should focus on priority issues which affect their health. Both the school and the community would consider which were priority issues in the school and create ways to work properly though those issues.

These were the current activities in HPS which I encountered in the period of fieldwork. There were some ideas which focus on improving HPS in the future. The participants mentioned the school construction also how the school sustained HPS as described in the following section.

8.3 The Need to Develop School Construction in the Future

The school members stated that there was a need for further development of the HPS programme. The teachers' ideas focused on the school construction, which needed development for the completion of HPS. For example, the school wanted a drinking water supply; there had been a shortage for some seasons. While water was now available for cleaning teeth and hand washing it was not suitable for drinking. One teacher illustrated the problem by saying;

> *Right now we have a problem with drinking water. I would like to make running drinking water. .. There's no drinking water when it is not rainy season. No drinking water* (M2.1, p, 19).

Another area identified as needing development was the canteen. It was temporary and did not meet the sanitation standards for a canteen. One teacher supported this statement:

> *The canteen should have good sanitation, at the moment it is not complete. It needs more funding for improvement to build up counters for the sellers. All the environments are good except the canteen which needs to be developed* (P4.2, p. 6).

The health teacher suggested that some school problems needed fixing. The school was built on a low area, and consequently, in the rainy season flood water flowed in through the toilets. It was difficult to keep the toilets clean.

> *The school toilets are not clean because the toilet floor is low, so the water runs throughout the toilets when it rains…also, the tools and material for cleaning the toilets are limited* (P5.2, p. 2).

All these issues required development but also needed financial support. Funding shortages are common for rural schools with limited budgets. The government provides the budget for each school, but these are insufficient for the whole school development. The schools have to manage themselves. Some parts of the HPS programme relate to the sanitation and safety of the school environment. With HPS in Thailand being implemented without an extra budget, all schools would have to apply their current facilities and technology to manage HPS in the schools.

Interestingly one staff had the idea that the school did not need to make any more improvement for HPS, maybe it was better left as it was. The reason was that other schools wanted a chance to become a HPS. If this school has such a high standard, this made it difficult for other schools to get through the HPS programme. He stated; "*we keep the standard as it is currently…we don't need to improve….if we do improve other schools could not get to our level (receive HPS accreditation). Consequently, we should keep it stable or a bit lower than the past. It will make it possible for other schools to meet the HPS criteria"* (PR 1.1, p. 7).

This view reflected an understanding of HPS as an outcome that had been achieved rather than an ongoing process of development. Thus he expected the school to maintain the same activities in HPS by following the HPS criteria.

The key concept of HPS encouraged the school and community to work together to become a healthy setting. It was impossible to control the dynamic issues that the school faced. Moreover, other schools could apply HPS in a way that was

appropriate to their circumstances. It would depend on the community's resources. There were various ways to reach the target of becoming healthy school.

8.4 How the School Sustained HPS

The school want to retain the HPS programme as long as they can. These ideas were presented on how to work on maintaining HPS. They mentioned management; how to encourage the team, the finance, and the policy. Also, some ideas required personal skill or individual behaviour.

8.4.1 Administration Encourages the Maintenance of HPS

The teachers were proud of their school's achievement, so they wanted to maintain what had been implemented in the school. The *"backbone teacher's"* idea for maintenance was to stimulate all of the staff to keep on with the school healthcare tasks. She thought that there was a need to push the school members continually to work in many ways. She commented;

> *We can't go back ….We will have to use many tactics in the administration work. The method will be taking the document to the meetings and sometimes when time permits I will join in the activities. I have never thought that it's not in my job descriptions. I just get on with it* (M2.1, p. 19).

She was part of the school hierarchy; she had chances to manage the school including the school reports, participating in other tasks, and following up the HPS programme in the school meetings. These were ways to organise maintenance of HPS in the real situation because the top manager can manage the tasks and had the authority to do so.

In addition, the national policy was the background driver of the school activities. It would pressure the school administrator to manage the programme. The school Director, who was the head of management, should help and support the school staff in their work. As well, the health teacher, who took direct responsibility for the healthcare services, could pay attention to these tasks. As the health teacher informed me:

> *I have to encourage the staff to work with HPS. If I do not push, the HPS would decline. I had to tell staff that the team evaluators would come and see us at sometime, and I also asked the Director for staff to report about the health records of their class.…..I had to take action at this point* (P5.2, P. 6).

Moreover, reassessment of the HPS programme in the school was necessary. The auditor would re-evaluate whether or not the school met the HPS criteria, to encourage the school to maintain the activities and the standard of HPS. without periodic re-evaluation, some parts of HPS would decline because they were not part of the usual curriculum in the school.

8.4.2 The Skills Were Placed Within the School

The health teacher was confident that the school had set up and build up many activities linked with HPS which ensured that the school community continued with the HPS programme. Personal behaviour was formulated in the school practises. She thought that the pupils of the new generation could learn from the current senior pupils. The teachers had many HPS-linked skills to work on as part of the daily school routine.

> *I thought it became part of our skills, so it was easy to continue… Moreover, the pupils participated in all activities as part of their routine such as aerobics on Wednesdays. Although some pupils will finish their study, they will establish the school practises for the next generation…* (P5.1, p. 7).

It was important for sustainability that the HPS programme was made to run as part of usual activities in the school day. Most members were familiar with HPS; it was not considered as an extra activity for the school community. The teachers would have the skills and it would be easy to supervise. Consequently, HPS may be included long term in the school curriculum.

For example, some activities which are linked to HPS were put in the classroom schedule such as exercise and the DHF programme. The teachers and the pupils learnt the skills and participated with the community. They liked the commitment of working together, as this helped to form relationships between them. The teachers and the pupils were familiar with these activities and with running them in the school. As a result, those activities linked to the classroom schedule were maintained in the school.

Some HPS activities were not maintained where they were not easily integrated into the pupils' daily life style. As an example, the exercise lessons in the villages had ceased; the program of exercise was adopted in this community for a short period, and initially it worked well. A health volunteer informed me;

> *The government want to promote health to Thai people; they train the volunteers to lead the villagers in community-based exercise. At first we organised three days a week; Monday, Wednesday, and Friday*…(VM2.1,p. 8).

During my fieldwork, I did not see any of these activities. The information was given to me such as; *"The villagers were busy or there was no place to play in rainy season"* (HF1.1, P. 5), *"they were busy in the field..."*(VM2.1, p. 8). The villagers participated completely in the beginning. However, over time there were many reasons for not attending. Most of them were farmers and were busy in their fields. Their work involved heavy labours and made them tired. Some villagers worked in the city and came back late in the evening after work and were exhausted. They ignored their need to participate in the exercise programme.

The school kept the HPS activities through its administrative management and their influence on the behaviour of the staff and community; continuing HPS from this generation to the next generation. The school maintained a coordinating group to oversee and drive the HPS with the school leader, the "*backbone teacher"*, and the health teacher. These factors have been demonstrated to be necessary for sustaining the efforts and achievement of HPS in relation to protocols and guidelines for HPS of the International Union for Health Promotion and Education, (IUHPE, n.d.). However, the school did not illustrate the addition of new personnel in the group to be involved in HPS. The building up of a new generation in HPS would complete the programme. Accordingly, the answer to the question of why the school maintained HPS is explored in this section;

8.5 Maintaining the Champion Level of HPS

Different factors may affect the sustainability of HPS. The school which was the subject of this study became a HPS champion, and felt that they were "*on tiger's back"*. That has implications for their motivation to continue, as addressed in the following section.

8.5.1 Proud Accomplishment of Being "on the Tiger's Back"

When the school reached the achievement of being a HPS, they felt like champions. The school was accorded high status in the region and they wanted to maintain this position. Two teachers presented this situation:

> *The school was successful, it was like the school was the champion. The school wanted to keep the status of a champion as long as they could. The school tried to improve the tasks in the school to be more effective." (M2.1, p. 19), and "We have to stay a champion. We have achieved this position. So we have to do so continuously. …* (P5.1, p. 6).

The staff found that the community was accepting of the high position and success of the school in the HPS programme, so they had to keep this status. This situation was described as if they were *"on the tiger's back"*.

> *We are on the tiger's back already. We accepted it and the community has also accepted it. We don't want it to diminish. That's our feeling, not just the teachers; it's the pupils as well.* (M2.1, pp. 12-13).

The school's accomplishment was not an individual success. It represented the achievement of the whole school approach. The success was accomplished through everyone, it was not a personal outcome. So they were proud because they were in the team and each member felt that it was his or her success. As the teachers told me:

> *Everyone was proud that the project happened and that it's an accomplishment of everyone. The teachers that only contributed a little bit would also be proud as we acknowledged everyone (M2.1, p. 7),* and *felt proud, we have this sense because we worked together, not only one person to do. Such as the documents which were created and recorded by everyone* (P5.1, p. 6).

The achievement provided an incentive to school members to keep this status and to show how successful they were to other schools. One teacher illustrated this:

> *We are proud and we are the first. We have to carry on with these circumstances….we want to present our success in the exhibition; some schools come and ask for advice from our school…* (P4.2, p. 6).

There was varied participation in the HPS. The person who took account directly for HPS was very proud. In contrast, some members felt differently; it seemed as though they were not too proud because they joined in only a few parts of HPS. As a senior teacher presented this situation:

> *I think for some people, it's normal, because they didn't do anything. Even when there is success they can't feel it. They think that they are not the Director of the programme and that all the prizes and credit go to the Directors. So they are really not a part of anything. There is little benefit to the school with only two teeth brushing places* (M1.1, p. 15).

The main teachers who worked as core members of the HPS programme were very proud of the achievement. For example, when the school was asked for create an exhibition for HPS in the province, the jobs were passed to the health teacher and some teachers who worked in the main team. So this group of teachers were proud to present the process and the activities of HPS in the exhibition. Also, the teachers who participated in the exhibition reported that there were many people who asked questions and who needed advice about HPS from them. The presenters were proud of their achievement as they were the school representatives of HPS. Although attempts were made on many occasions to present the view that all members worked together, when there was an exhibition the tasks were handled by the main group of teachers, not by all members. This illustrated that the teachers who worked as the core of HPS had been more proud of the accomplishments than other teachers.

The school staff were confident in working forwards school achievement. It was the motivation; to encourage the members to be successful. While they were proud of their achieved level, the school's achievement was pressure on them to maintain the activities in the school as long as they could.

Thus sustaining HPS status gave school staff confidence, and pride and motivation to maintain the activities in the school as long as they could. The school was viewed as providing leadership in the region and the Director expressed pride in his team and their qualifications.

> *Our school was the leader of education curricula for our region, we had strengths in education; we have nine persons qualified as Ajarn 3 in our school members* (PR 1.1, p. 5).

It proved that the school teachers had potential to work well. When the school staff had reached achievements, they should be able to maintain that position as the school had the facilities to enable them to do so.

An achievement in the HPS programme was therefore a great success and encouraged them to involve the school in other programmes. In contrast, most rural schools had low confidence. The staff feel unskilled, they are under pressure to implement major changes in the curriculum and are poorly equipped with technology. This school's experience made the teachers more confident to enter the provincial competition and win. So they were successful in other competitions because the school was confident to move forwards. A health teacher supported this by saying; *"After being successful in HPS, we were successful in many following programmes…in the provincial competition, we won"* (P5.1, p. 1).

Not only was their pride in the HPS achievement and maintaining the champion level for the school, but saving face was another reason that the school needed to maintain HPS. The school was successful in HPS and looked as if they were *"on tiger's back"*: it was a high level to maintain but the school had to remain at that level to maintain *"face"* for the school's image.

8.5.2 Saving Face

The school had to maintain champion level of HPS, to preserve its good school image. They did so to avoid the school looking bad. I observed that the pupils were more attentive to the tasks of the school grounds and environment when people would come and visit the school. The duty teacher attempted to get the pupils to work on the school grounds to keep them clean and tidy every school day. However, they gave a more concentrated effort when there was the special event. The teachers' and pupils' efforts were based on the idea of saving face. There was a group of people who came and visited the school to observe HPS in action. The *"backbone teacher"* told me that it was not only the teachers who worried about the image of the school. The pupils also had the same feeling,

"*That's our feeling, not just the teachers', it's the pupils' as well"*(M2.1, p. 13). One pupil supported the teacher with this statement: "*if the visitors come and visit our school…it would not be nice to see…"*(M11.1, p. 1). People came and visited the school and a clean and nice school environment would be impressive. It showed the image of school.

'One's face' is an important concern in Thai culture; it represents one's social and professional position, reputation and self-image. Consequently, gaining *"face"* means accumulating respect and admiration to change one's level of influence status in society; a person has a higher credit rating by getting more *"face"* (Kitiyadisai, 2005). Therefore, the belief of saving face in traditional Thai society is required for receiving social credit. The school was required to keep its face for community credit.

The pupils were familiar with presenting on the day, to save face. As I saw during the sports day, their practise was poor but on the sports day they performed well in front of many people. When the teachers trained the pupils, they forced them to pay attention during the practise because the pupils would show the community their ability. It was a chance for the pupils to demonstrate their confidence. One teacher shared information with me; *"sometimes our pupils were excellent for 'Ao na*[16]*'. The practise day was so… so but on the final day, they could do"* (P4.1, p. 21). This meant that the pupils and teachers attempted to keep their image in the real event. When special events came they could organise themselves. The pupils showed their image and ability to the community by performing well in the real situation.

In summary, the school had to keep its status as the champion of HPS. The people accepted this school as the winner, so they were on "*tiger's back*" and it is difficult to get off. The community expected them to maintain the highest position. This meant that the school was under great pressure. The school attempted to keep their image as the high status because of the custom of "*saving*

[16] make something to get more face

face" in Thai culture. The staff and the pupils presented their best to keep their credit. All these reasons were part of the school's sustaining HPS.

8.6 Ideas of Successful in HPS for Other Schools

> *I ask this school which received an achievement to support other schools to become a HPS …may be advise, give the information, and planning.…*(HF1.1, P. 6).

The successful school was now in the position to give other schools advice. It illustrated that most schools could be successful in HPS and that some activities in school life supported HPS. However, the school ensured that there was continuous active commitment. Also another factor that would be effective in maintaining HPS status is the school's leader – and further important factors that influenced the implementation of HPS were finance and teamwork.

8.6.1 The Implementation of HPS was Related to Common Actions in School Life

Some ideas mentioned about the school life were related to HPS. As the teacher illustrated: "*it was a natural part of daily life. It is not hard to do; it depended on training and practise…."* (M3.1, p. 12), the school had trained the pupils for responsibility and discipline in the school life. Many activities were linked with personal hygiene, health behaviour, and the school environment. It was part of traditional culture that the school members took care of the school grounds. One teacher said this; *"when I was young, I was doing the same things....collecting the rubbish around the school area in early morning …."* (P.5.2, p. 6). The teachers and the pupils paid attention to making the school clean and tidy. So, it meant there was a safe and good atmosphere for study in relation to HPS. They had to keep the routines regular and permanent. Sometimes they worked for short periods when there was a campaign.

Some activities were similar in each school. One teacher also shared her experiences about the school activities in a previous school in the same region but in a different province.

> *In the previous school, they also worked with DHF programme...the programme provided the guidelines and a handbook, the same as here…and also the teeth brushing programme. This programme supported a teacher who wanted to claim a high qualification (Ajarn 3). The teeth brushing were a vital activity to complete the qualifying documents…* (P6.1, p. 6).

The activities which ran in the school were supported by the government. These concerned the health problems in the community. They established the programmes by adopting them in the school such as the DHF programme, the lunch programme, and the dental health programme. The programmes were run the same way in each school and needed appropriate management in the various schools. The programmes were advantageous and supported the staff in their qualifications. The staff did not really show concern about the health issues; they were interested only in completing their required documentation.

8.6.2 Need to Add More Actions to HPS

The school had to run the common activities related to HPS and to become a successful school, they needed to meet the HPS criteria. In the view of the successful school they suggested to other schools that they needed to add more records to present as evidence of work in the school day. Also, the school leader, the team members, and finances influenced HPS status achievement.

Reports or Records of Evidence

Many schools managed a lot of activities linked with HPS without records. When the HPS auditors asked for the evidence to support their claim that they had met the criteria of HPS status, there was no confirmation of the activities. The school

could show their HPS work to other people or auditors by recordings or pictures, which could present their activities related to HPS. However, the school's records had some limitations. As the school deputy observed:

> *if we talk about the recording, it was the weak point of our system; there was no database. If anyone asked for the information now, we could do so immediately. We understood this was our weakness; now we have new technology to complete the data files. I thought that it was hard for our staff to deal with this problem because they lacked computer skills and had limited time* (M3.1, p. 1).

The staff should be concerned with recording and arranging data files, as these are ways to communicate with other people. They could imagine the real school context, which is proven by records or pictures. HPS auditors also needed the evidence to support their claim that had met the criteria. When the school worked on the activities which were linked with HPS, they should make the records as proof. It was common for schools to have limited records.

Leader and Teamwork

Teamwork was an important part in making HPS successful. The key person who was in the successful school mentioned that team unity was important; *"I think that it could be successful if they have unity as a team"*(M2.1, p. 8). She often said that teams had to agree with the projects and to be committed to the school, and then the tasks would be successful. Initially, the vision of head of the school was significant. The Director would agree and support the programme, as the Director of the successful school stated; *"I had known that the issues of HPS start with the head of the school."* (PR 1, p. 7), and another teacher supported this by saying; "*if the school leader was ready, the members were ready...then finally the pupils would be ready to follow the teachers…"*(M3.1, p. 12). The school manager was the beginning point, then staff and other members would follow. Some school Directors lacked vision which gave that school no chance for becoming a healthy

school. So the school Director was the first person to start the HPS process and had power to run the programme successfully.

In addition, the unity of the members brought the school to the achievement. The follow on effect showed that the members should understand and be prepared to go with the leader. In the school culture, most pupils were respectful of the teachers and followed their directions. They agreed with the teacher's idea without opposition. So, the unity of the team, including the staff and community, was important for other schools to be able to run the HPS programme effectively.

Finance for Implementation

Moreover, some participants mentioned the budget for school improvement. The school deputy stated: *"Did the school have a budget?…"*(M3.1, p. 12). He mentioned that there was basic finance available for HPS implementation. Some schools needed to meet the required standard and improve their environment and a budget was needed for improvement. This school was in a rural area which is part of a low socioeconomic community. So the teachers wanted to complete improvements such as developing the school grounds, canteen, and classroom facilities. It would cost a lot of money to complete it all, however it is not necessary to complete the school structure. The main ideas of HPS support a healthy setting; not completing all work which might be desirable around the school environment. But some participants mentioned that the budget was the fundamental factor to HPS achievement.

8.7 Conclusion

In this chapter I have described HPS sustainability. This illustrated the current activities linked to HPS, which kept the healthy school running well and included the ideas for HPS in the future. The question of why the school had maintained HPS was explored. Also, their advice to other schools was presented in this part.

The school had continued in its active commitment to the activities which linked to HPS. Some activities were regularly supported by the government, and some of the school's problems were solved between the school and community. The evidence showed that the school maintained credibility in the DHF programme; it was a regular activity in the community. During the period of data collecting there were no renewed activities. There was a new broad project being adopted in the school not specific to the issues. Maybe the problems the school faced were the same, as no evidence illustrated that the school had sought out other health issues for solving.

The school needed to develop its infrastructure. The teacher's ideas were the need to complete a sanitary canteen and provide drinking water storage. These ideas required funding, but the rural school had limited finances. The school wanted to complete their compliance with HPS criteria. Their focus on the building and environment required more finance.

When giving ideas for other schools to adopt the HPS, challenge they agreed that other schools could run the HPS programme. The successful school staff mentioned that many activities which were part of the ordinary school day were related to HPS. There was a need for more evidence to support the school's actions by developing documentation or other records. The school and community should be involved, starting with the wide vision of the school leader and team unity. However, some ideas were cited about the finance required for school development because this rural school needed more money to improve their school environment.

There were two factors that illustrated how the school keeps HPS sustainable. Administration was created to maintain HPS by stimulating all staff to work and report. The chain of hierarchy supported the management of HPS, and the school members were familiar with HPS; the appropriate skills were placed on the school schedule. This made it easier to maintain HPS.

The school community were proud of being the champion. That was the reason to make them maintain HPS. They were proud of their accomplishment; it seemed that they were liked "*on the Tiger's Back*". Their confidence grew after they had success, after which they were successful in winning many other competitions. Another reason was the need for "*saving face*", it was Thai culture. That means to keep up their image, and the associated high status. The school retained their credibility with the community by maintaining face.

The school gave their advice to other schools about how to become successful in HPS. There were common activities of the school which were linked with HPS. However, the school needed to concentrate on reporting evidence as proof of HPS. Also, the leader, school members, and finance influenced the success of HPS.

In the discussion chapter which follows, the findings which have been outlined in Chapter Four to Chapter Eight will be examined for the implications. Therefore the questions for further study will be discussed.

CHAPTER 9

DISCUSSION AND IMPLICATIONS OF THE STUDY

9.1 Introduction

In this study, I set out to explore what underpins success in a Health Promoting School (HPS) in the context of Northeastern Thailand, and in what actions (and why) teachers, pupils, parents and communities participate when health promoting programmes are applied in a local area. The findings of this study have been presented in Chapters Four to Eight of the thesis, these describe the context of the study setting, what participants understood to be the meaning of HPS, the process by which the school became an HPS, the school ethos and relationships with the community that underpinned success, and factors influencing further development and sustainability of the HPS programme in the face of competing priorities. In this chapter, key findings will be discussed in relation to relevant literature, then implications of the findings, limitations of the study, and questions for further study will be addressed.

9.2 Discussion

The findings detailed in the previous five chapters have addressed and answered the research questions that directed this study. It remains for me to pull together and summarise the key aspects of those findings and to test those findings against relevant literature.

I would argue that the study school has adopted a *"whole school"* approach to the introduction of the HPS programme, and that it meets the WHO definition of a health promoting school; that is "*a school constantly strengthening its capacity as a healthy setting for living, learning and working"* (WHO, 1998a, p. 2). In terms

of the typology of settings in health promotion (Whitelaw et al., 2001) included as Table 2.1 in this thesis, I would position the study school as primarily an *"organic model"* where the problem is viewed as lying within the setting and the solution in the actions of individuals. However aspects of the *"vehicle model"* can also be identified. This finding is consistent with the suggestion of Whitelaw et al. that there may be overlap and interaction between these types.

Dooris (2005) argues, in relation to producing evidence of effectiveness of healthy settings initiatives, that for such research to be useful, *"it should demonstrate not only what works, but how and under what conditions it works"* (p. 58). In this following section I highlight factors that facilitated translation of HPS principles into the reality of a Thai school context, and successful implementation of HPS programme.

9.2.1 The foundations for the success of HPS

In this study the key factors that were foundational to the successful implementation of the HPS programme in the Thai context were a sense of belonging and ownership, utilisation of a top-down approach for implementation, understanding of the concept of HPS, and building on Thai cultural beliefs and practices. These findings are consistent with the view of Hallinger and Kantamara (2000) that *"leading organisational change is fundamentally a cultural process"* (p. 190). They argue that national culture rather than organisational culture is the appropriate conceptual lens for understanding change. The key factors are elaborated in the following sections.

9.2.1.1 A sense of belonging and ownership

The sense of belonging to, and ownership of, the school (as described in Chapter 7, section 7.2.1) held by members of the school community and some members of the wider local community, was a key factor in the success of the programme. Inchley, Muldoon, and Currie (2006) identified the sense of ownership as a

domain condition under which the HPS approach can flourish; members are more involved in projects, when they have a sense of ownership of those projects and have control over development and implementation. Sense of ownership is of importance not just for practical reasons to achieve project aims, but also as part of the bigger goal of empowerment, represented in the definition of health promotion as "*the process of enabling people to increase control over, and to improve, their health"* (WHO, 1986, p. 4, 1998a, p. 5). Anderson and Ronson (2005) similarly identify sense of ownership as a key factor. It could be argued that, at the study school, the sense of belonging and ownership applied to the school as a setting, rather than to HPS as a project, and that the bigger goal of empowerment identified above had not yet been realised. The sense of ownership of the school, on the part of pupils, teachers and villagers, stemmed from the central role and history of the school in its rural, local community.

9.2.1.2 Utilisation of a "top - down approach" for implementation of HPS

Dooris (2004; 2005) highlighted the need to balance *"top-down"* instigation of and commitment to, setting-based health promotion projects with *"bottom-up"* stakeholder engagement. In the study school, a *"top-down"* approach was used, consistent with the highly centralised education system in Thailand; "*orders from above are orders for all concerned"* (Hallinger & Kantamara, 2000, p. 191). When faced with implementing challenging new approaches to management, learning and teaching, Thai educators remain subject to traditional Thai cultural values, assumptions, and norms (Hallinger & Kantamara, 2000). Consequently, in the Thai context, it could be argued that *"top-down"* management, through its exercise of direct power, is still a preferable means of reducing the potential confusion engendered in change processes, if there is a well-functioning and positive culture in the organisation (Tsai & Beverton, 2007).

Although the *"bottom-up"* approach to decision making in health promotion has been linked in western literature (Laverack & Labonte, 2000; Anderson &

Ronson, 2005) with empowerment and participation in HPS, it is important to take account of the cultural context within which HPS programmes are initiated. Hallinger (2004) argues that Thai schools demonstrate a slower pace and more limited scope of change in comparison to other organisations in the broader society.

Change in Thai schools following a *"top-down"* model, is dependent on the vision and leadership of the school Director or manager (as illustrated in this study by the school Directors in the district who declined to participate in HPS), thus people holding this position are key stakeholders when health and education sectors attempt to engage schools in the HPS programme. Support from school administration has been identified in other studies as one key to HPS success (Symons & Cinelli, 1997; St Leger, 1998). Hallinger and Kantamara (2000) raise an important issue that use of *"top-down"* strategies is useful to achieve initial compliance with change, however it can limit the extent of change *"when the goal is deeper implementation of complex innovations that require staff to learn new skills"* (p. 202).

9.2.1.3 Understanding of HPS

Understanding of the HPS concept is key for effective implementation (Mukoma & Flisher, 2004). Mittelmark (2007) argues that *"health promotion uses complex processes acting on complex social phenomena" (p. 100)* requiring knowledge-based practice. However, as illustrated in Chapter Six (section 6.2.2), teachers had limited understanding of HPS, thus they undertook their allocated tasks, and followed the guidelines and examples in the handbook without examining the relevance of those examples to issues in the school and the wider community. In Chapter Five I detailed the range of meanings attributed to HPS by informants, reflecting differing levels of understanding. Moreover, pupils engaged with HPS activities on the basis of relationships with their teachers (as illustrated in Chapter Seven, section 7.2.4) or, as identified earlier in this chapter, on the basis of a sense of belonging to, and ownership of, the school. Such rationale for engagement

achieves cooperation but not the goal of empowerment that underpins health promotion. The limited knowledge held by people other than members of the HPS committee was a key factor that would limit the translation of *"discrete health promotion projects into wider more penetrating settings achievements"* (Whitelaw et al., 2001, p. 340).

9.2.1.4 Building on Thai cultural beliefs and practices

Engagement with the HPS programme took place within the *"taken-for-granted"* framework of Thai cultural beliefs and practices. Thus Thai cultural factors influenced the behaviour of individuals and the nature of their social and political relationships as they engaged with the HPS programme.

9.2.1.4.1 Authority of the leader in the school to support HPS

Thai school administrators rely heavily on hierarchical lines of authority when implementing new policies or programmes in the school. Hallinger (2004) described the traditional principals in Thailand as follows: *"Principals naturally expect their orders to be followed with relatively little discussion, few questions from staff, and no overt dissent"* (p. 68). The school Director was responsible for all processes of HPS implementation: managing the plan, deciding the functions and obligations for all staff, and monitoring the programme. However, he employed a variety of strategies with staff to work toward implementation of HPS and did not depend entirely on the traditional hierarchical structure to achieve change. For example, he encouraged the more active and knowledgeable teachers to participate first in the meeting to announce the implementation of HPS, shared his vision, and avoided forcing teachers to join (preferring to motivate them in other ways as outlined in Chapter Seven); he encouraged and supported the *"backbone teacher"*, and *"backed-up"* the health teacher (who worked as the programme leader of HPS but had insufficient power to direct staff) as necessary, by using his authority to direct teachers to produce the documentation she required. When the leadership style of the school Director is considered in relation

to the typology outlined by Whitelaw et al., (2001) included as Table 2.2 in this thesis, it could be argued that while he is positioned in a traditional hierarchical structure and uses positional authority, he also supported authority based on knowledge and wisdom (sapiential) and encouraged professional development and teamwork amongst the staff. This finding contrasts with the finding from the study by Hallinger and Kantamara (2000) who described directors in three selected schools who used "*decidedly participatory management styles"*

- To build widespread support for the vision of change;
- To reduce the *"status gap"* between themselves and their stakeholders;
- To gather information that reflected a broad range of perspectives from stakeholders prior to and during the adoption of school changes.

(Hallinger & Kantamara, 2000, p. 195)

It could be argued that the school Director in the current study paid attention to sharing his vision for the change, but focused on gathering support rather than information from stakeholders.

9.2.1.4.2 Building Quality Social Relationships

The school staff attempted to develop and reinforce good relationships as the vehicle for collective effort toward HPS success. Thai people place a high value on relationships (Sathaporn, 2006). As Sathaporn commented, "*If you want to win any deal in Thailand, you have to win the relationship first" (p. 2).* Komin (1990) reported that rural Thai perceive maintenance of good relationships as more important than work. Relationships are maintained by activities that involve fun as well as work; for example, in this study, sports days and shared celebrations were held that involved staff, pupils, parents and other villagers and sometimes other schools. Such activities not only create enjoyment to increase the relationship between the groups, but also contribute to physical and mental health for people. Thus, building quality social relationships in the school (Chapter Seven, section

7.3), and between the school and the community (Chapter Seven, section 7.5), was a key factor for the success of the school.

The *"backbone teacher"* was respected sufficiently to lead the team achievement in HPS. The staff members were confident in, and satisfied with her leadership. This finding is consistent with that from the study by Komin (1990), in which the researcher explored task achievement values and motivational patterns of Thai officials. The high achieving group relied on their intrinsic motivation for their main strength. This group would lead the low achieving group that were happy to carry out their routine duties and follow the leader.

It would appear that staff actions remain a powerful tool for influencing pupil behaviour and well-being. This may be because Thai culture holds a traditional belief in the teacher as a role model, parents always tell their children to listen to, and follow, the teacher's direction. The pupils had a personal investment in attending to their teacher's social behaviour. Some parents and the health teacher commented negatively about teacher behaviours such as smoking or drinking that may influence pupil behaviour. In contrast, Gordon and Turner (2001), reporting on a UK study of staff and pupils' views of school staff as exemplars, noted that there was little support from staff or pupils for the view that staff should act as health exemplars; however, the teachers should not openly display or support negative health behaviour that directly affected pupils. In Thai society, villagers smoke, and drink alcohol in public places.

9.2.1.4.3 Acceptable balance and group harmony in school staff

The school members identified the importance of promoting school team strengths of shared responsibility and mutual assistance. The leader focused on how to manage and balance relationships in school without conflict. The strength of the normative behaviour in the education system reflects its origins in the broader social culture of Thailand. Achieving a complex change requires skilful leadership

at all levels of the education system to manage the tension between cultural stability and cultural change (Hallinger & Kantamara, 2000).

Ways to avoid extreme positive or negative emotion or behaviour are derived from Buddhist teaching about the *"Middle Way"* (Sathaporn, 2006). Thai are generally keen to avoid conflict, not prone to violence, patient and tolerant toward injustices (Boyle, 1998). The school Director accepted the *"backbone teacher"*, who was respected by people, and led the staff to work. So, he shared power with this outstanding teacher to lead the HPS implementation in the ladder of hierarchy. The leader had the vision to encourage the members to work well and minimised the conflict by involving staff in meetings and supporting committee decisions.

School interaction created a sense of family; the staff worked as brothers and sisters with a sense of mutual responsibility, a high level of "*Sat-tha" (trust)* in the school, and demonstrated "*Nam Jai"* (*kindness*, *consideration*) in their work on the process of HPS implementation (as described in Chapter Seven, section 7.3.3).

The community leader drew on Thai cultural expectations of reciprocity to engage villagers in the change process. He attended to the needs of villagers and the villagers responded when he asked for involvement. A good example of this mechanism of reciprocity in action and was when the community leader asked for participation in the DHF programme, the villagers responded in positive ways. In Thai culture, it is a sense of gratitude to others that engenders a feeling of obligation to do something in return. Failure to reciprocate in this manner may result in the individual feeling guilty or unhappy (Pinyuchon & Gray, 1997).

9.2.1.4.4 Outsider Influence on HPS

Public recognition of the school success became a source of positive pressure for change. In Thai culture, social recognition is an important fundamental motive for success, and Thai consider prestige and social recognition as goals for success in

life (Komin, 1990). The school Director also used administrative pressure from outside the school; positive recognition of successful school innovation among *"outsiders"* validates school efforts and creates positive pressure for sustaining the change effort (Hallinger, 2004). The staff became united for success because they considered the community's views. This reinforced the public impression that the school was of a high quality. Increased pride and strength among the community become a source of energy to sustain the teachers to maintain the HPS status.

The Director was a key player in finding ways for the school and community to come together. He invested in community relationships (as described in Chapter Seven, section 7.5.2.3) and, through the influence of the community leader, obtained the support of villagers and leveraged the resources of the social network to create pressure and support HPS. A range of activities that increased contact amongst staff and community members also created pressure as well as support for HPS. Hallinger and Kantamara (2000) suggested, in their study of leadership as a cultural process in the Thai context, that the informal network of the school and its community is an important source of support for school change.

Outsiders also influenced the sustainability of HPS programme status. Thai people have a tremendous sense of *"face"*. The concepts of *"face"* relate to status with concern for gaining, losing, and saving face, all of these lead to maintaining self-respect and striving for prestige and honour (Boyle, 1998). Remaining the HPS champion and thus saving face were concerns that motivated the school staff to maintain the programme.

9.2.2 Integration of the HPS programme into the school setting

Dooris (2004, p. 52) suggested that health promotion *"aims to integrate a commitment to health within the cultures, structures, processes and routine life"* of a setting. I would argue that the study school achieved that integration because,

as an observer, I found that activities that I might attribute to health promotion often served more than one purpose. For example, taking care of the school environment both addressed health risk issues and contributed to the attractiveness of the school and its reputation as a good school. However, achieving that level of integration may mean that school members, staff and pupils, fail to recognise the connection between such activities and health.

Dooris (2004; 2005) further argues that initiatives need to be driven by the agendas of public health and the core business of the school in order to achieve wider change. In the context of an underfunded rural school, the HPS programme brought funds to support school development. The need to continually seek out new initiatives to bring additional funding to the school (as illustrated in Chapter Seven, section 7.6.1) brings particular challenges to the continuation and extension of the HPS programme, as the possibility of extra funding, rather than the relevance of the project to the larger HPS plan, becomes the driver for new projects. An additional challenge is the need to more effectively influence health in the community beyond maintaining the DHF programme.

9.2.3 Outcomes of the HPS programme in the study school

As previously stated, Nutbeam (1998) commented that "*there are many different interpretations of what represents 'value' from a health promotion programme*" (p. 27). The definition of *"success"* in health promotion is examined in relation to valued outcomes and valued processes. Valued processes have been discussed in the preceding sections of this chapter. Valued outcomes include health and social outcomes, intermediate health outcomes and health promotion outcomes as illustrated in Chapter Two, Figure 2.1.

The study school created health promotion actions to reach some health promotion outcomes. For example, the school created activities for the pupils playing and learning in the school, to improve the physical and mental health in the individual and activities group. The school provided the appropriate sports

equipment to pupils in each class and provided large, safe grounds to support the exercise activities. The pupils were encouraged to learn to care for themselves, and their community by participation in the DHF programme that monitored mosquito breeding in the community. Also, the facts that the school received the reward of HPS status and that the DHF programme was successful were outcomes of health promotion. The school also accomplished intermediate health outcomes. However, within the timeframe of the implementation of the HPS programme in 2004, and my data collection in 2005, it was not reasonable to expect the achievement of more far-reaching health and social outcomes such as improved quality of life or reduced mortality rate.

9.3 Implications of the findings for HPS programme

9.3.1 Need to Integrate Policy from the Education and Health Sectors

Although the HPS programme achieved strong consensus between the health sector and the education sector, some schools still refuse to employ the HPS programme. Currently, the programme is driven by the health sector, however, schools are complex systems and the HPS programme needs to be driven by both ministries with integration of tasks and requirements and a strong commitment in all steps of the HPS programme.

9.3.2 Integration of targeted programmes under the umbrella of the HPS programme

There are a number of health-related programmes such as the school lunch programme, dental health school services, and HPS. Each requires separate documentation. It would be helpful to integrate these targeted programmes as part of the larger HPS programme.

9.3.3 Ensure that HPS information is widely dispersed within the setting

It was clear from this study that teachers, pupils and villagers had incomplete understanding of HPS and limited access to information. Both the health sector and the education sector need to organise effective resources for people to clarify their understanding of the HPS concept, for example;

- Creating an effective network of schools to provide models of successful HPS management and implementation, thus increasing the chances for success in other schools in the network. Integrating information about HPS in regular meetings or including the HPS exhibition in the local activities rather than an annual exhibition, or providing regular newsletters to schools in the network.
- Providing the manual and guidelines for all participants, rather than restricting those documents to key people on the HPS committee. Results from this study showed that the staff needed more knowledge to understand the concept of HPS and enable them to apply the appropriate method which links to the values in the setting resulting in longer term change.

9.3.4 Publicise success more widely in local communities

The achievement of HPS should be presented effectively in the public. This would pressure the school effort and maintain the quality status of the school. Social values lead to the expectation that the school will be effective, linked with the social culture of *"face"*. As seen in this study, there are only a few groups of villagers who knew the school was a successful HPS. The school staff responded to the social expectation of outsider, and attempted to make the school good in the view of society. So the reward is recognition of the quality school which is the way to encourage a school to be successful in achieving HPS status.

9.3.5 Introduce information about HPS during teacher education

In the school setting, the teachers are the leaders of the HPS movement and are important resource persons for the community. Given their pivotal roles, education about HPS should be included in their training programme so that they are better informed about HPS when they take up their new career.

9.4 Implications of the findings for health personnel

Nursing personnel practising in all settings, should be aiming to initiate and encourage radical health promotion as set out by the HPS movement (Whitehead, 2006). The empirical data from this study supported the view that successful implementation of HPS depends on the unity of participants across the health and education sectors. Health personnel should understand the nature of the education setting in order to engage the community in the implementation. Also, building rapport between the school and the community is important. This approach is required because each the setting is different, and complex. The health personnel and nursing profession need to accept leadership from the school sector and participate in teamwork to promote health in both the school and the community.

9.5 Implications of the findings for the school and community

The vision of leadership is required for achievement. The school is managed by the principal or Director, therefore the leader should have the vision and be prepared to accept positive change in the school. Also, the principal or Director leads the school and the community in creating a relationship connection for cooperation.

Young people need to be considered as active participants in their own development. In relation to HPS, this requires more attention to assisting them to

understand the rationale for activities that contribute to health, learn new life skills, and develop decision making skills that will prepare them for their futures. They have to learn how to face issues and seek ways to deal with health with strong support from their teachers and families.

9.6 Limitations of the study

The fieldwork for this study was undertaken in only one rural school in Northeastern Thailand, therefore results cannot be generalised to other school settings.

During fieldwork there were limitations in time and space for interviews during the school day, the classrooms were running on a schedule. There was limited free time in the day when pupils or teachers were available to be interviewed. Sometimes a requirement for an interviewee to attend to an urgent task interrupted the interview. Also, there was limited space in the school where participants could talk in private with me about school issues.

Fieldwork was carried out in the local (Isaan) dialect or Thai language, thus interviews and fieldnotes required translation from Thai to English and were edited by a Thai-English speaker to check the accuracy of the translation. However, some difficulty was experienced in the translation of local dialects into English, while maintaining the intended meaning.

9.7 Questions for further study

It would be interesting to test the factors identified in this study as being key to successful implementation of the HPS programme, using a multiple case design (Yin, 2003) that includes both city schools and rural schools. Inchley, Currie and Young (2000) argue that case study design provides a useful approach because of its ability to explore the real life complexities of social contexts. The results could

provide useful information to support effective implementation of the HPS programme on a whole school basis in Thailand.

9.8 Conclusion

The aim in this study was to examine the achievement of HPS status in the context of one Thai school. This school had increased the availability of healthier opportunities to fulfil the ten criteria of HPS status and revealed changes that had taken place in the ways its personnel were working through a whole school approach to HPS. The key factors in HPS success were discussed; including a sense of belonging and ownership, utilisation of the *"top-down"* approach for implementation, and building on Thai cultural beliefs and practises. The HPS ideals integrated into the school setting served more than one purpose and attracted additional funding to the school. However, this study revealed the outcomes of health promotion. Implications of the study focused on the HPS programme, the health personnel, and the school and the community. Therefore the questions for further study need a multiple case design. I have also presented the limitations of this study which related to the generalisability of the ethnographic method, language translation, and time and space available.

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GLOSSARY OF THAI AND LOCAL TERMS

Ajarn* or *Khruu	teacher, this word is used by children and adults alike, as an honorific title showing respect, Title of respect are obligatory
Amphoe	district
Ao na	show off, make something to get more face, Na is a Thai word meaning ‘ Face’
Baht	The basic unit of currency in Thailand, A NZ dollar is approximately 25 baht
Bo-Sum-Bay-Jai	not happy in their mind or in the heart, unhappy
Gumnan	A leader of the community, chief
Isaan	An ethnic group is a feature of Northeasthern. Thailand. The language and culture are similar to those of their neighbour; Laos, Cambodia
Khum	a group of households in the community
Khruu-Pa-Jum-Khum	a teacher who communicated with the villagers to pass information between the school and community.
Khum	a group of households in the community
Kwam Dii	good feeling in the mind, goodness, virtue, merit, meritoriousness, good, great contributions
Kwam chop	goodness, charity, beneficence, liking, fondness, affection

Kwan	the ‘life spirit’, linked to Western concepts such as ‘self-esteem’ but is more usually conceptualised as a form of ‘life force’.
Kumlang Jai	praise, spirit, moral support, will power, courage, morale
Nam Jai	the word that shows one character of Thai people, it was the typical Thai’s sincere consideration for others. kindness, considerateness
Pak- Che- Roi- Na	to put the best in front, for show others good as a whole, or window dressing, , sprinkle on top
Pha Pa	a means to raise funds and materials to jointly address their concern, the root of the practice stems from a Thai Buddhist ceremony.
Pi Pu Ta **or** ***San Pu Ta***	the ancestral spirit and protector of villages, land, forest, and life of villagers
Prajam	to assign someone constantly do in the specific thing
Rai	the Thai unit of measurement of land; one Rai is approximately 1,600 square metres
Sat-tha	trust, belief in, confidence in,
Tambon	subdistricts
Wai	a method of showing respect in different degrees Thais use the wai to say Hello, Thank you and Goodbye.

APPENDICES

APPENDIX 1

INFORMATION SHEET AND CONSENT FORMS (ENGLISH VERSION)

1. INFORMATION SHEET FOR CHILDREN AND CONSENT FORM
2. PARENTS / COMMUNITY COMMITTEE MEMBERS INFORMATION SHEET AND CONSENT FORM
3. TEACHERS /STAFF INFORMATION SHEET AND CONSENT FORM

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1. INFORMATION SHEET FOR CHILDREN AND CONSENT FORM

Health promoting schools in northeastern Thailand: an ethnographic approach

Researcher Introduction

My name is Somsaowanuch Chamusri. I am currently a doctoral student of School of Health Sciences, Massey University, New Zealand under supervision of Professor Julie Boddy. I am carrying out a research project exploring the meaning of health promoting schools in Thailand and what helps schools to be successful in introducing health promoting programmes.

Participant Recruitment and Participant involvement

First of all, one primary school which passed the evaluation criteria by the Ministry of Public Health and the Ministry of Education was identified with assistance of the regional health personnel and the education personnel responsible for the health promoting school campaign. The school principal has given permission to invite people in the school to participate in the study. An information sheet and permission slip has been sent home with children to explain

the study to parents and children. The principal has introduced me to the teachers, staff and pupils of the school and provided opportunities for me to explain the study. All teachers, staff and pupils who are interested in participating in the study are welcome. Declining to participate will not affect school life in any way. There is no expectation of any harm to you. If you are willing to participate, I will arrange for you to sign the consent form.

Project Procedures

I will be spending time, about six to nine months, in the school and in the community.

I will be observing the school environment and activities which relate to health promoting schools as well as examining related documents.

I also would like to undertake individual interviews with some children about health promoting activities in school (1 hour maximum).

I would also like to conduct occasional informal interviews before/after some activities.

If you are willing to participate, I also have to have permission from your parent. The place and time for performing the interview will be arranged at your convenience. I will take some notes for important issues and use a tape recording because I would like to capture all of your experiences. To make sure that you are willing to be audiotaped, I will ask you first and you can tell me at any time to stop recording. After finishing the data collection process, the information will then be analyzed and written as my doctoral thesis, as well as it will be published in related journals. The summary of the study results will be sent to the principal. The information gained from interviews and observations will be kept confidentially by the researcher for five years after the completion of the study.

Participant's Rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- decline to answer any particular question;
- withdraw from the study up until the time the interview has been completed;
- ask any questions about the study at any time during participation;
- provide information on the understanding that your name will not be used unless you give permission to the researcher;
- ask for the audiotape to be turned off at any time during the interview;
- be given access to a summary of the project findings when it is concluded.

Project Contacts

This research proposal has been reviewed and approved by the Massey University Human Ethics Committee, PN Application 04/187. If you have any concerns about the conduct of this research, please contact persons who take responsibility as follows:

1 The researcher: Please feel free to ask for me at any time,

Somsaowanuch Chamusri, Department of Community Health, Faculty of Nursing, Mahasarakham University, Thailand, 44150. Telephone: 66 43 754357,

Email address: S.Chamusri@massey.ac.nz or chamusri10@yahoo.com

2. School’s principal or a main teacher of your class room

Deputy Director of Mahasarakham Educational Service area office 1: Please contact the Educational Office, Region 1, Mahasarakham Province, Thailand. Telephone: 66 43 725213

3. Faculty of Nursing: Please contact Dean of Faculty of Nursing, Mahasarakham University, Thailand, 44150. Telephone: 66 43 754357.

4. Massey University: Please contact Professor Julie Boddy, School of Health Sciences, Massey University,Private Bag 11222, Palmerston North, New Zealand.

Telephone: 64 6 3505799 Ext 2541

Email address: J.Boddy@massey.ac.nz

5. Massey University: Please contact Dr John G O’Neill, Chair, Massey University Campus Human Ethics Committee: Palmerston North, Telephone: 06 350 5799 x 8635,

Email address: humanethicspn@massey.ac.nz

Health promoting schools in northeastern Thailand: an ethnographic approach

PARTICIPANT CONSENT FORM (CHILD)

This consent form will be held for a period of five years

I have read the information sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to allow the researcher to observe me participating in health promotion activities. [Delete one]

I agree/do not agree to be formally interviewed.

I agree/do not agree to the formal interview being audiotaped.

I wish/do not wish to have my tapes returned to me.

I agree/do not agree to be informally interviewed before/after health promoting activities.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature …… Date …….

Full Name of child [printed]

Signature …… Date …….

Full Name of parent/caregiver [printed]

Please return the signed consent form to your main classroom teacher

2. PARENTS / COMMUNITY COMMITTEE MEMBERS INFORMATION SHEET AND CONSENT FORM

Health promoting schools in northeastern Thailand: an ethnographic approach

Researcher Introduction

My name is Somsaowanuch Chamusri, Ph.D. student in Nursing, School of Health Sciences, Massey University, Palmerston North, New Zealand. My supervisor is Professor Julie Boddy. I am interested in identifying the meaning of health promoting schools in Thai context. Your school has agreed to participate in this study in order to gain more understanding of health promoting schools. Principal, teachers, staff, pupils, parents, and community committee may share some or all the experiences of health promotion in school. The research findings will be useful to develop an understanding of elements supporting successful health promoting schools, and to assist in developing a guide to assessment, planning, and applying health programmes in other schools and communities.

Participant Recruitment and Participant involvement

First of all, one primary school which passed the evaluation criteria by the Ministry of Public Health and the Ministry of Education was identified with assistance of the regional health personnel and the education personnel responsible for the health promoting school campaign. The school principal has given permission to recruit participants in the school. An information sheet was distributed to all teachers and staff. Also, an information sheet and consent form has been sent home with children. The principal has introduced me to the teachers, staff and pupils of the school and provided opportunities for me to explain the study. All teachers, staff and pupils who are interested in participating in the study are welcome. The pupils' parents and community committee are also invited to participate. Declining to participate will not affect school life in any way. There is no expectation of any harm to the participants.

Project Procedures

I will be spending time, about six to nine months, in the school and in the community.

I will be observing the school environment and activities which relate to health promoting schools as well as examining related documents. I also hope to undertake some individual interviews with parents and community members (1 hour maximum). If you are to be willing interviewed, the place and time for performing the interview will be arranged at your convenience. I will take some notes for important issues and use a tape recording because I would like to capture all of your experiences. To make sure that you are willing to be audiotaped, I will ask you first and you can tell me at any time to stop recording. After finishing the data collection process, the information will then be analyzed and written as my doctoral thesis, as well as it will be published in related journals. The summary of the study results will be sent to the principal. The information gained from interviews and observations will be kept confidentially by the researcher for five years after the completion of the study.

Participant's Rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- decline to answer any particular question;
- withdraw from the study up until the time the interview has been completed;
- ask any questions about the study at any time during participation;
- provide information on the understanding that your name will not be used unless you give permission to the researcher;
- ask for the audiotape to be turned off at any time during the interview;
- be given access to a summary of the project findings when it is concluded.

Project Contacts

This research proposal has been reviewed and approved by the Massey University Human Ethics Committee, PN Application 04/187. If you have any concerns about the conduct of this research, please contact persons who take responsibility as follows:

The researcher: Please feel free to ask for me at any time,

1. Somsaowanuch Chamusri, Department of Community Health, Faculty of Nursing, Mahasarakham University, Thailand, 44150. Telephone: 66 43 754357,

Email address: S.Chamusri@massey.ac.nz or chamusri10@yahoo.com

2. School's principal or a main teacher of your child's class room

Deputy Director of Mahasarakham Educational Service area office 1: Please contact the Educational Office, Region 1, Mahasarakham Province, Thailand. Telephone: 66 43 725213

3. Faculty of Nursing: Please contact Dean of Faculty of Nursing, Mahasarakham University, Thailand, 44150. Telephone: 66 43 754357.

4. Massey University: Please contact Professor Julie Boddy, School of Health Sciences, Massey University,Private Bag 11222, Palmerston North, New Zealand.

Telephone: 64 6 3505799 Ext 2541, Email address: J.Boddy@massey.ac.nz

5. Massey University: Please contact Dr John G O'Neill, Chair, Massey University Campus Human Ethics Committee: Palmerston North, Telephone: 06 350 5799 x 8635,

Email address: humanethicspn@massey.ac.nz

Health promoting schools in northeastern Thailand: an ethnographic approach

PARTICIPANT CONSENT FORM (PARENT/COMMUNITY MEMBER)

This consent form will be held for a period of five years

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to be interviewed.

I agree/do not agree to the interview being audiotaped.

I wish/do not wish to have my tapes returned to me.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature …… Date …….

Full Name of parent/community member [printed]

Please return the completed form to your child's main classroom teacher [parent] or the researcher [community member]

3. TEACHERS /STAFF INFORMATION SHEET AND CONSENT FORM

Health promoting schools in northeastern Thailand: an ethnographic approach

Researcher Introduction

My name is Somsaowanuch Chamusri, Ph.D. student in Nursing, School of Health Sciences, Massey University, Palmerston North, New Zealand. My supervisor is Professor Julie Boddy. I am interested in identifying the meaning of health promoting schools in Thai context. I would like to invite your school, which has experience of applying the health promotion program, to participate in this study in order to gain more understanding of health promoting schools. Principal, teachers, staff, pupils, parents, and community committee may share some or all the experiences of health promotion in school. The research findings will be useful to develop an understanding of elements supporting successful health promoting schools, and to assist in developing a guide to assessment, planning, and applying health programmes in other schools and communities.

Participant Recruitment and Participant involvement

First of all, one primary school which passed the evaluation criteria by the Ministry of Public Health and the Ministry of Education have been identified with assistance of the regional health personnel and the education personnel responsible for the health promoting school campaign. Your school principal has given permission to recruit participants. An information sheet will be distributed to all teachers and staff. Also, an information sheet and consent form will be sent home with children to explain the study to parents and children. The principal will introduce me to the teachers, staff and pupils of the school and provide opportunities for me to explain the study. All teachers, staff and pupils who are interested in participating in the study are welcome. The pupils' parents and community committee will also be invited to participate. Declining to participate will not affect school life in any way. There is no expectation of any harm to the participants.

Project Procedures

I will be spending time, about six months, in the school and in the community.

I will be observing the school environment and activities which relate to health promoting schools as well as examining related documents.

I also would like to interview some teachers and staff (1 hour maximum).

I would also like to conduct occasional informal interviews before/after some health promoting activities.

If you are willing to be interviewed, the place and time for performing the interview will be arranged at your convenience. I will take some notes for important issues and use a tape recording because I would like to capture all of your experiences. To make sure that you are willing to be audiotaped, I will ask you first and you can tell me at any time to stop recording. After finishing the data collection process, the information will then be analyzed and written as my doctoral thesis, as well as it will be published in related journals. The summary of the study results will be sent to the principal. The information gained from interviews and observations will be kept confidentially by the researcher for five years after the completion of the study.

Participant's Rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- decline to answer any particular question;
- withdraw from the study up until the time the interview has been completed;
- ask any questions about the study at any time during participation;
- provide information on the understanding that your name will not be used unless you give permission to the researcher;

- ask for the audiotape to be turned off at any time during the interview;
- be given access to a summary of the project findings when it is concluded.

Project Contacts

This research proposal has been reviewed and approved by the Massey University Human Ethics Committee, PN Application 04/187. If you have any concerns about the conduct of this research, please contact persons who take responsibility as follows:

1. The researcher: Please feel free to ask for me at any time,

Somsaowanuch Chamusri, Department of Community Health, Faculty of Nursing, Mahasarakham University, Thailand, 44150. Telephone: 66 43 754357,

Email address: S.Chamusri@massey.ac.nz or chamusri10@yahoo.com

2. Deputy Director of Mahasarakham Educational Service area office 1: Please contact the Educational Office, Region 1, Mahasarakham Province, Thailand. Telephone: 66 43 725213

3. Faculty of Nursing: Please contact Dean of Faculty of Nursing, Mahasarakham University, Thailand, 44150. Telephone: 66 43 754357.

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Health promoting schools in northeastern Thailand: an ethnographic approach

PARTICIPANT CONSENT FORM (teacher/staff)

This consent form will be held for a period of five years

I have read the information sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to allow the researcher to observe me participating in health promotion activities. [delete one]

I agree/do not agree to be interviewed.

I agree/do not agree to the interview being audiotaped.

I wish/do not wish to have my tapes returned to me.

I agree/do not agree to participate in informal interviews before/after health promoting activities.

I agree to participate in this study under the conditions set out in the Inofrmation Sheet.

Signature …… Date …….

Full Name of teacher/staff [printed]

Please return the signed form to the researcher.

APPENDIX 2

INFORMATION SHEET AND CONSENT FORMS (THAI VERSION)

1. คำชี้แจงเชิญชวนเข้าร่วมการวิจัย
2. แบบฟอร์มใบยินยอมให้ทำการศึกษา
    - นักเรียนอาสาสมัคร
    - ครูและบุคลากรโรงเรียน
    - ผู้ปกครองและกรรมการชุมชน

จดหมายขออนุญาตจากผู้ปกครองให้บุตรหลานซึ่งอยู่ในความปกครองเข้าร่วมการวิจัยและชี้แจงรายละเอียดเกี่ยวกับงานวิจัย และ แบบฟอร์มการขออนุญาต

การส่งเสริมสุขภาพในโรงเรียนในภาคตะวันออกเฉียงเหนือ ประเทศไทย

Health promoting schools in northeastern Thailand: an ethnographic approach

.....

เรียนผู้ปกครองของ ด.ช/ด.ญ. .....ดิฉันนางสาวสมสาวนุช จมูศรี กำลังศึกษาปริญาเอก สาขาพยาบาล ณ มหาวิทยาลัย Massey ประเทศนิวซีแลนด์ ภายใต้หัวข้อวิทยานิพนธ์เรื่อง การส่งเสริมสุขภาพในโรงเรียนในเขตภาคตะวันออกเฉียงเหนือ ประเทศไทย โดยมี ศาสตราจารย์ Julie Boddy เป็นอาจารย์ที่ปรึกษา ผลที่คาดว่าจะได้รับจากการศึกษาในครั้งนี้จะเป็นประโยชน์ในการพัตนาระบบการส่งเสริมสุขภาพภายในโรงเรียนของประเทศในลำดับต่อไป ในบางส่วนของการศึกษาวิจัยครั้งนี้ดิฉันมีความจำเป็นต้องเก็บข้อมูลภายในโรงเรียน.....โดยการสังเกตุ และพูดคุยกับคณาจารย์ ,เจ้าหน้าที่ ,นักเรียน , ผู้ปกครองของนักเรียน และ ประชาชนในชุมชนนั้น ซึ่งดิฉันคาดว่าจะใช้ระยะเวลาในการเก็บข้อมูลประมาณ 6-9 เดือน

ดังนั้นดิฉันจึงใคร่ขออนุเคราะห์จากท่าน และ อนุญาตให้บุตรหลานซึ่งอยู่ในความปกครองของท่านเพื่อพูดคุย และตอบคำถามในส่วนเนื้อหาที่เกี่ยวข้องกับงานวิจัยครั้งนี้ ซึ่งดิฉันใคร่ขอชี้แจงเพิ่มเติมเกี่ยวกับงานวิจัยในครั้งนี้ดังนี้

1. บุตรหลานของท่านจะไม่ได้รับผลกระทบใดๆจากการเข้าร่วมโครงการนี้
2. สามารถปฏิเสธการตอบคำถามในกรณีที่ไม่อยากตอบ
3. สามารถยกเลิกการเข้าร่วมกิจกรรมในงานวิจัยครั้งนี้ได้โดยตลอดเวลา
4. หากมีข้อสงสัยเกี่ยวกับคำถามสามารถสอบถามและขอรับคำอธิบายจากนักวิจัยได้ตลอดเวลา
5. รายละเอียดข้อมูลเช่น ชื่อบุตรหลานของท่านจะไม่ถูกนำไปอ้างอิงยกเว้นได้รับอนุญาตจากท่าน
6. ข้อมูลที่ได้รับจะถูกรวบรวมและสรุปเมื่อสิ้นสุดโครงการ

หากท่านมีข้อสงสัยประการใดหรือต้องการข้อมูลเพิ่มเติมเกี่ยวกับการศึกษาวิจัยครั้งนี้โปรดติดต่อดิฉัน หรือผู้ที่เกี่ยวข้อง ตามที่อยู่ข้างล่างนี้

1. ผู้สัมภาษณ์ หรือจากผู้วิจัย สมเสาวนุช จมูศรี มหาวิทยาลัยมหาสารคาม อำเภอกันทรวิชัย จังหวัดมหาสารคาม โทรศัพท์ 66 43 754357

Email address S.Chamusri@massey.ac.nz or chamusri10@yahoo.com

2. ผู้อำนวยการโรงเรียนหรือครูประจำชั้น

3. รองผู้อำนวยการการศึกษา เขต 1 จังหวัดมหาสารคาม โทรศัพท์ 66 43 725213

4. คณบดี คณะพยาบาลศาสตร์ มหาวิทยาลัยมหาสารคาม อำเภอกันทรวิชัย

จังหวัดมหาสารคาม 44150 โทรศัพท์ 66 43 754357

ในการนี้ ดิฉันขอความกรุณาจากท่านช่วยกรอกแบบฟอร์มตามที่แนบมาพร้อมนี้และส่งคืนกลับมาที่โรงเรียน.....ภายในวันที่.....จักขอบคุณยิ่ง

ขอแสดงความนับถือ

(นางสาวสมสาวนุช จมูศรี)

ผู้วิจัย

แบบฟอร์มการขออนุญาต

ข้าพเจ้า นาย/นาง/นางสาว.....(ผู้ปกครองของ)ด.ช/

ด.ญ..... .....(ได้รับจดหมายชี้แจงเพื่อขออนุญาตและอธิบายเกี่ยวกับ

ข้อมูลการเข้าร่วมกิจกรรมในโครงการศึกษาวิจัยที่โรงเรียน.....จากนางสาว

สมสาวนุช จมูศรี ผู้ทำการวิจัย ซึ่งข้าพเจ้าได้รับทราบข้อมูเกี่ยวกับโครงการศึกษาวิจัยในครั้งนี้แล้วนั้น การ

ตัดสินใจของข้าพเจ้าอยู่บนพื้นฐานจดหมายชี้แจงข้อมูลที่ได้รับ ข้าพเจ้าซึ่งเป็นผู้ปกครองของด.ช /

ด.ญ……

☐ อนุญาตให้ร่วมกิจกรรม ☐ ไม่อนุญาตให้เข้าร่วมกิจกรรม

(กรุณาเครื่องหมาย X หน้าข้อที่ท่านเลือก)

ลงชื่อ ..... ผู้ปกครอง

(.....)

วันที่.....

ลงชื่อ.....พยาน

(.....)

วันที่.....

โรงเรียนส่งเสริมสุขภาพในภาคตะวันออกเฉียงเหนือของประเทศไทย

คำชี้แจงเชิญชวนเข้าร่วมการวิจัย

คำนำ

ผู้วิจัย นางสาวสมเสาวนุช จมูศรี นักศึกษาปริญญาเอก สาขาการพยาบาล มหาวิทยาลัยแมสซี ประเทศนิวซีแลนด์ (Massey University, New Zealand) โดยมี ศาสตราจารย์ จูลี่ บอดดี (Professor Julie Boddy) เป็นอาจารย์ที่ปรึกษา ดิฉันมีความสนใจอย่างยิ่งเกี่ยวกับโรงเรียนส่งเสริมสุขภาพ ในภาคตะวันออกเฉียงเหนือของประเทศไทย โดยในการศึกษาครั้งนี้ ได้เลือกศึกษาโรงเรียน ในพื้นที่จังหวัดมหาสารคาม ผู้วิจัยจึงใคร่ขอเชิญชวนท่านเข้าร่วมในการศึกษาครั้งนี้ซึ่งเป็นการศึกษาประสบการณ์ ของโรงเรียนส่งเสริมสุขภาพที่ประสบผลสำเร็จ เกี่ยวกับความเข้าใจในความหมายของโรงเรียนส่งเสริมสุขภาพ และประสบการณ์การดำเนินการของบุคลากรในโรงเรียน ครู นักเรียน ผู้ปกครองและคณะกรรมการตลอดจนประชาชนในชุมชน ซึ่งผลของการศึกษาในครั้งนี้จะเป็นแนวทางการพัฒนาโรงเรียนส่งเสริมสุขภาพ และนำไปประยุกต์วางแผนในการส่งเสริมสุขภาพในโรงเรียน ให้เกิดประโยชน์ในการพัตนาระบบการส่งเสริมสุขภาพภายในโรงเรียนของประเทศในลำดับต่อไป

การเข้าร่วมการวิจัย

เริ่มต้นจากการคัดเลือกโรงเรียนเข้าร่วมโครงการวิจัย ในระดับประถมศึกษา 1 โรงเรียน โดยโรงเรียนดังกล่าวได้ผ่านเกณฑ์การประเมินโรงเรียนส่งเสริมสุขภาพ และการคัดเลือกโรงเรียนที่เข้าร่วมในการวิจัยได้ผ่านการเห็นชอบจากรองผู้อำนวยการเขตการศึกษาเขตที่ 1จังหวัดมหาสารคาม ผู้วิจัย ได้ชี้แจงรายละเอียดของโครงการและขอความเห็นชอบต่อผู้อำนวยการโรงเรียนทั้ง 1 โรงเรียน หลังจากผู้อำนวยการโรงเรียนเห็นชอบ คณาจารย์และบุคลากรในโรงเรียน จะได้รับทราบรายละเอียดของโครงการจากเอกสารคำชี้แจงเชิญชวนเข้าร่วมโครงการวิจัยที่ผู้วิจัยจัดทำขึ้น ในส่วนของผู้ปกครองและนักเรียน ผู้วิจัยได้จัดทำเอกสารคำชี้แจงโครงการวิจัยสำหรับผู้ปกครองและนักเรียน พร้อมทั้งขออนุญาตจากผู้ปกครองและ เชิญ

ชวนนักเรียนเข้าร่วมโครงการวิจัย ผู้อำนวยการโรงเรียนจะแนะนำผู้วิจัยและขอความร่วมมือกับคณาจารย์ บุคลากร นักเรียนและผู้ที่เกียวข้องในคณะกรรมการโรงเรียน ตลอดจนผู้ปกครองและชุมชน

ผู้วิจัยมีความยินดี ถ้าทุกท่านมีความสนใจและเข้าร่วมในโครงการครั้งนี้ ด้วยความเต็มใจและขอบคุณยิ่ง ในการศึกษาครั้งนี้จะไม่ก่อผลความเสียหายต่อผู้ร่วมโครงการใดๆทั้งสิ้น ถ้ามีการสัมภาษณ์ข้อมูลอย่างเป็นทางการจากท่าน ผู้วิจัยจะขออนุญาตและให้ท่านลงนามยินยอมการสัมภาษณ์ก่อนทุกครั้ง กรณีที่ท่านไม่ต้องการเข้าร่วมโครงการในครั้งนี้ ก็จะไม่เกิดผลกระทบต่อท่านแต่ประการใด

วิธีการวิจัยกับผู้เข้าร่วมการวิจัย

ผู้วิจัยจะศึกษาในโรงเรียนและชุมชนเป็นระยะเวลา 6-9 เดือน โดยจะสังเกตสิ่งแวดล้อมในโรงเรียน ตลอดจนกิจกรรมต่างๆที่เกิดขึ้น และศึกษาจากข้อมูลที่มีอยู่ ที่เกี่ยวข้องกับโรงเรียนส่งเสริมสุขภาพ ในบางครั้งผู้วิจัยอาจจะขออนุญาตอาจารย์และนักเรียน เข้ามีส่วนร่วมในบางกิจกรรม ถ้าท่านยินดีให้สัมภาษณ์ ผู้วิจัยจะอำนวยความสะดวกแก่ท่านโดยเลือกเวลาที่ท่านสะดวกและสัมภาษณ์ในสถานที่เหมาะสม ผู้วิจัยอาจต้องมีการจดบันทึกข้อมูลที่สำคัญและบันทึกเทป เนื่องจากผู้วิจัยต้องการเก็บข้อมูลที่มีสำคัญและเป็นประโยชน์ในการศึกษาอย่างสมบูรณ์และครบถ้วน แต่ทั้งนี้ต้องได้รับความยินยอมและอนุญาตจากท่านเป็นสำคัญ และในระหว่างดำเนินการสัมภาษณ์ท่านสามารถปฏิเสธการบันทึกเทปได้ทุกขณะ ภายหลังเก็บรวบรวมข้อมูลเสร็จเรียบร้อย ผู้วิจัยจะเป็นผู้วิเคราะห์ข้อมูล นำไปเขียนวิทยานิพนธ์ฉบับสมบรูณ์ และตีพิมพ์ในวารสารวิจัยต่อไป ผลการศึกษาในครั้งนี้ ผู้วิจัยจะส่งสรุปผลมายังผู้อำนวยการโรงเรียนต่อไป ส่วนข้อมูลจากการสัมภาษณ์และการสังเกต ผู้วิจัยจะเก็บรักษาไว้นาน 5 ปี ภายหลังการเขียนวิทยานิพนธ์ฉบับสมบรูณ์ แล้วจึงทำลาย

สิทธิของผู้เข้าร่วมการวิจัย

เมื่อท่านเข้าร่วมการวิจัยครั้งนี้ โดยความสมัครใจของท่านเอง ท่านจะมีสิทธิดังนี้

- ไม่ตอบคำถามที่ท่านไม่ต้องการตอบ
- ขอยุติการเข้าร่วมการศึกษาครั้งนี้ จนถึงเวลาในการสัมภาษณ์เสร็จสิ้นสมบรูณ์
- สอบถามข้อสงสัยเกี่ยวกับการวิจัยครั้งนี้ ได้ตลอดเวลา
- ไม่เปิดเผยชื่อของท่านไม่ว่ากรณีใดๆ ก็ตาม โดยที่ข้อมูลของท่านจะถูกเก็บเป็นความลับ ซึ่งจะใช้อักษรย่อแทนชื่อสกุล ของท่านในการบันทึกข้อมูล หรือในกรณีที่จะเปิดเผย ผู้วิจัยต้องได้รับอนุญาตจากท่านเป็นลายลักษณ์อักษร
- กรณีการบันทึกเทปในระหว่างการสัมภาษณ์ ถ้าท่านไม่พร้อมสำหรับการบันทึกเทป ท่านสามารถจะยกเลิกการบันทึกเทปได้ตลอดเวลา
- ท่านมีสิทธิ์รับทราบผลการวิจัยครั้งนี้ ภายหลังการวิเคราะห์ข้อมูลเรียบร้อยแล้ว

การติดต่อผู้เกี่ยวข้องกับการวิจัย

โครงร่างการวิจัยฉบับนี้ ได้ผ่านการพิจารณาและตรวจสอบจากคณะกรรมการพิจารณาจริยธรรมการศึกษาในคนของ Massey University ประเทศ New Zealand เลขที่ HEC: PN Application 04/187 หากท่านมีข้อสงสัยประการใด กรุณาติดต่อบุคคลหรือองค์กรที่เกี่ยวข้อง ดังนี้

1. ผู้วิจัย สมเสาวนุช จมูศรี คณะพยาบาลศาสตร์ มหาวิทยาลัยมหาสารคาม อำเภอกันทรวิชัย จังหวัดมหาสารคาม โทรศัพท์ 66 43 754357 หรือ 01-3924599

   Email address S.Chamusri@massey.ac.nz หรือ chamusri10@yahoo.com

2. ผู้อำนวยการการศึกษา เขต 1 อำเภอเมือง จังหวัดมหาสารคาม 44150

   โทรศัพท์ 66 43 725213

3. คณบดี คณะพยาบาลศาสตร์ มหาวิทยาลัยมหาสารคาม อำเภอกันทรวิชัย

   จังหวัดมหาสารคาม 44150 โทรศัพท์ 66 43 754357

4. Massey University, Professor Julie Boddy, อาจารย์ที่ปรึกษา

   School of Health Sciences, Massey University, Private Bag 11 222,

   Palmerston North, New Zealand. โทรศัพท์ 64 6 3505799 Ext 2541

   Email address: J.Boddy@massey.ac.nz

5. Massey University : Dr John G O'Neill, กรรมการการพิจารณาจริยธรรมการศึกษาในคนของ Massey University Campus Human Ethics Committee: Palmerston North, โทรศัพท์ 64 6 350 5799 Ext 8635 Email address: humanethicspn@massey.ac.nz

แบบฟอร์มใบยินยอมให้ทำการศึกษาของนักเรียนอาสาสมัคร

ข้าพเจ้านาย,นางสาว,เด็กชาย,เด็กหญิง.....นามสกุล.....อายุ.....ปี บ้านเลขที่.....หมู่ที่.....ตำบล.....อำเภอเมือง จังหวัดมหาสารคาม ได้อ่านคำชี้แจงเชิญชวนเข้าร่วมการวิจัยและรับฟังคำอธิบายจาก นางสาว สมสาวนุช จมูศรี ผู้ทำการศึกษาวิจัยเกี่ยวกับการเป็นอาสาสมัครในโครงการวิจัยเรื่องโรงเรียนส่งเสริมสุขภาพในภาคตะวันออกเฉียงเหนือของประเทศไทย โดยเนื้อความประกอบไปด้วย ลักษณะการดำเนินการวิจัย วัตถุประสงค์และแนวปฏิบัติสำหรับข้าพเจ้าในฐานะอาสาสมัครผู้ร่วมโครงการวิจัยนี้ พร้อมนี้ผู้ทำการวิจัยยังได้อธิบายรายละเอียดเกี่ยวกับสิทธิของข้าพเจ้าในการเข้าร่วมวิจัยในครั้งนี้ ซึ่งข้าพเจ้ามีความเข้าใจอันดีในสิทธิที่ข้าพเจ้าสามารถถอนตัวจากการศึกษานี้เมื่อใดก็ได้ตามที่ข้าพเจ้าปรารถนา ข้าพเจ้าได้อ่านและเข้าใจตามคำอธิบายข้างต้นแล้วจึงได้ลงนามยินยอมให้ทำการศึกษา

ลงชื่อ .....อาสาสมัคร

(.....)

วันที่...../...../.....

แบบฟอร์มใบยินยอมให้ทำการศึกษา (ครูและบุคลากรโรงเรียน)

ข้าพเจ้า(นาย ,นาง ,นาง).....นามสกุล.....อายุ.....ปี ปฏิบัติงานในตำแหน่ง.....โรงเรียน .....อำเภอเมือง จังหวัดมหาสารคาม ได้อ่านคำชี้แจงเชิญชวนเข้าร่วมการวิจัยของ นางสาว สมสาวนุช จมูศรี ผู้ทำการศึกษาวิจัยเกี่ยวกับการเป็นอาสาสมัคร ในโครงการวิจัยเรื่องโรงเรียนส่งเสริมสุขภาพในภาคตะวันออกเฉียงเหนือของประเทศไทย โดยเนื้อความประกอบไปด้วย ลักษณะการดำเนินการวิจัย วัตถุประสงค์และแนวปฏิบัติสำหรับข้าพเจ้า ในฐานะอาสาสมัครผู้ร่วมโครงการ วิจัยนี้ พร้อมนี้ผู้ทำการวิจัยยังได้อธิบายรายละเอียดเกี่ยวกับสิทธิของข้าพเจ้าในการเข้าร่วมวิจัยในครั้งนี้ ซึ่งข้าพเจ้ามีความเข้าใจอันดีในสิทธิที่ข้าพเจ้าสามารถถอนตัวจากการศึกษานี้เมื่อใดก็ได้ตามที่ข้าพเจ้าปรารถนา ข้าพเจ้าได้อ่านและเข้าใจตามคำอธิบายข้างต้นแล้วจึงได้ลงนามยินยอมให้ทำการศึกษา

ลงชื่อ .....อาสาสมัคร

(.....)

วันที่...../...../.....

ลงชื่อ .....พยาน

(.....)

วันที่...../...../.....

แบบฟอร์มใบยินยอมให้ทำการศึกษาผู้ปกครองและกรรมการชุมชน

ข้าพเจ้า(นาย ,นาง ,นางสาว).....นามสกุล.....อายุ.....ปี บ้านเลขที่.....หมู่ที่.....ตำบล.....อำเภอเมือง จังหวัดมหาสารคาม ผู้ปกครองของ.....นักเรียนชั้น..... ได้อ่านคำชี้แจงเชิญชวนเข้าร่วมการวิจัยของ นางสาว สมสาวนุช จมูศรี ผู้ทำการศึกษาวิจัยเกี่ยวกับการเป็นอาสาสมัคร ในโครงการวิจัย เรื่องโรงเรียนส่งเสริมสุขภาพในภาคตะวันออกเฉียงเหนือของประเทศไทย โดยเนื้อความประกอบไปด้วย ลักษณะการดำเนินการวิจัย วัตถุประสงค์และแนวปฏิบัติสำหรับข้าพเจ้าในฐานะอาสาสมัครผู้ร่วมโครงการวิจัยนี้ พร้อมนี้ผู้ทำการวิจัยยังได้อธิบายรายละเอียดเกี่ยวกับสิทธิของข้าพเจ้าในการเข้าร่วมวิจัยในครั้งนี้ ซึ่งข้าพเจ้ามีความเข้าใจอันดีในสิทธิที่ข้าพเจ้าสามารถถอนตัวจากการศึกษานี้เมื่อใดก็ได้ตามที่ข้าพเจ้าปรารถนา ข้าพเจ้าได้อ่านและเข้าใจตามคำอธิบายข้างต้นแล้ว จึงได้ลงนามยินยอมให้ทำการศึกษา

ลงชื่อ .....อาสาสมัคร

(.....)

วันที่...../...../.....

ลงชื่อ .....พยาน

(.....)

วันที่...../...../.....

APPENDIX 3

THE PERMISSION LETTER FOR DATA COLLECTING AND THE ETHICAL APPROVAL LETTER

Massey University
COLLEGE OF HUMANITIES AND SOCIAL SCIENCES
Te Kura Pikenga Tangata

SCHOOL OF HEALTH AND
SOCIAL SERVICES
Private Bag 11 222
Palmerston North 4442
New Zealand
T 64 6 356 9099
F 64 6 350 5602
www.massey.ac.nz

November 29, 2004

Director of the Educational Office, Region 1
Mahasarakham Province
Aumphur Mung
Mahasarakham Province
44000 Thailand

Dear Sir,

I am currently a Doctoral student nursing at Massey University, New Zealand, conducting research on a health promoting school topic under Professor Julie Boddy as my supervisor. In particular, my research focuses on understanding the meaning of a health promoting school programme in the context of selected schools in Northeast Thailand in which a health promoting school programme has been evaluated (by the Ministry of Health) to have been successfully implemented. I would therefore like to ask your permission and your assistance in identifying schools to carry out my research at one primary school in Mahasarakham Province.

I expect that the information obtained from my study would be beneficial to school health as well as to the community. It is expected that developing a deeper understanding of the meanings of a health promoting school programme in the Thai context will assist in developing a guide to assessment, planning, and applying health programmes in schools. I would greatly appreciate your permission and your assistance in identifying schools in Mahasarakham Province that have been evaluated as being successful in implementing the health promoting school programme for me to do this study. Please contact me at the address below.

I would like to thank you for your consideration and looking forward to hearing from you soon.

Yours Sincerely,

(Somsaowanuch Chamusri)
Doctoral student

(Prof. Julie Boddy)
Supervisor

School of Health Sciences,
Massey University
Private Bag 11222, Palmerston North, New Zealand
64 06 3569099 Ext 2978
64 021 1197396

ME 0412/9990

The Educational Office, Region 1
Mahasarakham Province
Aumphur Muang
Mahasarakham Province
44001 Thailand

November 30, 2004

Dear Miss Somsaowanach

According to your letter on 30 November 2004, asking for the permission and assistance in allocating schools to carry out the research relating the health promoting schools in Mahasarakham Province. You are more than welcome and I am happy to give your the permission to carry out the research at schools in Mahasarakham Province.

I am looking forward to welcoming and seeing you soon.

Kind Regards,

(MR. Supan Rassuwan)

Director of the Educational Office, Region 1

Massey University

OFFICE OF THE ASSISTANT TO THE VICE-CHANCELLOR (ETHICS & EQUITY)
Private Bag 11 222
Palmerston North
New Zealand
T 646 350 5573
F 646 350 5622
humanethicsfm@massey.ac.nz
www.massey.ac.nz

FILE

28 January 2005

Somsaowanuch Chamusri
Department of Community Health
Faculty of Nursing
Mahasarakham University
THAILAND 44150

Dear Somsaowanuch

Re: HEC: PN Application – 04/187
Health promoting schools in northeastern Thailand: An ethnographic approach

Thank you for your letter dated 17 January 2005.

On behalf of the Massey University Human Ethics Committee: Palmerston North I am pleased to advise you that the ethics of your application are approved. Approval is for three years. If this project has not been completed within three years from the date of this letter, reapproval must be requested.

If the nature, content, location, procedures or personnel of your approved application change, please advise the Secretary of the Committee.

A reminder to include the following statement on all public documents: *"This project has been reviewed and approved by the Massey University Human Ethics Committee, Palmerston North Application 04/187. If you have any concerns about the ethics of this research, please contact Dr John G O'Neill, Chair, Massey University Campus Human Ethics Committee: PN telephone 06 350 5799 x 8635, email humanethicspn@massey.ac.nz".*

Yours sincerely

J O'Neill

Dr John G O'Neill, Acting Chair
Massey University Campus Human Ethics Committee: Palmerston North

cc Professor Julie Boddy
School of Health Sciences
PN351

Professor Steve LaGrow
HoS, School of Health Sciences
PN351