

THESIS TITLE : IMPLEMENTATIONS OF SCHOOL HEALTH PROGRAM IN
SCHOOLS UNDER THE OFFICE OF PRIMARY EDUCATION,
KHAMSKASANG DISTRICT, NAKHONRATCHASIMA PROVINCE
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Abstract

The objective of this research was to study the implementation of school health program by school health teachers and health officers, the supporting of school administrators, the health promotion practice by health promoting student-leaders, health status of the students and the evaluation of the implementation of the school health program. The samples were groups of 30 of school health teachers and school health administrators from every primary school in Khamkasang district, 15 health officers who were responsible for the school health practice and 56 health promoting student-leaders, the random was conducted using two-stage sampling method. The study tools were structured-interview, observation form, checking records and group discussion guide. The content validity of the tools was examined by eight experts. Data collection was conducted during February and March, 1999. The collected data were analyzed for frequency distribution, percentage, mean, and standard deviation. Also content analysis was utilized. The research findings can be summarized as follows:

1. The implementation of school health program:

1.1 In school health services, it was found that every primary school provided cumulative health records for the students. In health examine by school health teachers and students leaders, it was found that 83.3 % of the schools had morning health inspection; 93.3 % had eyesight test; and 73.3 % had Thyroid health pre-examine. About health examine by health officers, it was found that 53.3 % had health examine; and 33.3 % had hearing test. All of the health officers did not examine Thalassemia screening. All of the health officers immunized the students. In the implementation of nutrition, it was found that every school had lunch service and nutrition supplement; 80 % of the schools provided activities about nutrition; and 56.7% had nutrition education.

1.2 About school health education, it was found that every primary school had the teaching of health according to the primary curriculum; 93.3 % built up activities to supplement the curriculum; and 13.3 % invited health officers to educate the students. The health officers would educate the students when providing service in schools. Every primary school coordinated with health officers to train the student leaders; and 96.7 % gave activities and followed up the health practice of the student-leaders.

1.3 In terms of healthful school living, it was found that 66.7 % of the schools were found schools' latrines adequate; 40 % had sufficient drinking water; and 63.3 % had enough water for regular use. Every school had sufficient supply of trash bin and disposal, but they were not in good sanitary condition. Schools' surrounding, buildings and classrooms were inadequately clean. The school teachers and student-leaders had a responsibility in caring of cleanliness in schools. 46.7 % of the health officers gave advice on school sanitation. 93.3 % of the schools had health rooms which were moderately clean. The drug cabinets in 93.3 % of the schools were organized improperly. The schools' drug supply and equipment were generally sufficient in 43.3 % of the schools.

1.4 About school and home relationships, it was found that every primary school provided a conference for parents before schools started, a report about the students, and an activity to support the community. 13 % of the schools coordinated with health officers to help the schools' activities.

The problems of the implementation were that the personnel, who were responsible for the school health practice, had much routine work, could not perform the activities well. Also they lacked knowledge for school health practice and the skills of physical examine. The school lacked some essential drugs and equipment for health service. There was no planning and coordinating between teachers and health officers. The student leaders lacked the knowledge and confidence in practice, as well as acceptance from other students.

2. In terms of the support of school administrators, it was found that all of the administrators determined the policies, supporting academy, budget, materials and equipment, coordination, and follow-up as well as evaluation. 93.3 % of the administrators did program planing for implementation. The problems were that schools could not do all projects as planned. The budget and essential drugs were insufficient for services.

3. About the health status of students, 60.3 % was found to have some type of aliment. The most found disease was dental caries (82.4 %), calculus (14.2%), and pediculosis (12.2 %). Other diseases found were common cold, pale, gingivitis, impetigo, tinea vesicolor, conjunctivitis, tonsilitis, allergic dermatitis, stomatitis, underweight, and short eyesight.

4. From evaluation of implementation of the school health program, it was found that the implementation in school health service was at moderate level. The school health education, healthful school living, school and home relationships were almost at good level. In overall, 53.3 % of the schools were at moderate level.

From the findings, the researcher recommended that health officers coordinate and plan with school health teachers. Also they should provide training health teachers every year and continue giving advice. School health teachers should assign certain and clear activities to student leaders. Administrators should ask for some budget from the Subdistrict Administration Organization (SAO), to deal with health problems of students, so that the school health program can be done effectively.