



# **Health is about being happy**

**A study in an elementary school in the Philippines**

**Sara Bjersgård**

**Lina Magnusson**

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Supervisor  
Monica Thiel

Examiner  
Karin Åberg

## ABSTRACT

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The aim of this thesis was to investigate how children apprehend health and what factors teachers ascribed have the most importance for 10-12 years old children's health. By these two questions at issue in our thesis we hope to support teachers' education of health and suggest where they should put their main focus.

- What does health mean to children in an elementary school in the Philippines?
- What factors do teachers ascribe as the most important for children's health?

To reach our aim we interviewed twelve children and did a questionnaire among 20 teachers. Our study is based on Bronfenbrenner's theoretical perspective, both as our theoretical basis and as our methodical analysis structure.

The result and analysis showed that health is defined differently among the children. Definitions that the children's statements put most frequent focus on were happiness, the body condition and believes. The most important factors, ascribed by the teachers, are found in Bronfenbrenner's micro- and mesosystem and are "good personal hygiene", "eating healthy food" and to have "a good relationship between the home and the school". The result also shows that the exosystem have the least important summary of all mean values but the individual factor the teachers ascribe as the least important is "the government ideology" in the macrosystem.

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Search word: The Philippines, health, Bronfenbrenner, health view, health factors, elementary school

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**Address**

Högskolan för lärande  
och kommunikation (HLK)  
Box 1026  
551 11 JÖNKÖPING

**Street**

Gjuterigatan 5

**Telephone**

036-101000

**Fax**

036162585

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# 1 Introduction

Our thesis is based on an interview study with 10-12 years old children and a questionnaire study among teachers at a private elementary school in the Philippines. The children's view of health, what they think about their health and others is an interesting topic and also what factors the teachers ascribe as important for children's health.

The Philippines is a country of development. They have started some key programs to promote, prevent and maintain the health status in schools (World Health Organization, 2010c). Therefore it would be very interesting to study what health means to the children. We probably have different perspectives of what health is and what countries put their focus on due to the differences in development stage. A statistic result shows that most of the global health indicators have developed for the better for the Philippines over the last ten years (World Health Organization, 2010c).

This thesis is written because we had the possibility to have our last practicum of our teacher education in the Philippines. We visited a private, catholic elementary school in a big city with approximately two million inhabitants. The school was in the centre of the city and children from all over the city applied to enrol to this school. One of the official languages in the Philippines are English and the majority of the lessons in school are therefore taught in English. The public schools in the Philippines are compulsory and complimentary but the private schools have admission fees and fees for registration. To have your child/children in this school was seen as a privilege and the children had a lot of expectations on them from their families.

The purpose with our thesis is to support the teachers' education of health. By this study we will elucidate the children's view of health and what they ascribe as important factors for their health and well-being. We will also illustrate what factors teachers ascribe as important to 10-12 year old children's health; to elucidate the similarities and differences to support their ongoing education.

## **2 Background**

In this chapter we focus on how scientists define health and illustrate its various definitions. Here we also give a description of our theoretical perspective, used both as a theoretical basis and as our methodical analysis structure. Finally we will give a review about the Philippine's health status and the school perspective.

### **2.1 Definitions of health**

People define health in different ways and it means different things to different people. Some see it as a temporary status and ask “am I ill today?” and some see health in longer terms and state “I am basically a healthy person” (Blaxter, 2010; Kiger, 2004). Even different religions define health in various ways. In Islamic tradition health is seen as a state of dynamic equilibrium, a balance with the body and soul to function normally. In Judeo-Christian thinking health means wholeness and the idea of salvation and bliss. The Roman and Greeks thought of health as well-being, where happiness and health were closely related to each other and the ancient Romans also included that if you had a healthy body it ensured a healthy mind (Kiger, 2004; Owen, 2001). As a human being you chose your way of defining health but the one we have chosen for this thesis is the World Health Organization's definition.

On the 7<sup>th</sup> of April in 1948 the World Health Organisation with its representatives signed the definition of health and it has not been changed since. “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (Sze, 1982, p. 3). Sze continues that the idea of establishing a definition of health was because previous health was just the opposite of ill and sickness. We will focus on those three (physical, mental and social) stated levels of health. To be a healthy person you need to have good physical, mental and social health which indicates that health extends beyond the structure and function of your body (Hahn & Payne, 1999). When one of the levels are attacked or disturbed by biological errors or stress a person gets out of balance. Illnesses among other things are then likely to arise when the balance is disturbed (Blaxter, 2010).

#### **2.1.1 Physical health**

In centuries people have been getting free exercise in everyday life, both at work and home. Due to changes in the society and fast-growing innovation technology in many countries, people are not getting this natural exercise every day anymore. This has become a problem in society all over the world because of the increase of diseases, need of medical assistance and an overall poorer

public condition (Brorsson, Lundgren & Olsson, 2010; Leijon, 2009). Hahn and Payne (1999) write that to be healthy you need to be educated and have information, for example about nutrition and what physical activity is doing to the body. The information is mainly given from family members and therefore not always accurate, but the information is still passed down through generations. That is why it is very important to give factual information concerning health in school so the children could make their own decision to get a healthier lifestyle

Blaxter (2010) writes that in the physical aspect of health the body is good to heal itself and therefore a homeostatic machine in many ways. Physical health strive to have a fit body and to not being restricted in any way. To not be ill and need medication so that you can do the things you want and need to have a functional life, freely and without pain. It is important to see your body as a whole, which can be everything from getting your regular dental checkup, drinking fresh water, keep you well-groomed, get enough sleep or get regular physical activity (Meeks, Heit & Page, 2005). Brorsson et al. (2010) and Leijon (2009) confirms that you can prevent a lot of medical aspects if you exercise regular. It can relieve pain and make you more movable which will lead to less usage of medical products. It can also increase your performance capacity. Another important thing is to develop healthy eating habits, select food that contains nutrients and keeps your body in trim. It is also important to have physical education in school and be able to exercise on your spare time. Leijon (2009) continue with writing that to have a lifestyle involves regular physical activity during childhood, and even when you get older, is very important for your well-being and your health. Meeks et al. (2005) also shows that physically active children are more likely to avoid obesity and to cope better with stress and in adulthood suffer less from for example heart diseases.

### **2.1.2 Mental health**

Another term often used when people talk about mental health is the word well-being. A good and positive mental health is characterized by that the human is feeling calm, peaceful, motivated and concentrated. The antipole to this is mental misery, rage and anguish that have a negative effect on your health. Both of these aspects are an emotion and spirit in your body that cannot be localized (Tengland, 2004). The World Health Organization (2008) define mental health as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (p. 1).

Meeks et al. (2005) writes that mental health focuses on developing a good character and to promote good values in life. A person's character is the use of self-control to act on responsible values and to not have this can easily make you choose paths that are not healthy. Another factor that is an important indicator of a person's mental health is their self-esteem. When a person believes in its own worth and thinks he deserves respect, that person has a positive self-esteem and is more likely to take care of his health. People with a positive mental health are also more likely to have good social relationships, set realistic goals and feel good about themselves. School is a major platform for this kind of relationships, especially if the child enjoys school and gets verification that strengthens their self-esteem.

To have a positive social environment improves mental health by allowing a person and others to safely communicate their needs, wants and emotions. The communication is a "safety net" when a person is tempted to do something wrong and another "safety net" for some people can be their religious believe. People who are not able to cope with their emotions and difficulties in their life might suffer from some form of mental disorder. It can involve workaholism, schizophrenia or an eating disorder. That is why it is strengthening to have the mental power to understand when you need help and to find healthy mental strategies. Blaxter (2010) writes that a person that think of the world as comprehensible, manageable and meaningful are likely to cope with different situations better. This will therefore maintain their health and create a mental "resistance". An example of a situation like this can be all of the different stressors we confront daily. Stressors are the source or cause of stress. They can be mentally, physically, social or environmental. To cope with these stressors you need to know how to manage them and maybe also possess some stress-management skills (Meeks et al., 2005).

### **2.1.3 Social health**

Social health incorporates many different emphases. Social factors can be for an example having a rich social network and be close to your family. The antipole to this can be having no friends, poverty or the way of behaving which can all cause negative social health (Blaxter, 2010). The research about social health are often described like that, too see a person's health as a whole describes Tengland (2004). He also continues with describing health as the ability to interact and cooperate with others; to be well aware of the moral actions the society demands. A part of this is the ability to understand, use and be a part of the social institutions. The social institutions in our society today are department stores, banks, school, police office etc. With the technology and internet access today the social actions and interaction are decreasing which can have a negative effect on your social networks.



For a child to have social networks and social support is crucial for a good health. It has a positive effect on all of the areas for health, physical, mental and social. It also works both ways, when your health status is good you are better able to maintain your social networks and mobilize new ones. Research shows that you handle and cope with all levels of stress better if you have social support. We all need a sense of belonging, intimacy and companionship to fully work as a healthy human being (Heaney & Israel, 2002; Tengelnd, 2004). Meeks et al. (2005) write that healthy friendships are therefore an important part of social health, both with friends in school and in the neighborhood. These promote mutual respect and support from a person who is more equal to you. Another important part of social health is your family. A healthful family is a family that has all skills needed for a loving and responsible relationship. That can together cope with changes in their life and be a solid support that you can always count on.

## 2.2 Theoretical perspective

Our thesis will be based on developmental psychologist Urie Bronfenbrenner's theoretical view. We think his theory is one that can clarify our aim in a good, new and unique way because we think health can be linked to his ecological model. Bronfenbrenner's (1979) theory is based on the knowledge that the ecological environment is represented in a set of levelled systems as in a set of Russian dolls, where each doll is inside the previous doll (see figure 1).

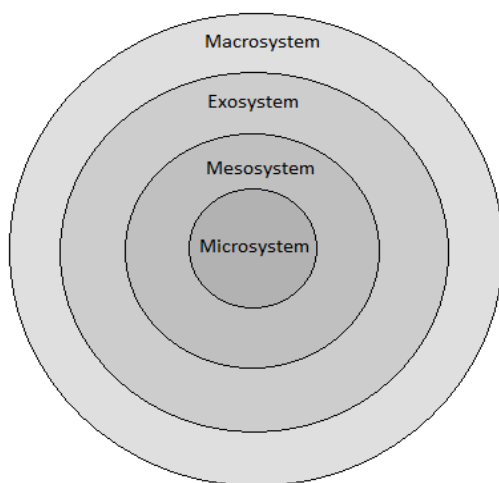


Figure 1. *A model of Bronfenbrenner's theory "The ecology of human development"*. From "*Utvecklingspsykologi: Barn- och ungdomsåren*" of S. Von Tetzchner, 2005, Lund: Studentlitteratur. Copyright S. Von Tetzchner and Studentlitteratur 2005. Reproduction with permission.

From these systems he explains that children are all included in different social and cultural contexts that affect them in one way or another, but they are also influencing the different contexts

themselves. Throughout life the child will be in different environments and as growing up new environment will be possible to be a part of; from the beginning as a new family member, schoolchild, employee, husband or wife etc. This shows that the childhood environment can be guided and controlled by many different entities. Bronfenbrenner (ibid) name his theory “The ecology of human development” and he describes children’s development as dependent on the childhood environment. His levelled systems are classified into four different and all systems are related to each other.

### **2.2.1 Bronfenbrenner’s microsystem**

The smallest doll in the Russian doll set represents the first system which is named the microsystem. At this level Bronfenbrenner (1979) introduces the child as the core in the system. It contains the child’s closest interpersonal relations with its parents, siblings, school and day-care. These relations are the basic of the system, how they connect to each other in a two-person relation. Bronfenbrenner (ibid) name them as “dyads” and give examples as the primary caregivers as the mother, father and grandparents. Later on Bronfenbrenner (2005) even included teachers in the microsystem due to the close relationship that can occur between the child and its teacher. He also explains that these dyads are present between husband and wife, boss and employer and among friends.

All humans have different roles in the society and are in different settings throughout life. These different setting are Bronfenbrenner (1977) describing as “factors of place, time, physical features, activity, participants, and role constitute” (p. 514). In the beginning you are someone’s child in your new home and some years later you are someone’s employer in a big office. These roles and settings changes as the life go on. The shift from one role and setting to another is called the “ecological transition” and it includes the arrival of new siblings, moving, starting school, marrying, be promoted, retiring and so on (Bronfenbrenner, 1979; Bronfenbrenner, 2005).

### **2.2.2 Bronfenbrenner’s mesosystem**

This system comprises the connections between two or more settings in the microsystem where the child actively participates. In the microsystem the child only occur in one setting and in this system it handle the relation between school and home or home and neighbourhood; hence a system of microsystems. Bronfenbrenner (1977) will also include the children’s church, camp and (in some countries) workplace as a part of this system. The mesosystem develop as the human expand its territory, forming new relations and exploring new settings in the microsystems’

boundaries. The child's social network gets bigger and therefore more complex. Bronfenbrenner (1979) named the new complexity of the children's settings as "the multisetting participation". The most basic of multisetting participation interaction of microsystem can be exemplified to children's activities in two settings as some hours a day in a preschool or day care centre and the remaining hours at home.

Bronfenbrenner (ibid) continues that the ecological transition is highly important in this system as well. How the shift and connection between settings are handled affect the children's development. If the new connection between home and school are handled by the child alone or with support of a caregiver affects the child, in a positive or negative way.

### **2.2.3 Bronfenbrenner's exosystem**

This is a system where the child as an active participant is not involved. The exosystem is taking on a bigger social context that effects and is significant for the child and the parent's wellbeing and development. Even though the child is not found in this system, it is strongly influenced, restricted and determined by it. This system involves the major institutions of the society the child is a part of. Such as "the world of work, the neighborhood, the mass media, agencies of government (local, state and national), the distribution of goods and services, communication and transportation facilities, and informal social networks" (Bronfenbrenner, 1977, p. 516).

Bronfenbrenner (1979) continues with adding, as more concrete in the child's environment, the parent's place of work and their social network, sibling's class mates and sibling's network of friends.

### **2.2.4 Bronfenbrenner's macrosystem**

The macrosystem refers to the system involving the society's laws, values and customs that is important and affects the other systems (micro-, meso- and exosystem). The different countries, with their various societies, have also a variety of social groups depending on their socio-economic status, ethnic values and religious belief (Bronfenbrenner, 1979). The macrosystem changes frequently and has a big effect of the outcome and wellbeing in the other systems (Von Tetzchner, 2005). Bronfenbrenner (1977) will describe it as everything was created from the same "blueprints". These blueprints are the system that makes it all the same, for example a school classroom is almost the same in every country and that he is given the blueprints credit for.

Children in the same country can share the same macrosystem. Children in the same ambient environment can also share a lot of components in the exo- and mesosystem. But it is always the

way the different systems work together and relates to one another that define every child's unique childhood environment (Bronfenbrenner, 1979; Bronfenbrenner 1977).

### **2.3 The school perspective**

In this chapter we describe the school system in the Philippines and the necessary information about the health status. We will also elucidate the particular school setting that our interviewees and questionnaire respondents are a part of.

The Philippines has a compulsory and free elementary and secondary school. Even though for the most poor in the society the cost of the transport to school and the school uniforms, books and equipment are too much for them to afford. Another reason why children do not complete their education is because of armed conflicts around the country, those children's time in school is often very sporadically (Utrikesdepartementet, 2007; Department of Education, 2010). The education system has also a lack of educated teachers, school equipment and too small classrooms due to the increase in population. The resources are definitely another matter. Most of the public school classrooms are only equipped with the basic equipment such as blackboard, chairs and tables. If the school is lucky they have got some visual aid equipment and fans, continues the Department of Education (2010). As seen from Bronfenbrenner's (1979) theory everything around us affect the way we live and make an effect on our health. But the environment and surroundings are different from each country and therefore also their view of health.

The Department of Education (2009) writes that the school enrolment is a very concerning issue. In the school year of 2006-2007 only 83 percent of the children in the Philippines were enrolled in an elementary school system. The worrying path is that five years earlier the percentage was 90. The numbers are even worse for the secondary education, where only 59 percent of the children were enrolled in a secondary school in the year of 2006-2007. This number has though been steady for the last five years. To get better numbers in the statistic it has been legislations about that children should not be required to wear school uniforms because the cost of school enrolment is the largest problem for families, writes the Department of Education (2010). Another problem is that Philippine children do not have access to elementary education. As much as 16, 8 percent of the school-age population in 2007 did not have access to a school. This is also a number that is worsening. In year 2006 it was 15, 6 percent (Department of Education, 2009). One explanation to the worsening statistic is the rising cost of goods and services which lead to a rising cost of living and unfortunately it is the children's school enrolment that is the suffering unit. Although the incomes of families increased as well, it was not enough to compensate for the rise

of the cost of living. But the Department of Education (2010) is still hoping their goal for 2015 will come true. The goal is to have 100 percent of the school-age children enrolled in school.

Almost every day people are able to read about new health problems due to the environment. In the Philippine newspaper Sun Star Cebu the headline was “Dengue<sup>1</sup> cases near 117 000 mark” (2010, p. A23) and in the article it said that only from January 1<sup>st</sup> until October 23<sup>rd</sup> 2010 704 people had died due to the dengue virus. Later on in the article we were able to read that “...the World Health Organization said that dengue developed into a major threat to global health”. The World Health Organization (2010b) writes that millions of people cannot use the health services provided because they have to pay for them at the time they receive the medical help.

When this happens, the sick bear all of the financial risks associated with paying for care. They must decide if they can afford to receive care, and often this means choosing between paying for health services and paying for other essentials, such as food or children’s education. (p. xiv)

To improve health is vital to human welfare and necessary for continued economic and social development, writes the World Health Organization (ibid). The Government of the Philippines has a set of laws and policies that strongly support child development, which include the national Plan of Action for Children. Here they talk about early prevention of children’s health and mean that to be most effective, the early childhood development programs should include interventions in health, nutrition and early education. In The Child and Youth Welfare Code it says that: “the child has the right to a well- rounded development of his personality to the end that he may become a happy, useful and active member of society” (Heaver & Hunt, 1995, p 72).

This thesis, as mentioned before, is based from our last practicum of our teacher education in the Philippines. We were at a private, catholic elementary school in a big city. The private school in the Philippines are not free and therefore they have the possibility to have more equipment in the classroom and fewer children in each class. Due to the school fee the children are from wealthier families that can afford to enrol their children in a private school. The school was in the centre of the city, not in a wealthier area, and children from all over the city applied to enrol to this school.

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<sup>1</sup> Dengue is a tropical disease caused by a virus transmitted by mosquitoes. The symptoms are fever and rashes and there is for the moment no specific treatment. To get infected by this virus a second time is fatal, since it then can cause internal bleeding (World Health Organization, 2010a).

### **3 Aim and questions at issue**

We want to investigate how 10-12 years old children in an elementary school in the Philippines apprehend health. We also want to investigate what factors teachers ascribe have the most affect on children's health.

- What does health mean to children in an elementary school in the Philippines?
- What factors do teachers ascribe as the most important for children's health?

## **4 Method**

In this chapter we will define and explain the methods we have chosen for our study about the children's view of health and what factors teachers ascribe as important to children's health. Our study will be based on Bronfenbrenner's theoretical perspective, both as our theoretical basis and as our methodical analysis structure.

### **4.1 The nature of the research problem**

In our study we chose a qualitative research method on our interview study because we wanted to investigate how children apprehend health and their view of health. In the questionnaire study we wanted to focus on getting more teachers' opinions of health factors rather than a deeper understanding of what health means. Therefore we chose a quantitative research method for the questionnaire study. We chose to not identify cause-and-effect relationships between the children and the teachers, only to have that nature of analysis that reflects our background (Leedy & Ormrod, 2010).

Weber (1947) explains that the researches have to focus on how other individuals create their analysis of life; understand their reality and how they interpret the world. Because our interview study is based on to get an understanding about the view of health, we thought this method would be the best for us because it emphasis on people's knowledge and how they experience life.

...some qualitative researches believe that there isn't necessarily a single, ultimate Truth to be discovered. Instead, there may be multiple perspectives held by different individuals, with each of these perspectives having equal validity, or truth. One goal of a quality study, then, might be to reveal the nature of these multiple perspectives. (Leedy & Ormrod, 2010, p. 135)

Later on in our analysis the interview statements are classified into Bronfenbrenner's four different systems while the questionnaire is based and constructed from these systems. Our study is based on Bronfenbrenner's "The ecology of human development" theory (see p. 5-8).

### **4.2 Selection**

To reach our aim we chose to interview twelve 10-12 years old children in an elementary school in the Philippines. Leedy and Ormrod (2010) write that ideally the selection is chosen totally random to get a diversity of data, but our selection of children was made from a comfort and accessible point of view (Bryman, 2002). The school have six classes in each grade, since we were in

grade five and six we chose one child from each class in those two grades. It was the teacher of the class that chose each child. We wanted to do our research in an elementary school, but still eliminate communicative problems; therefore the children will be 10-12 years old where their English skills are further developed. We also wanted to do a questionnaire study with 20 teachers at our practicum school. The teachers were selected due to their involvement among the children in grade five and six. The number of questionnaires is the total number of teachers in those grades. Our choice of teachers depended on our thoughts that active teachers in those grades would have better knowledge of children in that age group. This questionnaire will answer our second question at issue.

### **4.3 Research method and sampling of data**

We chose to have both an interview study and a questionnaire study. In the interview study we focus on a deep understanding of the view of health rather than a measurement of it, which can be seen as a qualitative method. Our questionnaire to the teachers will be closer to a quantitative method because we want to have an overall measurement of the teachers' ascriptions of health factors (Bryman, 2002).

To reach our aim we chose to ask the children what health means to them and what factors they ascribe have an effect on their health. See Appendix 1 for all our interview questions. For our interview study we chose a semi-structured interviewing method because we only had some guidelines and major questions to reach our aim. This is because we wanted our interviewees to be able to talk freely about what they ascribe as interesting and most important for their health (Kvale & Brinkmann, 2009).

Hence we did not exactly know what Philippine teachers ascribe as most valuable factors in children's health we did not select all the factors to our questionnaire in advance. When we arrived to our practicum school we interacted with the teachers about the subject and came up with the twelve factors we used in our questionnaire. As mentioned, we wanted to use Bronfenbrenner's theoretical perspective and therefore we arranged the twelve factors in order to match in his ecological model (see figure 1). The teachers were asked to grade the twelve factors in the questionnaire from one to five (1 = less important and 5 = very important). To see the twelve factors see Appendix 2. In this way we would be able to see which factors teachers ascribe have the most affect on children's health.



#### **4.4 Analysis of data**

When analysing the interviews we originated from Creswell's (2007) data analysis spiral. We started by transcribing our twelve audio files and then naming them by number 1-12 according to the number of interviewees. Number one in Creswell's spiral is to organize the data and that was done by breaking down the larger amount of data into smaller units. The units were assorted by paragraphs, to get a general view of the data. The next step was to peruse and scrutinize the data to get an overall sense of the content. We had our transcriptions printed out and meanwhile we perused the data we thought of possible categories and themes. Then we searched for patterns and grouped our smaller units of data into themes. The last step was to summarize and analyze the different themes and we chose to present it by quotations and smaller, summarizing paragraphs. As Backman (1998) writes quotations shorter than three sentences should be marked with quotation marks, but to be consequent and clear we use the method for longer quotations on all our quotations in chapter 5. When transcribing we ignored most of the children's hems and haws to get a flow in the quotations. To focus on the meaning of our quotations and to strengthen the result we chose to present shorter quotations.

The analysis of our questionnaire started by identifying possible errors and check that the questionnaires were completely filled in, this to eliminate that any questionnaire needed to be taken away from the data (Cohen, Manion & Morrison, 2005). As mentioned before our analysis of the questionnaires and interviews will be out from Bronfenbrenner's theoretical perspective and therefore the questionnaire data was sorted according to his four systems. We started by counting answers for each grade (1-5) of importance for each factor. To see our raw data see Appendix 3. After that we also calculated each mean value for the different factors, this to be able to see which factor the teachers ascribe is the most important for 10-12 years old children's health. We also calculated a mean value of the three selected factors in each system because we wanted to be able to compare the systems. We chose to portray our results in tables for the sake of clarity (Leedy & Ormrod, 2010).

#### **4.5 Trustworthiness and authenticity**

It is a bit more difficult to measure the validity and reliability in a qualitative study than a quantitative. We chose to use Bryman's (2002) four components: credibility, transferability, dependability and confirmability and we attempt to follow them both in our method and analysis of our collected data. The flexibility and the non-structured questions in our semi-structured interview method put those four components to an edge. To get our thesis reliable and transferred in the

correct way we will have “thick descriptions”, which means we will have a lot of details to catch the meaning of the children’s statements. We chose to use an audio recorder to be able to quote and use the children’s descriptions in a reliable way. When analysing all the data we also chose to report all children different meanings of health, even if one of the statements is not possible to analyze in Bronfenbrenner’s model we will still report it. As mentioned before Leedy and Ormrod (2010) there is not one ultimate truth. We also chose to write the interview numbers to be able to see the variety of statements. All this mentioned above is to confirm the credibility and transferability in our thesis.

The choice of children in the age of 10-12 years old also eliminates some of the communicative problems that can occur. We feel if their English is further developed they can express themselves better and more correct and they will understand our questions. This choice of age group was to confirm the dependability in our thesis. We also had in mind that children in this age are also in the borderland between being a child (when family is their world) and starting to see themselves in a bigger context, as a child in the society (Von Tetzchner, 2005). To maintain validity and Bryman’s (2008) last criteria, confirmability, we were aware of the fact that all the interviewees and the interviewer have different backgrounds. Therefore, they participate with different, and often unconscious, bias and life stories that affect the complete data. It will also affect the researcher’s sampling and the analysis of the data (Cohen et al., 2005).

#### **4.6 Ethical aspects**

Our first project was to ask the teachers about the school’s policies about interviewing the pupils. The principal of the school accepted our questions and then we informed our interviewees about the aim of our study and let them decide if they wanted to participate. For them to feel secure and let them know that they will be confidentiality in our thesis is important. We will not use the children’s names or refer to which grade or class as Kvale and Brinkmann (2009) writes.

Before handing out our questionnaires we asked the principal for approval as before. When approved, as Vetenskapsrådet (2002) states, we informed the teachers about the purpose and asked them if they wanted to participate. We informed that their answers will be anonymously handled. Cohen et al. (2005) continue by saying that the questionnaire respondents have no obligations to participate and have the right not to fulfil the questionnaire. For a successful questionnaire sampling the researcher will give the questionnaire to the respondent itself and be there for questions and explanations. Three months after the examination of our thesis the transcriptions and questionnaires will be destroyed.

## 5 Result and analysis

In this chapter we will report the result from our interview study and questionnaire study. We start with the result and then an analysis after each study. The number after each quote is the transcript number of each interview, this to see the variety in our data.

### 5.1 Children's view of health

From the twelve interviews with 10-12 years old children we got a lot of thoughts about health. They ascribe a variety of factors that are important for their health and also give their best advice of being healthy. They also ascribe factors that have a negative effect on their health and give their thoughts about other children's health. All of the children state the importance of being healthy, but most of them have not comprehended the complete definition of health according to Sze (1982). They all have valuable opinions about health, but some were doubtful in their answers and not sure what health meant to them. In the interview data we were able to see some patterns in the children's statements in their view of health. The patterns were that health is about happiness, body condition and believes. Only one of the statements defines health with the whole spectrum of definitions.

You cannot say a person is healthy just by looking at the physical, but it also mental, social and emotional well-being. (10)

#### 5.1.1 Happiness

Many statements are about joy and happiness as an important part of health; to be a joyous person Tengland (2004) involve in the mental health definition. During the research period we also saw, and were told, that happiness was a big part of the children and teacher's personality. It is their way of living and a common attitude towards life in the Philippines. The statements also mention that you cannot enjoy life to the fullest without a good health, nor live a long life being unhealthy.

...a person having no diseases or are happy...//...health means to be a happy person and trying to be strong...//...to be healthy means that you are more energetic and do not get sick easily. (3)

If we are unhealthy we cannot enjoy life. (1)

You should be in good health so we can live for many years. (2)

The children also have experiences of different health conditions and factors that affect their health, both in good and bad ways. All children have sometime been exposed to the condition of being unhealthy and therefore have their own ideas how to take care of themselves in a positive way. The children connect good health with being happy. They point out the importance of having a close relationship with friends and family to be happy, which factors are strongly connected to the social definitions of health (Heaney & Israel, 2002; TEngland, 2004).

...being with my family, having friends and falling in love. (3)

...the words and kindness that is given to me each day like when I woke up 'Good morning, I love you, Thank you'. (10)

The thing that makes me happy, you know, is when my family is around and my friends is around. Something to keep me happy, even just someone there to make me happy when I am sad... (9)

### **5.1.2 Body condition**

The other pattern we saw were that health is about taking care of your body; eating the right food and exercise which is connected to the physical definition of health (Blaxter, 2004; Leijon 2009). Many statements point out the importance of exercise as a factor for well-being and contribute as a preventer of sicknesses. They also involve the medical status; health as the condition when you are not sick or ill. Some statements include the body temperature as being a main indicator of being unhealthy and then the consumption of medicine to get you healthy again.

Health means...//... that it should be very important and you should take care of it. Because if you have bad health you might feel sick and you might regret it for not taking care of your health. (9)

It means your... your body condition. If it is okay or not...//...you feel fine and healthy, energetic and strong. When not you feel lazy or something like that... It is hard. (5)

Health is... a person having no diseases...//...to be healthy means that you are more energetic and do not get sick easily. (3)

The children's awareness of how to take care of your body was very developed. They ascribe factors that are good for your health and also things that damage your well-being. It can be what you eat, drink or how much you exercise.

Well... eating nutritious food, exercise regularly and drinking 8-10 glasses of water per day... and rest for 9-12 hours per day. (4)

...maybe when you eat too much sweets you will have tooth ache. (11)

For me health is very important...to me...and I should take care of it. I should eat vitamins, drink milk and I should not be like playing my XBOX for eight straight hours...//... Every Saturday morning we exercise with my grandmother, we run around and every dinner time we always have vegetables in our plate. I usually do not eat a lot of vegetables. I try to encourage myself to eat it because it is good for yourself and I just eat carrots. That is the only thing I eat! (9)

### **5.1.3 Believes**

The third pattern is the religious believe and the existential nature's impact on children's health. Meeks et al. (2005) confirm its impact and connect it to mental health. As mentioned before the study is done at a private catholic school, and therefore the children's believes were reflected in their statements.

Health is that God created us to be good. That we can eat and that we have something to do... (6)

I just pray. (2)

The children express that their religion helps them through rough times in their lives. Some of the statements also relate health to their mental well-being and said that they are not in a good health when they are miserable, depressed, stressed or unsuccessful in life.

...and when I get low grades at my test because then my parents will get mad. Because the school is very expensive and they want me to be good, that's why I need good scores. Especially in math, I hate math! (6)

I just think happy thoughts when I'm sad and if I'm feeling down or if my grades are low I just tell myself that I'm going to improve, just try your best next time. (9)

When I done something bad. A mistake in my life. When I have some problems, like problems in school or in our family, I feel unhealthy. (10)

### **5.1.4 Children's understanding of other children's health**

When asked about the health of other children in the Philippines the majority mention the environmental status. They say that the Philippine's environment affect all children in the Philippines

and they focus on the bad influences as pollution and spread of diseases. The largest disease problem the children mention was diseases spread by mosquitoes as dengue and malaria. They said that they must be aware of the mosquitoes and keep their home and the closest environment clean.

Cleaning the house... always!!... that to keep away of diseases. (12)

Well there are some diseases coming to the Philippines. Like dengue and H1N1<sup>2</sup>. (3)

What's really affects our health is the surroundings and it is not super clean like before. And the food we are being given because we are...hmm... the population is increasing every year it is like we use some artificial fertilizer to let... hmm... we harvest in a shorter time and with the chemical use affects our health and the food is not really as healthy as it should be. (10)

In our discussions with the children about other Philippine children's health there were statements with deep insight of the connection between cause and effect. In the statement above it was very visible when the cycle started with the increase in population, which led to a larger need of agriculture. This led to an increased usage of chemical artificial fertilizer for the ability to grow and harvest the food faster, which led to food with pesticide and lack of nourishment. This will in the end affect your health in a negative way. See figure 2.

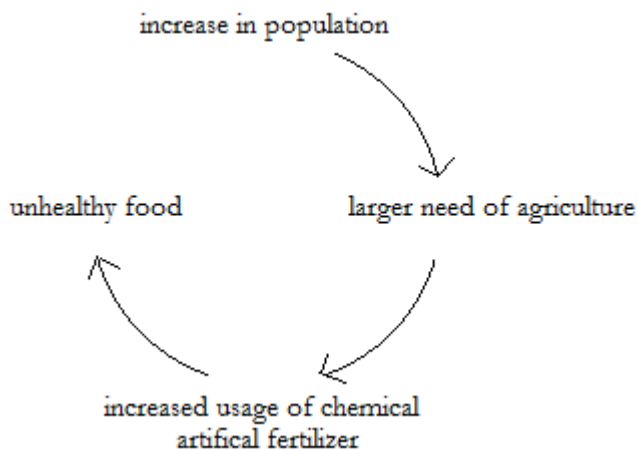


Figure 2. *A model of a child's awareness of the connection between cause and effect.*

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<sup>2</sup> H1N1 is the name of a virus which causes human influenza. This swine-origin virus was declared a pandemic by the WHO in 2009 and called the swine flu by the media. It is spread worldwide and caused over 18 000 deaths under the recent pandemic (World Health Organization, 2010a).

Some children also bring up the country's economy and its access of health care. Many children are aware of the fact that the cost of hospital care is expensive and therefore all families do not have the possibility to get the help they need.

...other families do not have money to buy food... some children are malnourished and some children are sick because they cannot get to the hospital because the hospital is so expensive. And the medicine is also expensive. (2)

Other children... their health...are malnourished... the parents always born many children... and they doesn't know how to take care of them and they do not eat the right kind of food... (4)

The most of the statements do not mention any changes of the health status and just accepted it as it is. Most of the statements do not mention any responsible factors and only a few mentions the Government as the responsible factor of the health problems in the Philippines. But one statement is:

I think all the children in the Philippines... some don't have properly... they don't really... malnourished and stuff. I pray that they will get healthy just like us and get lucky and stuff. I hope the government will do something about it, especially the new President because I feel sad for them you know. We have all of this stuff in our home and they don't have. They wear the same clothes every day. They only eat once a week or once a day. (9)

Even though the children talk about bad living conditions for some families they also say that the Philippine people is very happy and therefore a healthy population.

Filipinos<sup>3</sup> are healthy but sometime the environment affects our health as well. (5)

I'm not sure but I think it is about being happy. We are a very happy people... (3)

## **5.2 Analysis of children's view**

As seen from Bronfenbrenner's (1979) ecological model most of the statements could be seen in the microsystem. Such as that health is frequently defined as the human body, the present or absence of illnesses and to take care of you and your body. As Bronfenbrenner (ibid) describes the microsystem is the core in a child's environment and are therefore close to the heart. It was for that reason not a surprise to get statements that could be derived from the microsystem. The

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<sup>3</sup> Filipino is the name of the Philippine people they use when referring to themselves.

statements also indicate the interaction with the closest social networks, which includes the closest caregivers and sibling and research point out the importance of these networks as crucial factor to the children's development (Bronfenbrenner 1977; Heaney & Israel, 2002). When analyzing the statements it was clear that some children are in the borderland between being a child and starting to see them in a bigger context as a child in the society. Some of the children were still connecting health only to themselves and the closest settings. Other children saw their health in a larger perspective as a part of the society's health problems (Von Tetzchner, 2005). While some statements stayed in the microsystem some went further into the meso-, exo- and macrosystem.

The mesosystem involved the children's relation and connection to school, friends, church community and their neighborhood. The statements were about bullying in school and how that affects your mental and social health. Many statements also included the importance of having friends; to be a part of a social network and the consequences of not being involved in these networks. Bronfenbrenner (2005) writes that it is important, in the development for children, to expand their territories and to have the chance to explore new settings in the mesosystem. Another way of expanding the children's involvement is in their church, which develops both their social and mental well-being. In the mesosystem the relationship between the home and the school has central part. The statements reflected the mental pressure the children feel from the school and the parents. The children are well aware that the private school cost a lot of money and therefore the parents expect their children to get high grades and behave in school. These stressors can affect the mesosystem and the children's connections in it in a negative way (Meeks et al., 2005).

Since the children are not an active participant in the exosystem the statements are not obviously reflected to this system, but when analyzing the statements we could see some parallels. The importance of the church is one aspect but this time in the point of view of parent's and sibling's social networks. In a religious country, as the Philippines, this is one of the main settings of social interactions. Another connection to the exosystem is the mass media's influence on the children, where the children daily see and hear commercial ads and receive information regarding health. Maybe the children's statements aroused from this type of influence.

The children's religious believes is connected to the macrosystem as well, since they are all influenced by the country's religious believes, customs and values. Many statements mention the accessible of health care and hospitals. They know where to go when they have a severe sickness and need treatment. They are also very aware that the health care is not accessible for all people



in their country due to poverty. One statement also mentions the President and the Government's power and possibility to make a change. The macrosystem stands for the foundation in the society and affects the outcome of the other systems (Bronfenbrenner, 1979).

### 5.3 Factors teachers ascribe as important to children's health

As mentioned before, this result is by a questionnaire answered by 20 teachers in grade five and six. The questionnaire had twelve different factors (we selected three factors from each of Bronfenbrenner's four systems) where we asked the teachers to grade the different factors by their importance to 10-12 years old children's health. The teachers graded all factors from 1-5 where 1 meant less important and 5 meant very important. In all our following tables you can read the different factors and then the mean value of each factor and the last number in each table is the summary of all factors in that particular system.

#### 5.3.1 Hygiene, food and physical activity

This chapter represent our three chosen factors from Bronfenbrenner's microsystem. By the teacher's grading we can see that to have a good personal hygiene and eating healthy food got the exact same grade and seen as the most important factors in the microsystem. The factor "physical activity" got the lowest grade by the teachers. From table 1 we can see that to have a good personal hygiene and eating healthy food got the highest mean value of all factors in all systems. Therefore we can make the assumption that those two factors are the most important factors for 10-12 years old children's health according to the teachers.

Table 1. *The mean value of the factors (from the microsystem) teachers ascribe as important for 10-12 years old children's health. (n=20)*

Factors	Grade (mean value)
Good personal hygiene	4,95
Eating healthy food	4,95
Physical activity (both in scholl and at home)	4,5
Summary of the microsystem	4,8

#### 5.3.2 Security and good relationships

This chapter represent our three chosen factors from Bronfenbrenner's mesosystem. The individual mean values are very close among the three factors in this system. Table 2 shows that the teachers ascribe a good relationship between the school and the home as the most important fac-

tor in the mesosystem. Feeling secure and happy in school got the grade 4, 85 and are ascribed the second most important factor. The teachers gave the factor “having friends” the lowest grade. It is shown by the summarized mean value of all factors in the mesosystem that this is the one out of Bronfenbrenner’s systems the teachers ascribe have the most important factors. Even though neither of the individual factors have the highest grade.

Table 2. *The mean value of the factors (from the mesosystem) teachers ascribe as important for 10-12 years old children’s health.* (n=20)

Factors	Grade (mean value)
A good relationship between the school and the home	4,9
Feeling secure and happy in school	4,85
Having friends	4,7
Summary of the mesosystem	4,82

### 5.3.3 Living condition, parents and opportunities

This chapter represent our three chosen factors from Bronfenbrenner’s exosystem. Table 3 shows that the most important factor for children’s health are that their parents are satisfied at their work. The family’s economy and living conditions got the grade 4, 35 and are therefore on the second place. The lowest graded factor, ascribed by the teachers, is to have the opportunity to play arranged sports on their spare time. As can be seen by this third table is that the exosystem is the system teachers ascribe has the lowest importance in children’s health. This assumption is made by comparing the summarized mean value grade of all factors of the exosystem.

Table 3. *The mean value of the factors (from the exosystem) teachers ascribe as important for 10-12 years old children’s health.* (n=20)

Factors	Grade (mean value)
That their parents are satisfied at their work	4,5
The family's economy and living conditions	4,35
Have the opportunity to play arranged sports on their spare time	4,1
Summary of the exosystem	4,32

### 5.3.4 The Government, health care and socioeconomic status

This chapter represent our three chosen factors from Bronfenbrenner's macrosystem. The highest graded factor in the macrosystem is to have a good and accessible health care. The interval between the factors' grades is the highest in this system, from the lowest 4,05 up to 4,85. This shows that this is the system whose factors are least alike according to the teachers. In the middle is "the country's socioeconomic status" with its grade 4,4. In this macrosystem we can see that the individual factor "the government's ideology" has the lowest importance to 10-12 years old children's health, ascribed by the teachers. The factor "good and accessible health care" makes the summarized grade higher and therefore is the mean value of the macrosystem not the lowest.

Table 4. *The mean value of the factors (from the exosystem) teachers ascribe as important for 10-12 years old children's health. (n=20)*

Factors	Grade (mean value)
Good and accessible health care	4,85
The country's socioeconomic status	4,4
The government's ideology	4,05
Summary of the macrosystem	4,43

## 5.4 Analysis of the teacher's grading

By analysing the summarized mean values of each system we can rank the systems in their importance to 10-12 years old children as follow: mesosystem, microsystem, macrosystem and exosystem. The three most important factors for children's health the teachers ascribe to "good personal hygiene", "eating healthy food" and to have "a good relationship between the home and the school", which shows that the micro- and mesosystem have the most important individual factors. Therefore it is not only one of Bronfenbrenner's systems that can be said as the most important by this point of view according to the teachers. The mean value of all factors in all the systems is high and therefore they all have a big part of the children's well-being. The teachers' choice of grading "having a good relationship between the school and the home" with 4,9 show the importance of the mesosystem. Bronfenbrenner (1979) also writes how the connections between settings are handled affect the child's development, in a positive or negative way. Since the teachers consider this factor as such an important role, we can presume that the teachers' relationship towards the parents are good and handled in a healthy way for the children's well-being.

The three least important factors are “the government’s ideology”, “have the opportunity to play arranged sports on their spare time” and “the family’s economy and living conditions”. These three factors belong to the exosystem and macrosystem, which then can be seen as the least important systems according to the teachers.

One of the most astonishing results, from our point of view, was that “physical activity (both in school and at home)” and “that their parents are satisfied at their work” got the same grade 4, 5. We thought that “physical activity” would get a higher grade and “that their parents are satisfied at their work” would get a lower grade. Beforehand, another astonishing result was that “good personal hygiene” got the highest grade (together with “eating healthy food”) but the feeling evaporated after a while when we had seen the conditions for personal hygiene. To stay away from sickness you need to be aware of the way of infections and keep you and your surrounding clean.

## **6 Discussion**

In this following chapter will we discuss the result out of Bronfenbrenner’s theory. When comparing the children’s statements and the teachers grading, according to Bronfenbrenner, we could see similarities and differences. We will also discuss the importance of health and our choice of method. Finally we will give examples on further research and what we think would be interesting to look further into.

### **6.1 Result discussion out of Bronfenbrenner’s theory**

When analyzing the microsystem we only saw similarities in the results. Both children and teachers pointed out the importance of the microsystem’s involvement for children’s health. Even though the children combined health with the physical nature none of the statements were about the physical education in school. We thought they would mention the physical education because it is in their territory, in their closest surrounding. Physical activity was not mentioned as a school related activity and the statements did not connect the school as a health promoting area. Physical activity was also low by the teachers that ascribe this factor as the least important in the microsystem for children’s health. Another factor in the microsystem where the factor of personal hygiene and how important it is to have a clean environment. The teachers and children both stated that to have good personal hygiene are an important factor to stay healthy. As mentioned before we thought that this factor would not get such a high grade. The problem is that they have the information and knows the importance of personal hygiene but do not have the possibility to use this knowledge. For example: The school clinic had put up instructions how to wash your hands

after being at the restroom; instructions as wash your hands with a lot of soap, all over your hands and underarms, turn the tap off by using a paper towel not your hand and finish with disinfectant. The problem is that by the washbasin it was neither soap nor disinfectant. They have the knowledge but not the supplies. This has an effect on the children's health and is of importance for them to avoid sicknesses (Meeks et al., 2005).

In the comparing of the mesosystem, we were surprised that the teachers graded the other factors higher than the factor "having friends". Though the factors in the mesosystem have the highest mean value the other two factors are seen as more important. Here we could see a difference in the children's statements that reflected that the friends have an important part of their mental and social well-being. This reflects Bronfenbrenner's (1979) theory of how important the connections between the social networks are. The contrast in importance from the mesosystem is the exosystem. Hence that is the system that got the lowest importance, both according the teachers and the children. We think this is because this system is not close to the child's own settings and do not affect the child directly as Bronfenbrenner (ibid) writes. It is logical because Von Tetzchner (2005) writes that some children in this age group do not apprehend themselves in a larger context yet.

In the macrosystem we could see the Philippine customs, values and believes, as seen from Bronfenbrenner's theory. During our time at our practicum school we were introduced to their view and attitude towards life. In the children's statements they mention the possibility of positive thinking as a preventer and helper towards health problems. It was very uplifting and we think this kind of positive thinking effects the health in a positive way. To live in this kind of environment prevent mental disorders and encourage social health (Blaxter, 2010; Meeks et al. 2005; Tengland , 2004). The children also mentioned their religion and how that has an effect on their health. This was a pattern we did not think of in advance and therefore did not bring up as a factor in the teacher's questionnaire. Another similarity between the children's statements and the teachers grading was the importance of a good and accessible health care. The teachers graded that factor higher than the other factors in the macrosystem. The children stated the significance of having the possibility to go to a hospital when they got sick and they were aware that the health care was not accessible for the people with a lower income. This is a problem for the country's development and human welfare and affects the economical and social development (World Health Organization, 2010b). To have accessible health care gives the children security and relieve them from the mental stress this can give. As a conclusion of the macrosystem both teachers and children are stating that it is the individual person that affects its health their health

the most. Not someone else, like the government. Even though the different systems got various grading we can see that all of them interact and affect each other just as Bronfenbrenner (1979) mention. The interaction between the systems will all affect the child in the microsystem in the end.

## **6.2 The importance of health**

We hope our thesis will support the teacher's education of health by elucidate the children's view of health and what they ascribe as important factors for their health and well-being. We wish this thesis will show the similarities and the differences in the view of health among the children and the teachers. That the similarities can strengthen the teacher's education and that the differences can illustrate if a change is needed.

Overall the children and the teachers have similar opinions about health and the reason why might be that the teachers are well aware of the children's point of view and also that the children have knowledge about the cause and effect connection of health in the society. The next questions that aroused are then why many children are aware of this kind of connections. Is it because it is happening all over the country and seen as a health threat by the people and the mass media? Or that it is happening daily so close in the children's environment? They children's awareness of the importance to have a clean environment to avoid pollution and dengue has to be mental stressors for them (Meeks et al., 2005). Another stressor may also be to see children in your own age living on the street due to poverty. Despite these stressors the children seem to cope, maybe they find "resistance" or a "safety net" in their happiness and believe?

## **6.3 Choice of method**

We think our choice of method gave answers to our aim and gave us a deeper understanding about the children's view of health and what factors teachers ascribe as the most important.

For better or for worse, that the teacher selected the children instead of a random selection can give us misleading data. Because the teachers may have chosen children they know have knowledge and good answers about health. Although we think the selection was due to the children's willingness to talk and English skills, which led to a large amount of data. Before the interview study we asked the teachers not to present the questions to the children because we wanted their thoughts and not a correct answer from a book. We enlighten the teachers about the subject and the nature of the interview in advance. Of course it is always a chance that the teachers wanted the children to say the right things and gave them hints about what to say. It felt good waiting

some days before we started interviewing the children; then they had seen us before and had a chance to establish a relation. Hopefully it prevented some nervousness or shyness and they saw the interview as a positive experience. To have in mind is the fact that a qualitative interview method involves a deeper understanding of the children's view and therefore need a good interview technique. We think we got valuable interview data but are well aware that our interview technique is not the best and therefore we could have got better data with further knowledge.

To get validity in our questionnaire study we handed out the questionnaires to the teachers ourselves and waited by their side if they had any questions. Our questionnaire did only have twelve factors that needed to be graded and therefore we did not use any factor to see if the teachers truly read the statements. We thought that twelve factors would not get the teachers tired. We also tried to make the questionnaire's outlook as interesting as possible to eliminate that it looked boring and the lack of interest from the teachers disappeared (Bryman, 2002). We are aware of that some of the teachers just graded the factors by chance or did not understand some of the factors, but as we were available for questions we did what we could to eliminate such errors. To choose a questionnaire study to answer our second question at issue feels like a proper choice. Even though it would have been interesting to see what factors the teachers would make up on their own and their view of health, like if we would have done an interview study with them as well. Since health is defined by many different definitions and it has different meanings to people as Kiger (2004) writes. There is always a chance that the teachers grading in the questionnaire is related to other views of health than the one we chose to focus on. The weaknesses in our questionnaire is that the grading by the teachers were very similar and the majority of the grades where at grade 4 or 5. Therefore we chose to count the mean value to be able to analyze and compare even though it is not a quotient scale.

#### **6.4 Conclusion and suggestions on further research**

Along the journey (both physically and mentally) of writing our thesis a lot of questions have been aroused. The primary questions and the thought that always was present when writing our thesis was how the result would be with a similar study in Sweden. Due to the differences in the school system and the socioeconomic status between Sweden and the Philippines it would be interesting to elucidate a comparative study as well. Since we were at a private school doing our research the question occur how the result would be in a public school. Are their health education focused on different topics?

As Leedy and Ormrod (2010) write that there is not only one ultimate truth and we hope that we have illustrated multiple perspectives. Therefore it is important to start from the children's point of view in your health education as a teacher. You need to have a keen ear towards the children's opinions and know what affects the children's health from a physical, mental and social perspective. To elucidate the children's view of health and ascribe what factors teachers think are important are therefore essential, and mainly if there is a difference between the children and teacher's answers.

Our final words are that with a positive attitude towards life everything works out just fine and we would like to end this thesis with the quote that gave us the title and that symbolize our time in the Philippines. "I'm not sure but I think it is about being happy. We are a very happy people".



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# Interview

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1. How old are you?
2. What do you do on your spare time?

We are from Sweden and we do not know so much about the Philippines and your school so we hope that you can help us.

3. Can you tell me something about the Philippines that you think I do not know?
4. What do you think the word "health" mean?
5. What does health mean to you?
6. How would you describe your health right now? (good, bad etc.)
7. What factors are important for you to feel good?
8. What factors are involved when you not feel good?
9. What affect your health in a bad way?
10. What affect your health in a good way?
11. What do you think affect all children's health in the Philippines?
12. What do you want to be when you grow up?

# Questionnaire

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We would be very pleased if you could grade these following factors in their importance for children in the age 10-12.

1 = less important ----- 5 = very important

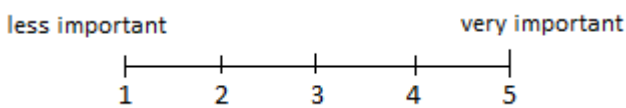
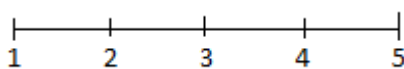
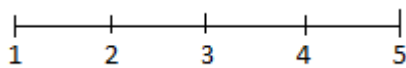
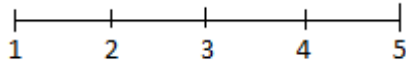
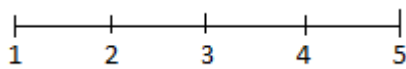
Thank you very much!

Sincerely yours,

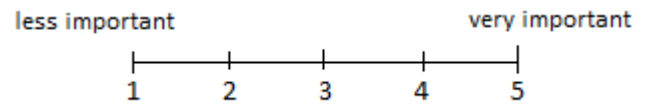
Sara Bjersgård and Lina Magnusson, students from University of Jönköping, Sweden.

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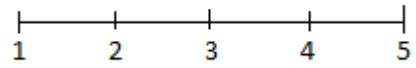
## Factors that is important for 10-12 years old children's health:

- Good personal hygiene 
- Eating healthy food 
- Physical activity (both in school and at home) 
- Feeling secure and happy in school 
- Having friends 

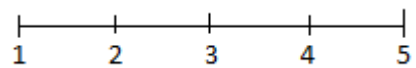
- A good relationship between the school and the home



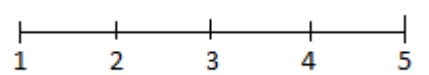
- The family's economy and living conditions



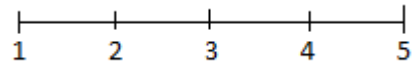
- That their parents are satisfied at their work



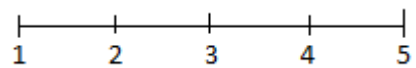
- Have the opportunity to play arranged sports on their spare time



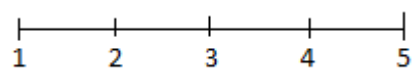
- The government's ideology



- Good and accessible health care



- The country's socioeconomic status



## Appendix 3

Raw data for Table 1. *Factors (from the microsystem) teachers ascribe as important for 10-12 years old children's health. (n=20)*

Factors	1	2	3	4	5
Good personal hygiene	0	0	0	1	19
Eating healthy food	0	0	0	1	19
Physical activity (both in school and at home)	0	0	1	8	11

Raw data for Table 2. *Factors (from the mesosystem) teachers ascribe as important for 10-12 years old children's health. (n=20)*

Factors	1	2	3	4	5
Feeling secure and happy in school	0	0	0	3	17
Having friends	0	0	0	6	14
A good relationship between the school and the home	0	0	0	2	18

Raw data for Table 3. *Factors (from the exosystem) teachers ascribe as important for 10-12 years old children's health. (n=20)*

Factors	1	2	3	4	5
The family's economy and living conditions	0	0	1	8	11
That their parents are satisfied at their work	1	0	1	7	11
Have the opportunity to play arranged sports on their spare time	0	0	3	12	5

Raw data for Table 4. *Factors (from the macrosystem) teachers ascribe as important for 10-12 years old children's health. (n=20)*

Factors	1	2	3	4	5
The government's ideology	0	1	2	12	5
Good and accessible health care	0	0	0	3	17
The country's socioeconomic status	0	0	1	10	9