

## Chapter 6

### Conclusions

#### 6.1 Summary

In this section, the main findings relevant to each objective of this study are summarised.

*Objective 1 To assess the existing implemented healthy eating policy for preschool children in public schools in Phrae province, Thailand.*

- **School Environment:** Over half the schools (57.4%) had fully written up school healthy eating policies which provided a comprehensive programme of health education, made food without added sugar, provided healthy food, and established collaborations among all stakeholders. The existing implemented policy which all schools in the “fully in place” category had implemented were: offering sugarless milk to preschool children; providing students enough time to eat lunch in a clean, safe and pleasant environment; allowing all teachers a scheduled time for students to wash their hands before meals and snack time; and establishing a link with professionals for nutritional counselling.

- Curriculum and community involvement: All schools had a policy to help students learn specific nutrition-related skills. All schools encouraged and involved family members and the community in supporting and reinforcing healthy eating policy.
- Although most schools were concerned about healthy eating policy, many policies had not been fully implemented. Therefore, a practical model for schools to implement healthy eating practices is needed.

Objective 2 *To develop a healthy eating policy for preschool children in public schools in Phrae province, Thailand.*

- At the policy selection step, representatives of parents reached a consensus that all intervention schools needed to improve children's eating behaviour using appropriate strategies. However, the consensus among all parents about what an appropriate strategy to improve children's health consisted of, needed to be achieved. When the consensus from the educational experts was consistent with those of the representatives of parents regarding children's eating behaviour, the schools needed to revise their existing healthy eating policy.
- Various advocacy methods were used to advocate the healthy eating policy among all stakeholders. The methods included a focus group discussion, a school newsletter, a researcher's newsletter and face to face communication. Many themes emerged from the focus group discussions. Regarding the opinion on healthy eating in school, all stakeholders were concerned only about the composition of foods and drinks. However, the environmental,

educational and social factors that had an influence on healthy eating were not of concern to them.

- Most children had unhealthy eating behaviours and therefore the adults acknowledged that they needed to develop a healthy eating policy in school focusing on the issues of food and snacks. After the discussion, each school selected some of the members to be a working group to draft and implement the policy.
- The responses from the parents using the school newsletter were consistent with the previous results showing that developing a healthy eating policy was required at that time. In addition, the parents believed that the collaboration between all stakeholders would encourage the children to consume healthy food or snacks.
- The focus group discussion was utilised in the policy adoption step. The results from the discussion revealed the unhealthy eating behaviours of preschool children. Thus, the working group drafted the policies which aimed to reduce crispy snacks intake among preschool children. Then, the drafted policies were distributed to all stakeholders. No one disagreed with those policies so the policy implementation started a week later.
- The process of policy implementation that had been accomplished by all intervention schools stipulated that all projects for promoting healthy eating must conform to the healthy eating policy. In addition, teachers, school board members and parents were assigned specific policy implementation roles and responsibilities. Moreover, during the discussion and meeting, all stakeholders were educated about nutritional eating habits. Many strategies

such as school newsletters, village communication, stated policy posted in front of the classroom and the word of mouth method were used to inform all stakeholders about the policy.

*Objective 3 To investigate how different dimensions of policy implementation influence the implemented healthy eating policy for preschool children.*

- Normative dimension: The parent's love and concern for their children's health helped them to recognise the value of healthy eating and encouraged them to implement the policy.
- Constitutive dimension: There were many sectors in the community who influenced and participated in implementing healthy eating policy. One example, were the parents. They were crucial in deciding whether the healthy eating policy should be implemented or not. In addition, school staff played a major role in every step of the school policy making process. In achieving the goals of the school healthy eating policy, school board members reinforced the policy while the health officers worked as supporters in issues regarding health. And the educational supervisors were the perfect people to monitor the process.
- Structural dimension: The role of each sector in the community was on the same level of importance in policy making. And they respected the role of each of the other participants.
- Technical dimension: The stakeholders started developing healthy eating policy at no cost and selected the aim of reducing crispy snack intake among preschool children which was based on the needs of the community.

- The aforementioned were the reasons that enabled this study to implement the policy.

Objective 4 *To investigate the barriers and facilitating factors to implement the developed healthy eating policy.*

- The role of parents, child peer pressure, snack advertisements, packaging of unhealthy snacks, the role of the village shop owner and a lack of coordination between the school, family and community were barriers to implementing the healthy eating policy.
- Stakeholders acknowledged creating a healthy physical environment in the schools by increasing the number of healthy snack options, rewarding students for good eating habits, developing the parental role, producing songs about healthy food, advocating professional pressure and promoting coordination between all stakeholders. All these factors affected the implementation of a healthy eating policy.

Objective 5 *To assess the effects of the developed healthy eating policy on changes in diet in schools.*

- After nine months, the consumption of every snack item except non-sugared milk, decreased significantly in intervention schools compared to the baseline ( $p < 0.05$ ) but not in the control schools.
- In the intervention schools the mean frequency of intakes per day decreased for cariogenic snacks, fresh fruits, Thai desserts, crispy snacks and sugary drinks. In the control schools, mean frequency of consumption per day of

cariogenic snacks, non-sugar milk and crispy snacks increased significantly ( $p < 0.05$ ).

- In the control schools no significant difference was found between baseline and consumption of fresh fruit, Thai desserts and sugary drinks nine months later.

*Objective 6 To develop a model to implement healthy eating policy in school*

- A model to implement healthy eating policy in school was proposed. The key persons in implementing a healthy eating policy were parents, school staff and local community members such as school board members, while the health officers worked as advocacy workers. The educational supervisors played the role of educational monitors and assessed the school staff.
- Setting a goal was an important step to achieve success in any health project.
- After setting the goal, public commitment was required to achieve the goal because it demonstrated the purpose of the community and was an announcement that the community was willing to implement the policy.
- During the implementation of the policy, many barriers and facilitating factors should be of concern for policymakers. For example, the role of parents, environment and the coordination and cooperation from all stakeholders.
- When developing the healthy eating policy, a periodic evaluation and adjustments made at the appropriate time were important.

## 6.2 Conclusions

1. This study was carried out to assess the extent and nature of healthy eating policies and practices for preschool children in public schools in Amphur Muang, Phrae Province in Northern Thailand. Whereas many schools were concerned and had implemented some aspects of health food policies, there were a fair number that had not. A proper food policy for preschool children needed to be designed and implemented because it was important for children's overall well-being and development.
2. This study suggests that there are many external factors influencing food choices in preschool children. All caregivers should be concerned about these factors. Partnership among parents, school personnel, the community, and health officers will be necessary to develop a policy to promote healthy eating practices among Thai preschool children.
3. This study demonstrates that it is possible to decrease the consumption of unhealthy snacks in nursery schoolchildren by developing a healthy eating policy. Although this study appears to be successful, the low fruit consumption by the children was of concern. Increased fruit consumption should be promoted.
4. There should be strong co-ordination between schools, parents and community in order to develop and sustain an appropriate health promotion programme.

### **6.3 Implications**

1. The provincial educational supervisors or school staff can use the assessment of food policy to monitor the policy implementation.
2. The model to implement a healthy eating policy for preschool children might be applied to promote healthy eating behaviour among preschool children in other rural areas. In addition, it could be used with other groups of school children such as primary school children, secondary school children and children in a whole school.
3. The effects of a developed healthy eating policy might be proposed to the sub-district administration organization so that they will provide an adequate budget to support healthy school meals and activities.

### **6.4 Recommendations for future research**

1. This study aimed at studying the development of healthy eating policies for preschool children in Amphur Muang, Phrae province. Sampling procedure in some part such as in focus group discussion was purposive sampling and therefore, the findings could not be used to represent the total population. Future research is needed to assess whether using an appropriate technique to obtain the consensus from all stakeholders will achieve a better result.
2. This study focused only on preschool children. If other researchers have more manpower to observe the children's behaviour, more budget to conduct the study of all students in school and more time to assess the long term



effect of the implemented policy, a study should be designed that would involve all students in the school when developing the healthy eating policy. It would be more valuable to investigate the effect of the developed healthy eating policy of all members of the school because the results will show how it affects each group and what other related factors are needed to implement the health policy.

#### **6.5 Recommendation for policy maker at various levels in implementing healthy eating policy for preschool children**

##### Local level

Local health officers and school staff who work as professional in health and education, respectively, could be good information resources regarding healthy eating behaviour. Thus, they should review new strategies base on scientific evidence regarding promoting healthy eating behaviour among preschool children. This aspect is crucial factor when developing the healthy eating policy and implements it.

In order to achieve in promoting healthy eating behaviour among preschool children or school children, an adequate budget for providing healthy school meal and snacks is one of important factors. The sub-district organization should take this responsibility and concern that young children will be the great human resources for the development of the country in later year. It is therefore the projects of health promotion among preschool children should be the first priority for the sub-district organization. Moreover, a member of the sub-district organization should be a leader

in implementing the policy because he/she has a power in encouraging the members of the community.

#### Provincial level

For developing healthy eating policy in school, the provincial educational officers such as provincial educational supervisors should take position as supporter in curricula regarding nutrition and also play the monitoring role during the policy implementation.

#### National level

The government could play many roles in supporting the healthy eating policy for preschool children. For example, supporting an adequate budget in any projects regarding promoting healthy eating behaviour among preschool children and school children; setting health promoting projects for young school children as the first priority national policy; making a strict inhibit rule about unhealthy snacks' advertisement which shown as barrier factor in promoting healthy eating policy for young children, during cartoon programme.