

**THE VISIONS OF MUNICIPAL ADMINISTRATORS
TOWARDS THE HEALTHY CITIES PROJECT
OF RATCHABURI PROVINCE**



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Thesis
entitled

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TOWARDS THE HEALTHY CITIES PROJECT
OF RATCHABURI PROVINCE**



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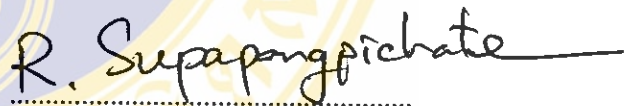
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Jintana Chuasomboon

THE VISIONS OF MUNICIPAL ADMINISTRATORS TOWARDS THE HEALTHY CITIES PROJECT OF RATCHABURI PROVINCE

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ABSTRACT

This research attempted to study the visions of municipal administrators towards the healthy cities project, by taking Ratchaburi province as a case for study. The target municipal administrators included the Mayor, Municipal Councilor, Clerk of the Municipality and Director of the Healthy Cities Project. In this study, three aspects of the healthy cities projects including (1.) the aesthetic and quality of life aspects, (2.) the efficient urban economy aspects, and (3.) the political promotion and commitment.

In conducting of the study, 23 municipalities with 85 administrators (86.8 percent) were selected as representatives for study. Self-administered questionnaires were developed and employed to collect the required data from 85 respondents, while in depth-interview questionnaires were used to interview 8 high level-executives of municipalities in Ratchaburi province.

Analysis of data showed that the studied administrators possessed quite appropriated visions towards the healthy city projects. Their scores of visions were in moderate level. This indicated that the overall points of view among the administrators were not quite complete and proper, when consider against the World Health Organization (WHO) guidelines and strategies of the healthy cities project management. The majority of the administrators had visions that Ratchaburi province should firstly complete their infra-structure within the next few years or by the year 2005. Some level of public participation in the city project would be in better condition, health and education for all would be reached by that time, and the sufficient economic system will be achieved as well. However, these were at present, at least two short-comings, which were the constraints of the operations, namely a lack of good public co-operation, and the lack of knowledge among the public concerns. In addition, the local political conflicts were among the public concerns. In addition, the local political conflicts were still one of the major obstacles to Ratchaburi province healthy city project achieving its goals.

However, further statistical analysis revealed that, there were no statistically significant differences between the administrator's visions and the variables, including the administrator education attainment, the knowledge and awareness of the health cities problems, and have to solve them the reception of information, and ever going abroad or to workshop / training / seminar, or having ever visited the healthy cities project before.

This study confirmed the needs to re-orientate the municipal administrators, in order to broaden their visions, knowledge and skills in the healthy cities projects management. The public relations and campaign should also be continually launched in order to promote public participation among the local residents and authorities. This would eventually leads to sustainable urban development of Ratchaburi province.

KEY WORDS: VISIONS / MUNICIPAL ADMISTRATORS / HEALTHY CITIES
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วิสัยทัศน์ของผู้บริหารเทศบาลต่อโครงการเมืองน่าอยู่ในจังหวัดราชบุรี (THE VISIONS OF MUNICIPAL ADMISTRATORS TOWARDS THE HEALTHY CITIES PROJECT OF RATCHABURI PROVINCE)

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บทคัดย่อ

การวิจัยครั้งนี้มีวัตถุประสงค์มุ่งศึกษาวิสัยทัศน์ของผู้บริหารเทศบาลที่มีต่อการดำเนินงานเมืองน่าอยู่ ประกอบด้วย 3 ด้าน ได้แก่ ด้านความน่าอยู่ ด้านการพัฒนาเศรษฐกิจที่มีประสิทธิภาพและด้านความเป็นประชารัฐของจังหวัดราชบุรี ศึกษาปัจจัยที่มีความสัมพันธ์ต่อการมีวิสัยทัศน์ของผู้บริหารเทศบาลในการดำเนินงานเมืองน่าอยู่ของจังหวัดราชบุรี รวมถึงศึกษาภาพรวมของวิสัยทัศน์ของผู้บริหารเทศบาล จังหวัดราชบุรี ในการดำเนินงานโครงการเมืองน่าอยู่ วิธีการศึกษาใช้แบบสอบถามเป็นเครื่องมือ เก็บรวบรวมข้อมูลจากผู้บริหารเทศบาล ในจังหวัดราชบุรี 23 แห่ง จำนวนตัวอย่าง 85 คน และใช้การสัมภาษณ์เชิงลึกผู้บริหารเทศบาลจังหวัดราชบุรี 8 แห่ง คิดเป็นร้อยละ 50 ของเทศบาลที่มีการดำเนินการโครงการเมืองน่าอยู่ โดยใช้แบบสัมภาษณ์เป็นเครื่องมือการวิจัย

ผลการวิจัยสรุปได้ดังนี้คือ ผู้บริหารเทศบาลมีวิสัยทัศน์ในการดำเนินงานเมืองน่าอยู่ในระดับปานกลาง ภาพรวมของวิสัยทัศน์ของผู้บริหารเทศบาลต่อการดำเนินงานเมืองน่าอยู่จังหวัดราชบุรีนั้น ควรจะมีระบบสาธารณูปโภคขั้นพื้นฐานครบและสามารถดำเนินการให้แล้วเสร็จได้ภายในปี 2548 ประชาชนมีส่วนร่วมในการดำเนินงาน ประชาชนมีสุขภาพและการศึกษาดี มีการอนุรักษ์ภาษาศิลปวัฒนธรรมท้องถิ่น และมีระบบเศรษฐกิจพอเพียง ปัญหาและอุปสรรคในการดำเนินงานคือ ปัญหาความขัดแย้งทางการเมือง การให้ประชาชนมีส่วนร่วม การขาดความรู้ความเข้าใจและความตระหนักของประชาชนในการที่จะพัฒนาเมืองน่าอยู่ สำหรับผลการวิเคราะห์ความสัมพันธ์ระหว่างวิสัยทัศน์กับระดับการศึกษา ประสบการณ์ในการทำงาน ความรู้ความเข้าใจและความตระหนักในการดำเนินงานเมืองน่าอยู่สัมพันธ์กันอย่างมีนัยสำคัญทางสถิติที่ระดับ 0.05 ส่วนวิสัยทัศน์กับปัจจัยทางด้านตำแหน่งหน้าที่ ระดับการศึกษา การได้รับข่าวสาร การได้รับการอบรมความรู้ การประชุมสัมมนา การศึกษาดูงาน และความรับผิดชอบในการดำเนินงานเมืองน่าอยู่มีความสัมพันธ์กันอย่างไม่มีความนัยสำคัญทางสถิติ ที่ระดับ 0.05

จากผลการศึกษา ดังกล่าวข้างต้นใคร่ขอเสนอแนะให้มีการอบรมเกี่ยวกับการดำเนินงานเรื่องเมืองน่าอยู่ มีการจัดการสัมมนาเพื่อเพิ่มความตระหนักให้กับผู้บริหารเทศบาล รวมทั้งประชาสัมพันธ์อย่างต่อเนื่องแก่ประชาชนเพื่อเพิ่มความรู้ ความเข้าใจและสร้างจิตสำนึกความตระหนักให้มากขึ้นกว่าเดิมเพื่อที่จะได้มีส่วนร่วมและให้ความร่วมมือในการดำเนินโครงการเมืองน่าอยู่อย่างยั่งยืนสืบไป

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CHAPTER I

INTRODUCTION

1.1 Background and Significance of the Problems

Currently, majority of populations live in urban area, and they have grown up a large number, particular the rural people have expanded into the city broadly. These caused various succeeding Problem such as problem of public health management, problem of good health shelter, economic problem, social problem, and urban environmental degradation problems (Panus Prueksunand et all. 2002: 1). Even through, Thailand has National Policy and Plan for Environmental Quality Promotion and conservation combined with long term national economic and social development plan since 1999-2006 (Office of Environmental Policy and Planning, 1999 : 3) but the problems do not decreased

World Health Organization (WHO) is an organization that promotes and protects the popular public health, and it had a conclusion in the thirtieth assembly by establishing target of “Health For All By The Year 2000” through the cooperated aims to implement for all group of age, and occupation to have right, opportunity, and participation in development of their health equally. Subsequent concept of healthy cities are continued developed after concept “Health for All” but it emphasized on urban community that has high density of population. The attributes of problems are complex in the different aspects such as physical environment, social environment, economic environment, politics, and culture. These problems are incessant relating so it needs to correct in the same time in order to accomplish the success(WHO,1997d).

Besides, the concept of “Health For All”, and concept of “Healthy Cities” are in the same manner to important movement of international assembly on the care for, conservation, and rehabilitated global environment (Luecha Wanarat, 2002: 12)

WHO defined the characteristics of a healthy cities, and healthy communities for 12 attributes as follows:

1. **Food:** Adequate healthy food supplies
2. **Environment:** Clean air, water, preservation of natural resources
3. **Housing:** Adequate housing for all
4. **Transportation:** Convenient and accessible transportation
5. **Recreation:** Diverse forms of recreation and culture
6. **Safety:** Safe environments in which to live and work
7. **Education:** An educational system that empowers its residents for greater achievement
8. **Jobs:** Opportunities for rewarding and fulfilling employment
9. **Diversity:** An affirmation of religious, ethnic and cultural diversities
10. **Spirituality:** Resources for and quest for meaning, values, ethics
11. **Healthcare:** Access for all to adequate healthcare, consistent with individual community need
12. **Collaboration:** Public and private partnerships that enhance the city's agenda for bettering the health and quality of life of its citizenry (http://www.who.dk/healthy-cities/How2MakeCities/20010828_1 (14/10/2545)).

From the above mentioned target and characteristics of a healthy city, therefore the implementation of healthy city, it should have any person that must take a responsibility and participation in operation. The Professor Medical Doctor Prawet Wasi (1992: 22) had analyzed that the structure of any social power, which were governmental power, capitalist power, and social power or popular power. These three powers had developed to link each other about horizontal and vertical directions to the current. After the announcement of The Constitution of The Kingdom of Thailand B.E. 2540, subsequent different complemented laws had issued to October 1999). There were improving the numerous additional laws on the local administration, and it

made the local administrative organization started to be stable, and had broad authority with clearness and direction that there was a chance to receive more support of budget and resources than previous according to the law issued. Therefore, by authorizing of government, the local administrative organization should take this responsibility, and capital power (Business power) should support, and it was combined with the popular power through the participation to drive the healthy cities development successfully. This was congruent to the Eighth National Economic and Social development (1997-2001), which aimed to stress people-centered of development, in addition, there was arrange a new copy that paid attention to the sustainable development, and community participation that it never happened before. Besides, it was relevant the principle of the Ninth National Economic and Social development (1997-2001) by having the direction of aim to develop healthy cities with the linkage approach. For the aspect of living, in order to increase the competitive competency of Thai population on the base of self-dependent, it needs a management system to lead to be a better life quality and sustainable development (National Economic and Social development Board Office of the Prime Minister (2002: 1).

Municipality is a local administrative Organization to manage the healthy cities both in present and future because it had role and obligations to take responsibility according to the law provision all aspects of economics, social, environment, and other aspects within the municipal boundary and it was forced and supported by the conditions of the Constitute of Kingdom of Thailand, which is the high law of country so it was an unavoidable duty.

For administrative management would be successful, it needs to have a good progressive visions, and be able to forecast event accurately because the vision is the imagination, or picture in the future or be able look forward with long foreseen sight that are able to analyze and see the changing currents, and able to define the direction of development (Wichit Sri-Sa-Ant. (1996: 9).

Due to the numerous vision municipal administrators to perceive the problem of city and community with different views, therefore, the researcher is interested in studying about the factors that related or affected the visions of them in implementation of healthy cities since it was important part to lead the success of project implementation.

In addition, Ratchaburi province was frontier province at the west that is far from Bangkok only kilometers. It composed of 9 district and 1 branch district, and it consisted of 3 town municipalities, and 20 subdistrict municipalities, moreover there is a high rapid population growth and the expanded of urban area quickly so the environmental problem and public health problem would increase inescapably (Office of Environmental Region 4, 1999: 1). From all above reasons that led the researcher to be interested in studying the visions of municipal administrators towards healthy cities project in Ratchaburi Province in order to be a baseline data for healthy cities and communities project development in Ratchaburi Province further.

1.1 Research Objectives

In this research had the objectives as follows:

1.2.1 To study the visions of municipal administrators in Ratchaburi Province towards the healthy cities project, it composed of three aspects of the healthy cities projects including, the aesthetic and quality of life aspects, the efficient urban economy aspects, and the political promotion and commitment.

1.2.2 To study the factors that correlated to the visions of municipal administrators Ratchaburi Province towards the healthy cities project

1.3 Research Questions

In the research implementation was designed to be the guideline to search the answers to be congruent with the research objectives establishment. Therefore the researcher had set the questions as follows:

1.3.1 How visions did municipal administrators in Ratchaburi

Province have towards the healthy cities implementation?. Three aspects as the aesthetic and quality of life aspects, the efficient urban economy aspects, and the political promotion and commitment were investigated.

1.3.2 Which independent factors correlated to the visions of municipal administrators towards the healthy cities project in Ratchaburi Province?

From the studying of document and related literatures, it led to the conceptual framework that expressed that these following factors should be related to the visions of municipal administrators. There were education level, position in municipality, duration of position, training of healthy cities project, meeting/seminar about healthy cities project, healthy cities project responsibility, study tour about healthy cities project, reception of information about healthy cities project, knowledge and understanding, and awareness about healthy cities project.

1.4 Scope of Research

In this study, the researcher aimed to study on the visions of municipal administrators in Ratchaburi Province towards the healthy cities project, it composed of three aspects of the healthy cities projects including, the aesthetic and quality of life aspects, the efficient urban economy aspects, and the political promotion and commitment. The target group were 3 town municipalities, and 20 subdistricts municipalities, totals 23 municipalities in Ratchaburi Province.

1.5 Operational Definitions

Healthy cities meant the city that had the development process as holistic view by holding the people-centered to cooperate in building the appropriate environment for living, having the strong base economy, and transparent administration. It composed of three aspects of the healthy cities projects including, the aesthetic and quality of life aspects, the efficient urban economy aspects, and the political promotion and commitment. In order to facilitate the people in the

community, they were powerful or to be capable to support each others in the different activities in life.

Municipal administrators meant the mayors and municipal councilor, clerk of a municipality and director of department of public health and environment in both town municipalities, and subdistrict municipalities in Ratchaburi Province.

The visions towards the healthy cities project meant the image of healthy cities in the future as the aims and expectation of healthy cities project in the 3 aspects of the aesthetic and quality of life aspects, the efficient urban economy aspects, and the political promotion and commitment in order to let the next generations to live in good quality environment in the responsible area of municipality in present and future.

Knowledge and understanding about healthy cities project meant the scores of ability to remember, to understand, and to apply to manage healthy cities project to reach the 3 aspects of aesthetic and quality of life aspects, the efficient urban economy aspects, and the political promotion and commitment.

Awareness about healthy cities project meant the expression of concerning and being conscious, perceiving the problem in the 3 aspects of aesthetic and quality of life aspects, the efficient urban economy aspects, and the political promotion and commitment.

1.6 Research Hypothesis

1.6.1 Municipal administrators in Ratchaburi Province were persons who expressed the visions on implementation of healthy cities project, and the political promotion and commitment at the moderate level.

1.6.2 The visions of municipal administrators for implementation of healthy cities project of municipalities in Ratchaburi Province correlated to the education level, position in municipality, duration of position, training of healthy cities project, meeting/seminar about healthy cities project, healthy cities project responsibility, study tour about healthy cities project, reception of information about healthy cities project, knowledge and understanding, and awareness about healthy cities project.

1.7 Expected Benefits

The research results from the study of the visions of municipal administrators for implementation of healthy cities project in Ratchaburi province would be used as fundamental data for considerations on implementation, policy setting for development of healthy cities project in Ratchaburi province to accomplished the objectives further.



CHAPTER II

LITERATURE REVIEW

To research on the topic of “The visions of municipal administrators toward healthy cities project of Ratchaburi Province”, the researcher had studied from documents, textbooks, research literatures according to the issues as follows:

- ⊙ Concept and Theories of Visions
- ⊙ Factors related to Visions
- ⊙ Concept and Theories on the Healthy Cities Project
- ⊙ Municipalities in Ratchaburi Province
- ⊙ Related Literatures

2.1 Concept and Theories of Visions

The word vision, it was popular in Thailand in last decade and it was spread from the English language. If it was separated according Thai language to be Visai and Thasana, The meaning of Visai was characteristics of ability and boundary, and Thasana meant to see, to view, instrument for seeing, perceive, view therefore, when they were combined together it meant the ability to see or perceive of all diverse issues (The Royal Academy, Thai Dictionary B.E. 2539: 397, 759).

2.1.1 Meaning of Visions

Webster 's New World (Compact) School and Office Dictionary (1967: 506) gave the definition of visions that meant

- (1) The ability to see
- (2) Something was assumption from imagination
- (3) The ability to compel or perceive the beauty and goodness of human, and things.

Chambers Encyclopedic English Dictionary, 1994: 1315 defined the meaning of vision were as follows:

- (1) The clear thing in the imagination
- (2) The ability to perceive the different events, and to be able to plan carefully, and wide angle view
- (3) To see the thing that occurred naturally.

Besides, to study from the meaning from different dictionaries, the vision had various meaning according to the academics, and administrators in Thailand and foreign countries giving diverse concepts and meaning as follows:

Hickman and Silva, (1984: 151), proposed the meaning of vision that was to traveling by brain from the known thing to unknown thing, and it was future creation from present data, hope, dream, and possible opportunity.

Blumberg and Greenfield, 1986: 227 – 228 said that vision meant the capability to view the difference of the present thing and wishing, and to be capable of changing the present situation to the wanted state in the future successfully.

Therayuth Boonmee. (1994), defined the vision that meant far sightseeing or profound thinking in considering on the advance expectation of future occurring problems.

Jira Honglafarom.(1995:8) claimed that vision was aims or intention in the thing that should be in the future by viewing the future through both internal and external authentic situation. By emphasizing on the excellence and opportunity building, even through, we had vision but it was implanted successfully. Therefore it was to make vision to work and commit the mission to perform according to the set strategies.

Nirun Jongwuthiwet (1996:13) defined the meaning of vision as a desired target to occur by regarding to the possibility under the different environment in the

future, and it needed aspiration of every relevant person to assist for thinking and doing for accomplishment those targets. Therefore, the vision liked a map for travel and handbook to suggest to reach the target in the future. It might said that it was fundament of power to lead to success of working

Suthee Nonthapa (1996: 14-17), stated that vision was a couple to human being for a long time whether developed countries such as United State Of America or developing countries liked as the uncivilized native people in different countries, they also took a part of process of vision development in diverse techniques by searching the vision as routine or need burden for young man to wander in forest for many days to search for vision about life objectives in order to discover the indicator to lead their souls to assist them to live for survival. Besides, The human being would seek for the solution of problem that occurred in their tribes, and in their ritual performance.

Wichit Sri-Sa-Ant. (1996:7) uttered that vision meant to looking forward with long eye-sight that was able to analyze the current of change and could define the direction of administrative development. However, the sole vision was not enough to be learners, change agent, distributor, and transferor their vision to follower to clearly understand but the administrators must predict clearly by using imagination and information to define future scenario.

Weerawuth Makasiranonth (1999: 79) explained that vision meant the expectation for desirable thing or we wish to be there in one day in the future. The key of success was the serious understanding and participating of every person in the organization so the results would be happened.

Referring by the implying from the different mentioned meaning of vision, it meant to look forward with the long sight, which was able to analyze the current of change, and be able to define the direction of administrative development or look forward to future of organizational leaders. Vision was to build a dream but it was evaluation of direction of environmental change in the future and it would be an opportunity and threat to organization, including it was possible image in the brain

and desirable state in future. Moreover, they must be change agent and distributor and transferor to persuade the others to comprehend clearly by depending imagination and information to set future scenario in order to lead for success by the serious comprehension and participation of every member in the organization with the intention of every stakeholders to share ideas and collaboration of performance to reach the target truly. Therefore, the vision liked a map for traveling and guide book to suggest for accomplishment of the future goal. It might be claimed that the vision was the fundament of power to lead to the successfulness of working.

Bennis. (1989: 37 cited in Marasri Suthanithi, 1997: 32) Stated that the effectiveness leader had only vision was not enough but he/she must be able to deal out the vision to members obviously by highlighting at the products, target, and implementing direction, while Davis and Thomas. (1989: 22-23) had similar opinion that the vision was the first important thing that leader must be able to spread the vision for members to perform different activities by aiming to achieve that vision. As the same as Licata et al. (1990: 3) revised the relevant document about vision and it was revealed that the leader who had vision besides he must have a capability of seeing the future picture of organization obviously but he must have a capability of persuading the members to devote the self-interest for practicing in order to accomplish that vision. In additionally, Caldwell and Spinks, (1988: 174) had obviously asserted that the sole vision was not enough. The importance was that the leader must lead the member to concern to that vision, and he/she must be able to integrate the vision to the policy, plan, and routine work in the organization successfully.

Therefore, the vision was important for the administrator of every level whether it was national level, local level, or even the private organization or any work unit. To study on the vision of municipal administrators, it meant image or picture in the future of health cities according to the aims and expectations of healthy city development to provide the chance for next generations to be live in the good quality environment of municipal area that they took responsibilities. In present and future, they are able to lead the organization both governmental sector and private sectors,

and people to participate in making decision and collaborate for implantation, thoroughly, monitoring, accounting, and solving the occurring problem.

It may be concluded that the meaning of vision of municipal administrators in the Ratchaburi province for this study is the initiative thinking, creative ideas, intention, and images that they desire to be in the future. It is an personal vision of mayor, municipal councilor, clerk of a Municipality and administrator who involved to the implementation of the Healthy Cities Project such as director of environmental division. There are visions of municipal administrators in three aspects as follows:

1. Healthy City composed of 2 features as development of life quality and way of people in the city and community to be better
2. The efficient urban economy aspects
3. The political promotion and commitment with the transparent and just administration by holding the public interest as principle and people participation.

2.1.2 Importance of Vision

The vision played an important part for the members in the organization to know what the organization tried to implement to accomplish the objectives, and how the members can participate to achieve the co-vision. Besides, the vision motivated the unity of objectives and decreased the confusion of role and functions by using it as guideline for arranging the importance of work. From the literature reviews, it was obviously seen that the clearness of direction of organizational management would motivate the members to take part in creation in order to seek the mean to accomplish the vision, and it made the members to attempt to work with full competency because they knew the obvious objectives of organization.

2.1.3 Establishment of Vision

To establish the vision, there were principles and guidelines as follows:

- (1) Analysis of past event for understanding to cultures and guidelines of organizational practice, it needed to change in order to be base of vision occurring.
- (2) Analysis of present state, in order to know that what is the main factor affect to the success and failure of organization.

- (3) Analysis of the future, in order to consider that what would be affected to affect to the success of organization, it would be the tendency of changing in all social aspect, economic aspect, political aspect, technological aspect, and environmental aspect, including the change of structure of population, community health status, and it must analyze the trend of change both internal and external organization.

Nirun Jongwuthiwet (1996: 14), concluded that the vision was defined by the following:

- (1.) Instinct of Leader
- (2.) Form the thought that had structural pattern
- (3.) From the Brain Storming of involved persons
- (4.) From the analysis by the methods according to academic principles such as mean of strategic approach that was called SWOT Analysis Technique

The compartments of SWOT Analysis Technique were as follows:

Strength meant analysis of prominent point or strong point of system or issue that must be planed.

Weakness meant analysis of depressed point or week point of system or issue that must be planed.

Opportunity or mean meant analysis of chance point or way of system development or issue that must be planed.

Threat or obstacle meant analysis of state or environment that was harmful to system or issue that must be planed.

SWOT was techniques was employed for analysis of internal and external situation of organization by analyzing the strong point and week point in organization to seek for the organizational potential, meanwhile analyzing the chance and obstacle of outside organization to seek for the effect that impacted to organization, then results of analysis was summarized and it was used as base to establish the vision, which made stakeholders to see the obvious picture of organization that everyone in the organization dream and aim to go in the future.

2.1.4 Vision of Thailand Development

In the Ninth National Economic and Social development Plan (2002-2006), established the vision and obvious direct of country by cooperating the forces of people of all sectors in Thai society. It was emphasized on holding the principle of joining to think and perform with responsibility in term of network. The results of brain storming of all level of citizen, it was established as vision and direction of national development in the future, and every sectors accepted the principle of “self-sufficiency economic philosophy” which was the philosophy of friendly to environment and nature because of using the natural resources for meeting the need of living and aimed to sustainable development (National Economic and Social development Board Office of the Prime Minister, 2002:3).

Moreover, in this national plan, it emphasized on the increasing the capability of local organization to public service and development of their income by using the system and technique to support the decentralization properly. In order to increase efficiency and transparency by decentralization the function and responsibility to local administrative organization, it can provide the governmental service that meet the demand of people entirely, and it gave a chance for people to participate in working, making decision, accounting the local administrative organization. There were preparation of readiness and improvement the efficiency of local administrative organization for supporting the burden transferring, and it was allowed the governmental sectors that took responsibility for knowledge development in techniques, academics, and management, including setting the appropriate size of local administrative organization in order to provide the effectiveness and worth such as the dividing of municipality into city municipality, town municipality, and subdistrict municipality according to the appropriateness (National Economic and Social development Board Office of the Prime Minister, 2002:29, 31).

In the same time, the expansion of production in industrial sector, and service sector, the infrastructure investment was done without advance planning so it led to the spreading of communities' non-systemization with enough advance infrastructure supporting. Furthermore, there was using the fertile soil for agriculture

by without regarding to the potential of land and the investment of government. All caused the environmental problem and pollution widely. Besides, industrial sector the expanded quickly without appropriate standard, and no measure to control pollution strictly so it caused the pollution that affected to people health unavoidably. The tourism industry extended quickly without systemic maintenance and management so it caused the degradation of natural and cultural tourism sites gradually.

Therefore, in the Ninth National Economic and Social development Plan (2002-2006), it paid attention to the improvement of management of balancing between utilization and conservation, rehabilitation, promotion of natural resource for sustainable level in order to solve the economic problem by supporting of self-depended and rising the life quality of Thai citizen. The communities were built the immunity to protect themselves in order to strong fundament of country development by stressing on natural resource and environmental management depending on the process of participation from all of social sectors. It highlighted to the effectiveness, transparency, and honest, additionally doing on the usable research results actually. The natural resource and environmental management was introduced to supply for structural developmental adjustment. It accentuated to the development in qualitative approach by using the natural resource economizing and worth, including not impact to environment. It gave the importance to social justice, and enhancing the community competency for profit allocation, and participating in sustainable development.

2.2 Factors related to Visions

2.2.1 Position Factor

Pajongchit Pitakpakorn (1995 : 90) studied on the topic of “The Knowledge and Opinion of Tambon Councils Committee Concerning the Water Pollution Problems in Maeklong River: A Case Study ai Ratchaburi Province. The research results discovered that the Tambon Councils Committee by position had knowledge on water pollution more than expert Tambon Councils Committee statically significant at level 0.05, so the authorized position was one of factor affected to vision.

Siriphen Saoramnee. (2003: 5). Researched on the topic of “Perception of administrators and teachers under the office of Phatumtani secondary education on job performance according to the standards on teaching profession”, the results revealed that the administrators who had different work experience had no difference of perception statistically significant at 0.05 levels.

2.2.2 Education Level Factor

The different of education would cause the different vision of Administrators such as the research of Marasri Suthanithi (1997) studied on topic of “Factors Related to the Visions of Administrators of Primary School the Bangkok Metropolis”. The results demonstrated that the administrators of primary school under the Bangkok Metropolis were as follows: (1) Visions of administrators of primary school under the Bangkok Metropolis were at moderate level. (2) administrators of primary school who had different sex, education level would have different visions. Moreover from the study of Sakson Areesrisom (2002) on vision and environmental community management of Tambon Administrative Organization in Angthong Province. The results illustrated that there were correlation in environmental community management in a few issues; between the vision of members of TAO and age, education level, personal income per month, information received, and the length as a member were statistically significant at level of 0.05.

2.2.3 Duration of Position Factor

The Duration of Position, it was found that this factor related to the visions of local administrators such as the Tambon Administrative Organization in the study of Sakson Areesrisom (2002) researched on vision and environmental community management of Tambon Administrative Organization in Angthong Province. The results illustrated that there was correlation in environmental community management in a few issues; between the vision of members of TAO and the length as a member was statistically significant at 0.05 levels.

2.2.4 Reception of Information on Healthy City Project Factor

Rogers and Shoemaker (1971: 208-209) stated that the effectiveness of mass

communication by using mass media are able to change awareness which means increasing knowledge, and understanding more effectively. However, communication between individuals have more effectiveness in the case that there is a need to change attitude because information that is passed on from mass media alone is not able to cause change in attitude that is firm or change behavior.

There was no research had studied on reception of information related to visions of municipal administrators towards healthy city project, but Sakson Areesrisom (2002) researched on vision of environmental community management of Tambon Administrative Organization (TAO) in Angthong Province. The results showed that reception of information of TAO correlated to the vision of environmental community management statistically significant at 0.05 level.

2.2.5 Training on Healthy City Project Factor

There was no training on the healthy city directly, but there were various researches had done on the training of environmental aspect and other aspects that showed that the training process was able to increase the participants knowledge and understand such as the researches of Busaba Ob-Ay. (2002), found that after training, the trainees had more knowledge and awareness about public participation for projects that cause impacts on the environment at statistically significant level of 0.05. Trainees were satisfied with these training courses. This showed that the developed training course is suitable for staff of the governmental sector, private sector, and non-governmental organizations. It illustrated that training curriculum developed was appropriate to use for training for personnel from governmental sectors, public companies, and private sector as well. Manus Suwan (1994: 61) had research on the topic of Knowledge and understand given to people on natural and resource management: A case study of Nan Province, it found that the target population should played roles and participated in training process by meeting and conversing with the governmental officers to crate knowledge and understand quickly since the people would be the person who introduced the information and problem to the conversation and the officers would be provide knowledge and method of problem solving according to academic principles and experiences.

From the research of Sriparinya Thubkrajang et al. (1997: 145) on the attitude and pattern of decision making of female youth towards the future living. It found that the sample group of female youth who participated in training of future living had the attitude towards decision making in the positive direction more than one who had never attended the training before at statistically significant 0.05 levels. From the above review literature, it found that the training process was important factors that related to vision as well.

2.2.6 Knowledge Factor

Meaning of Knowledge)

Edward W. Smith, (1977:531) proposed the definition of knowledge was relevant to fact, rules, and structure that raised by studying and investigating or knowledge about the place, thing, regal person that received by observation, experience or report, and to perceive these knowledge, it must be clear and tir consumed.

Chawan Pae-Ratkul. (1985: 210)., defined the meaning of knowledge that the express of the brain competency by recognizing as main mean.

Boom (1971: 271) has given the following meaning: knowledge is something the relates to individual's memories such as special or general events/stories, process or places. Emphasis is on memories.

It can be concluded that knowledge meant behavior of person to express the knowledge and capability of intelligence to recognize the facts or stories, regulations, criteria, theory, situations, or individuals that humans have collected as memories and can recall in such a way as to express, observe, or measure them.

Levels of knowledge

Bloom et al (1971:12-26) divided the cognitive domain into 6 levels from simplest to hardest:

1. Knowledge is the ability of the brain to remember or

maintain stories that an individual receives; to see a person's memory skills is to see whether the person is able to remember specific things

2. Comprehension is the ability to communicate meanings, both in letting others know his own meaning and knowing the desires of others

3. Application is the ability to use knowledge and understanding to solve new problems effectively. This ability isn't the ability to copy a method of problem solving, but whether a person can apply knowledge to solve new problems and situations successfully.

4. Analysis is the ability to separate issues into sub-sets

5. Synthesis is the ability to integrate sub-sets together into a collective whole and create a new system that is more effective.

6. Evaluation is the ability to make decisions through a set of criteria and standards established.

Knowledge Measurement

Many instruments exist to measure knowledge, each suitable to various situations. The most popular instrument is tests, and the test had extremely different features in form, utilization, and aim of construction, so the test can be classified according to the employed criteria (Boontham Kijpreedaborisut, 1988:21-25).

Therefore be divided through the following criteria:

1. By separating into psychological measurements, there are 3 types:
 - 1.1 Achievement Tests, which measure knowledge and understanding in the cognitive domain. These are divided into 2 categories:
 - 1.1.1 Teacher-Made Test – general tests created for one-time use; if used again, changes and improvements must be made as these still lack quality
 - 1.1.2 Standardized Test – tests developed from many rounds of statistical analysis until they are accurate and satisfy many variables (e.g., difficulty level), with a norm to compare; there must be standard processes for administering tests and scoring

- 1.2 Aptitude Tests are those that measure aptitude of people to see how much knowledge they have and what they are exceptional in; these have 2 categories:
 - 1.2.1 Scholastic Aptitude Test – a measurement of academics measuring which subject the person has more aptitude for. Used in showing capability of further study in that particular subject.
 - 1.2.2 Specific Aptitude Test – measurement of special abilities, such as musical, medical, engineering, or art. Used in counseling and choosing professions.
- 1.3 Personal-Social Tests are tests measuring personality and social adjustments of individuals
2. When separating through question form, there are 2 types:
 - 2.1 Essay Test – questions are established and the respondent writes essay answers
 - 2.2 Short Answer and Multiple Choice Test – questions are established and respondents would write short answers, or the answers are also given and the respondents choose the best one. These are divided into 4 categories:
 - 2.2.1 Short Answer Item
 - 2.2.2 True-False Item
 - 2.2.3 Matching Item
 - 2.2.4 Multiple Choice Item
3. If separated with the answer format, there are 3 types:
 - 3.1 Performance Test – measures effective hands-on performance, such as for acting or typing
 - 3.2 Paper-Pencil Test – general tests that use paper and pencils or pens as tools to answer; the respondent must write all answers
 - 3.3 Oral Test – tests where the respondent speaks instead of writes; usually there is another person asking questions, such as in an interview
4. If separated by time set to answer, there are 2 types:

- 4.1 Speed Test – tests that set little time; there are usually many questions to answer in short timeframes
- 4.2 Power Test – tests without set time; the respondent can use as much time as they want till they finish.
5. If separating by measurement criteria, there are 2 types:
 - 5.1 Criterion-Reference Test – tests measured by objectives of learning or external regulations, adhering mostly to academics
 - 5.2 Norm-Reference Test – tests comparing results between groups

From those principles, to measure knowledge in any issue, it must to construct the instrument that covered the important contents of that issue. Therefore for this study, the researcher selected the test of knowledge and understanding with the form of right-wrong to be proper for data collection.

2.2.7 Awareness Factor

Chalapun Likhitwasinkul, (1989) studied on the topic of “Factors Affecting the Awareness of Environmental Conservation among Professional Guides in Thailand”. The result of the research indicated that their level of knowledge concerning environmental conservation was low and the level of awareness was medium. The knowledge and the awareness of environmental conservation correlated statistically significant at 0.05 level..

Boonlue Khotchasanee, 1989, investigated factors relating to knowledge and awareness of local inhabitants towards conservation and improvement of the coastal tourist resorts: a case study of Samed island Rayong province. The finding are the majority of the local inhabitants have high level of knowledge and awareness towards conservation and improvement of the coastal tourist resort. Those whose main occupations are related to tourism have higher level of knowledge and awareness of environment conservation than those whose main occupations did not relate to tourism with statistical significant at level of 0.05.

Nongnapas Thiengkamol (2000) studied on “Development of a Video Program

for Tourist Entrepreneurs and Tourist Guides on Sustainable Tourism Development of Samet Island Rayong Province”. The result revealed that that after the experimental groups were learning the video program, the knowledge and awareness scores in the posttest of the experimental groups are statistically significant at the level of 0.001 when compare with the pretest of the experimental groups and the pretest-posttest of the control groups among the target groups, tourist entrepreneurs and tourist guides.

2.3 Concept and Theories on the Healthy Cities Project

Healthy Cities Project was established by World Health Organization (WHO) in 1987 with the target of urban city sustainable development by interpreting the idiom of Health for All and Ottawa Charter for health promotion to be action plan subjectively (WHO, 1986) in order to make the city and community to have social serenity. People had good physical and mental health, and social and cultural support to high-quality of environment. Primary, it was implemented in 1987-1992 in 35 cities of European region by emphasizing on the cooperation of organizations and people participation in development for accomplish health for all in 2000 before it was expended to other regions of the world, 2000 cities (National Economic and Social development Board Office, 2003:1).

Concept of Healthy City of WHO counted that it was burden of every person, community, private organization, local government and central government yo understand and set about policy of health and healthy city development in all of physical, mental, social, environmental aspects to raise the life quality of people who lived and worked in the city to be better by the process of life quality development in urban area with the emphasizing on the social justice, community participation, and cooperation of every unit and level cities (National Economic and Social development Board Office, 2003:1).

In the implementation on Healthy Cities Project, which was employed as concept of development and implementation to promote the world population to the concept of and performance of public health. Besides, According to the forum of Earth Summit in 1992 about Local Agenda 21 had promoted the concept for strategy

of local performance towards sustainable development. All the writers had realize about the importance of close relation between health and sustainable development (Labonte, 1991a:49-65, 1991b: 147-156, 1993:4-7; & Hancock, 1996). However, Healthy Cities Project and Local Agenda 21 were recognized separately but they were parallel implemented thoroughly (Dooris, 1999: 365-375). The city can be healthy city, it must composed of the compartments and principle of implementation to go along with the as following aims of healthy city.

2.3.1 Characteristics of Healthy City

In order to understand about how the characteristics of healthy city should be, therefore the World Health Organization (WHO) had defined as the following attributes:

1. A clean, safe physical environment of high quality , including housing quality.
2. An ecosystem that is stable now and sustainable in the long term.)
3. A strong , mutually supportive and non-exploitive community
4. A high degree of participation and control by the public over the decisions affecting their lives , health and well-being
5. The meeting of basic need for food , water , shelter , income , safety and work for all the city's people.
6. Access to a wide variety of experiences and resource with the chance for a wide variety of contact , interaction and communication.
7. A Diverse vital and innovative city economy.
8. The encouragement of connectedness with the past, with the cultural and biological heritage of citywellers and with other groups and individuals.
9. A form that is compatible with and enhances the preceding characteristics.
10. An optimal level of appropriate public health and sick care services accessible to all.
11. High health status, high levels of disease.

(http://www.who.dk/healthy-cities/How2MakeCities/20020114_4 (14/10/2545))

Implementing Guideline of Health City Project, There were 6 Attributes as follows:

1. Commitment to health
2. Political decision-making
3. Intersectoral action
4. Community participation
5. Innovation
6. Healthy public policy

2.3.2 Development of Healthy City Project in Thailand

Thailand had established the policy of healthy city and healthy community development and had transformed the process to guideline performance (National Economic and Social development Board Office of the Prime Minister , 2003:61-70) as follows:

(1) Primary phase of Learning during the Seventh National Economic and Social development Plan

To develop healthy city, healthy community firstly started in 1994 during Seventh National Economic and Social development Plan under the point of view of public health aspect by the Department of Public Prosecution, Ministry of Public Health. The WHO ad supported to implement 5 healthy cities projects as pioneer cities as Bangkok Metropolis, Nakornrachshima, Payao, Yala, and Panusnikom by aiming to let the local administrative organization and highest regional administrators as leader to create network development together with those local communities of each citty by different practice. Some employed the strength and role of local leader to stimulate other sectors and some tried to build the strength from fundament at first step when it confirmed then it would be able develop their cities sustainable further. It was accounted as first step of learning by introducing the concept and guideline of healthy

city of WHO for authentic application apply with building the comprehension, including practicing for learning to adjust to be appropriate with context of each city.

(2) Support from the Policy Level of the Eighth National Economic and Social development Plan

It stimulated the current of healthy city more wide and enhance to other dimensions increasingly. Subsequent, there were various work units were accepted concept of sustainable development and healthy cities to implement according to the duty of each work unit by stressing on the different components of healthy cities such as the following:

- Ministry of Public health by Department of Department of Public Prosecution had expanded the result by using the strategy of health city in term of environmental health and health promotion in the level of municipality, provincial administrative organization, and subdistrict administrative organization continuously.
- National Housing Authority and the Institute of community Organization development stressed on the development of poverty shelters in city and community environment under the participation process of community organization, local administrative organization, and social people sectors by joining the learning process lead to the healthy city by implementing in different pilot areas such as Nakornsawan, Rayong, Utadit, and Ayuthaya Provinces.
- Institute of Thai Environment stressed on the action research approach and supported the cooperation with different agencies in the promotion and distribution the project cities and community cities such as the green city contest project in order to stimulate the municipality to be realize the importance of green area management and it extended the result of good implementation to society including the energy conservation for healthy city.
- Department of Environmental Quality Promotion emphasized on the action plan for healthy city arrangement at local level according to principle of Local Agenda 21 in order to develop the a sustainable local healthy city administration by the participation of various municipalities.

The government also had policy to promote and stimulate the involving sectors to aware the importance and support the development of healthy city and healthy community continuously, and sustainably. Therefore, the National Economic and Social development Board Office was delegated to cooperate the implementation and the national city development committee in 2000 to establish the policy and cooperation of implementation of healthy city and healthy community, and the prime minister was president. Even though, afterward, the committee' term was over according to the government term, but the cooperation was maintained further under “the national city development subcommittee: healthy city” that was the mechanism of the National Economic and Social development Board to function on considering of strategy suggestion and guideline for healthy city and healthy community development. Moreover there was supportive cooperation the process of participation for development of healthy cities project, and subsequent evaluation was done by subcommittee that had Doctor Dumrong Boonyuen as president, and the experts from different sectors jointed.

Afterward, under the implementation of that mechanism, it was arranged the guideline of healthy city development: healthy city healthy community by passing the cabinet authority on 25 April 2000 in order to let the relevant sectors use for complement of action plan arrangement during the Ninth National Economic and Social development Plan arrangement by prior holding of brain storming for vision frame and direction of development of this plan at both provincial, and sub-regional level overall the country in order to be relevant to the provision of The Kingdom of Thailand Institute B.E. 2540 in the Section 76, which defined that the government must support, and promote the popular participation in policy of economic and social development plan. Subsequent examination on the using of governmental authority in very level so it was good chance to hear the concepts and demand of people and stakeholders in each area who received the results of development directly.

(3) Duration of Preparedness of the Ninth National Economic and Social development Plan arrangement was the period of people over the country was alert and Reflect their Requirement of diverse Healthy Cities and community Implantation

Since there was implementation of Healthy City and healthy Community in Thailand and the development expanded in various attributes in different areas. The relevant people and all sectors had a chance to learn the implementation process, and accumulative experience so they would be attentive to participate in cooperate thinking and acting. It was obviously seen from the brain storming of vision stage and direction of the Ninth National Economic and Social development Plan, which were held in provincial, sub-regional, and national level more than 100 stages. There were people from different sectors cooperate more than 20,000 persons, and they reflected their pertinent concepts and desires as “Desires to have Healthy City Development by giving the importance as follows:

1. Build the family strength and community, including to promote to be group of community and have people society in ever level and link as network.
2. Promote the participation in healthy city and health community development by having the good environment and safety.
3. Plan the area development and city planning system management properly and effectively, and to be a real practice by community participation.
4. Have appropriate city plan, and to be effective and to be a real practice by community participation.
5. Improve and develop the urban and community environment , and have good environmental management system by using the incentive measures and law measure together.
6. Campaign and create awareness to child, youth, and people in the community to love and feel concern ownership and to take part in participation for looking after environment and natural resources consumption of local resources.
7. Raise the level of quality of life by stress on the effective and adquate public health service increasingly, and to develop infrastructure thoroughly.

8. Have good and effective administrative system that give the attention to power and budgetary decentralized to locality and community for management of city development and life quality improvement with the relevance to the demand and the real area situation.

9. Establish and develop the indicators for measurement of healthy city and healthy community both subjective and objective.

10. Opinion and demand of people must be accept and bring to be useful for development of concept and be guideline for implementation to drive the development of healthy city and community appropriately and effectively further.

2.3.3 Concepts Components and Policies of Healthy City Development

In order to be clear for defining the concept, polity and guideline for healthy city development to relevantly implement with the Thailand contexts and demands of Thai people, the National Economic and Social development Board Office had brought the result from brain storming brain storming of vision stage and direction of the Ninth National Economic and Social development Plan, which were held in provincial, sub-regional, and national level more than 100 stages. There were people from different sectors cooperate more than 20,000 persons to compile and analyze together with the application by using concept of healthy city development as various countries had implemented covering on healthy city, efficiency economic, good administration. Subsequent filtration and brain storming were done by experts, academics, and persons relevant to healthy city project. Its outcome was concept and policy of healthy city and community development in the Ninth National Economic and Social development Plan to be frame for direction of development that work unit, organizations, and different sector to be guideline for action plan arrangement in different level further.

2.3.3.1 Concept for Healthy City Development

The Concept was follows:

The healthy city and healthy community were the developmental process that held people-centered by using the community strength as developmental fundament and they aimed the occurrences of social serenity, convenience, cleanness, safety and

being perfect order, having strong economic base, and good management, and people had good quality of life, and happiness were included. The important point of healthy city and community, it needed the power of all relevant sectors to seriously and continuously participate that it would lead to the sustainable development and well being and living of Thai people”

The healthy city and healthy community development under these concepts, it needed to understand and hold to basic important principles as follows:

1. Firstly, it must understand that each healthy city and healthy community had different according to their potential and readiness that were relevant to the culture, and social value of that community and it must be the satisfaction of people in that city and community to define together.

2. Secondly, healthy city and healthy community had dynamic feature that had a changing, moving, and not being static. The developmental process of healthy city and healthy community must continuously move, change and improve to be better incessantly with the learning process from continuous practice.

2.3.3.2 Components of Healthy City and Healthy Community

In the contexts of Thailand in 2000, National Economic and Social development Office had held the brain storming from the opinion of Thai people overall the country for the Ninth National Economic and Social development, and it defined the characteristics of healthy city and healthy community as important strategies. There was compiling the characteristics and components into 3 aspects that (1.) the aesthetic and quality of life aspects, (2.) the efficient urban economy aspects, and (3.) the political promotion and commitment. Each component can be target subjectively as follows:

(1.) Healthy meant two meanings that were development of life quality and way of life of people in the city and community to be better by as follows:

- Life Quality Aspect had target of development as follows:
 - Population had education to search knowledge and information extensively
 - There are good public health service and adequate.

- There was physical management of city to be in good order and be beautiful.
 - There was providing the quality fundamental structure and adequate.
 - There was convenient and safe communication.
 - There was a good environmental management.
 - There was safe of life and property.
 - Way of life Aspect had target of development as follows:
 - Promote the basic right of people.
 - Promote, maintain, and rehabilitate the historical, art, cultural property that were proud by local citizen.
- (2.) Efficient urban and community had target of balancing economy and having the immunity aspects as follows:
- City and community had economic system according to the philosophy principle of self-sufficiency-economy.
 - There was employment extensively.^๓
 - City and the country had linked properly and systemically.
- (3.) The political promotion and commitment target to have the development of good administrative system of city and community by stressing on two aspects as follows:
- Administration of governmental sector had target as follows:
 - There were transparency and justice.
 - There were effectiveness, movement, and by holding public-interest as a main.
 - There was cooperation work of multi-sectors by emphasizing on popular participation in every step.
 - Popular participation had targets as follows:
 - Community had the strength and potential for city and community development.
 - People was realized to the need of participation about city and community development.

Nevertheless, the components of healthy city and healthy community were mentioned above were only the board outline for central, regional, local sectors and other organization to introduce for application use to arrange for action plan of development of healthy city and community according to their burden to be appropriate with the situation of each area and v=be relevant to the desire of each city and community.

Guideline for Implementation of Healthy City and Healthy Community

To develop the healthy city and healthy community, WHO established the guideline for different cities to implement. There were composed of 4 stages were initial stag, organizational establishment stag, action stag, and evaluation stage, total 20 steps. Each city can select to implement or to modify to be proper for situation.

The guideline that WHO were suggested to be proper with the state of that city. The guideline were suggested by WHO as follows:

(1.) Initial stage of project, it composed of 7 steps as follows:

- To build or search for the cooperator from administrators, politicians, academics of local administrative organization, municipality, officers from ventral government or in the areas of non-governmental organization, and people.
- To build the understanding and concept to be the same direction.
- To learn, to search, to find the cause of problem, and information for decision making complementary.
- To seek for financial resources
- To establish the cooperated organization among governmental sectors, local organization, private sector, and population, it was implement without benefit
- To prepare project proposal.
- To be authority to support project from governmental sectors and other unit, including popular group.

(2.) Organizational Establishment stage

- Establish project administrative committee.

- To analysis the project situation to be sure that the project would success.
- To define the boundary and guideline of implementation.
- To establish the project office to have direct responsibility, and personnel to implement, and good administrative system.
- To plan strategy for long term implementation.
- To build project potential by having the effective personnel, and adequate resources and capital
- To define roles and functions of different work unit.

(3.) Practical stage

- To increases, to emphasize on the public health care.
- To plan carefully by considering on the local resources as importance.
- Together the cooperation of different work unit.
- To promote the community participation.
- To promote new innovation.

(4.) Evaluation stage, there were evaluation, monitoring the results of implementation and project evaluation in order to be data for improvement of work at the period of evaluation. From the concept of healthy city and the Ninth National Social and Economic development plan had defined healthy city and healthy community or important strategies and defined the components of healthy city into 3 aspects as follows (1.) the aesthetic and quality of life aspects, (2.) the efficient urban economy aspects, and (3.) the political promotion and commitment. Therefore the researcher employed these concepts to define the visions of administrators who implemented healthy city project in Ratchaburi Province.

2.4 Municipalities in Ratchaburi Province

In every country that ruled by the democracy had similar objectives were national security in all aspects of economic aspect, social aspect, and political and administrative aspect, including the people welfare, quality of life. In the past of Thailand, the administration was centralization because the country covered not large

area, and little population. Therefore, the activities were implemented by government to supply the demand of citizen was not much. Afterward, at present, the country had developed and expanded both area and population so the government had burden of responsibility increasingly. Therefore, the potential of central government to solely administrate, it was not enough to meet the need of citizen to entirely cover.

Therefore the concept of decentralization was introduced for local people to implement had occurred to release the burden of central government in order to response the people needs truly. However, it must to be united for administration according to the important policy, which government retained was monetary policy, financial policy, country protection, and communication with other country for instance.

Hence, the local administrative unit had independence of administration in one level at the local level. The concept of local administration was occurred for promotion the locality had independent for self-governed with the people participation political activities such as election, accountability for the implementation of different projects to free from corruptions. It cause people feel to take responsibilities to community, and they had sense of belongings of their community and concerned to protect their rights, which were the fundamental for political development in both local level and national level as well.

In Ratchaburi province, there were the municipal administration, which were the local administration as well. It consisted of 3 town municipalities, including Ratchaburi Town Municipality, Ban-Pong Town Municipality, and Photharam Town Municipality, and 20 subdistrict municipalities, including Lhuk Muang Subdistrict Municipalities, Khao-Ngu Subdistrict Municipalities, Huay-Chinnasri Subdistrict Municipalities, Tha-Pa Subdistrict Municipalities, Huay-Krabok Subdistrict Municipalities, Kra-Jub Subdistrict Municipalities, Jed-Samean Subdistrict Municipalities, Nhong-Po Subdistrict Municipalities, Ban-Luak Subdistrict Municipalities, Khao-Khang Subdistrict Municipalities, Po-Huk Subdistrict Municipalities, Bang-Pae Subdistrict Municipalities, Wat Paeng Subdistrict

Municipalities, Dumnern-Saduak Subdistrict Municipalities, Sri-Donpai Subdistrict Municipalities, Pak-To Subdistrict Municipalities, Chombueng Subdistrict Municipalities, Dan-Tubtako Subdistrict Municipalities, Suan-Pueng Subdistrict Municipalities, and Ban-Chudpawai Subdistrict Municipalities (Work Group of Local Administration Promotion, 2002:5).

2.4.1 Types of Municipality

Municipality was local administration was established according to Municipality B.E. 2496(1953) Act (Revised to the Copy Number 11 B.E. 2543). It defined the characteristics of 3 types of municipalities as subdistrict municipality, town municipality, and city municipality according to section 9,10 and 11 of this Act as follows:

2.4.1.1 Subdistrict Municipality was the local area that be established as subdistrict municipality by Royal Decree, including name given, and boundary defined.

2.4.1.2 Town Municipality was the local area that located of provincial town hall or local area that the people communized more than ten thousand persons, and had enough income to perform its functions so it was established by Royal Decree including name given, and boundary defined.

2.4.1.3 City Municipality was local area that the people communized more than fifty thousand persons, and had enough income to perform its functions so it was established by Royal Decree including name given, and boundary defined.

2.4.2 Roles and Functions

Roles and Functions or each type of municipality had the similarity and difference according to the Section Number 50, 51, 53, 54, 56, and 57 of the Municipality Act.

2.4.2.1 Subdistrict Municipality had obligations to perform according following:

- (1) Maintenance of social serenity for people
- (2) Provide and maintain the public by land and waterway

- (3) Maintain cleanness of roads or walkway , and public area, including solid waste and sewage disposal
- (4) Prevention and prohibit the contagious disease
- (5) Provide the equipment to extinguish fire
- (6) Let people to educate and to attended training
- (7) Promote the development of woman, child, youth, older people, and handicapped persons
- (8) Maintain Art, tradition, local wisdom, and local culture
- (9) Other functions according to the provision of law to assign as functions of municipality

According to the Section 51 of Municipality B.E. 2496 (1953) Act (Revised to the Copy Number 11 B.E. 2543) and under the force of the law, municipality may implement any activity as follows:

- (1) Provide clean water or pipe water
- (2) Provide a slaughterhouse
- (3) Provide marketplace, harbors, ferry crossings
- (4) Provide a cemetery and crematorium
- (5) Maintain and promote the people earning
- (6) Provide and maintain the place of medical care
- (7) Provide and maintain electricity or other means of light sources
- (8) Provide and maintain wastewater drainage
- (9) Commercial Municipality

2.4.2.2 Town Municipality had obligations to perform according following:

- (1) Activities were identified in Section 51 of this Act
- (2) Provide clean water or pipe water
- (3) Provide a slaughterhouse
- (4) Provide and maintain the place of medical care
- (5) Provide and maintain wastewater drainage
- (6) Provide and maintain public toilets

- (7) Provide and maintain electricity or other means of light sources
- (8) Provide implementation of local pawn shop or local credit place

Besides, according to the Section 54 of Municipality B.E. 2496(1953) Act (Revised to the Copy Number 11 B.E. 2543) and under the force of the law, municipality may implement any activity as follows:

- (1) Provide marketplace, harbors, ferry crossings
- (2) Provide a cemetery and crematorium
- (3) Maintain and promote the people earning
- (4) Provide and maintain the assistance for Mother and child
- (5) Provide and maintain the hospital
- (6) Provide infra structure
- (7) Provide the activity for public health
- (8) Establish and maintain vocational school
- (9) Provide and maintain place for sports and physical education
- (10) Provide and maintain public park, zoo, and recreation place
- (11) Improve slums and the cleanses and local
- (12) Commercial Municipality

2.5 Related Literatures

2.5.1 Related Literatures in Thailand

From the reviews of related literatures, it revealed that there were a lot of literatures involved to vision, readiness, and participation on implementation, and policy planning, , including the local organization administration such as municipality, and Subdistrict Administrative Organization or Tambon Administrative Organization as follows, but there was no one study on the vision of municipality towards Healthy Cities Project so the researcher interested to study because the municipality was an important organization that would lead the success of Healthy Cities Projects.

Marasri Suthanithi (1997:154), studied on the factors related to the visions of administrators of primary school the Bangkok Metropolis. The results illustrated that the visions of administrators of primary school the Bangkok Metropolis were at moderate level, and the different sex, and education level administrators had different visions statistically significant at level of 0.05.

Thieng Mhiandthaisong, (1999:65-66) studied on the Vision of Administrators in the Rajabhut Institute, research result found that Administrators in the Rajabhud Institute in the small size and large size had different visions, and the work experience more than 4 years and the work experience lesser than 4 years or equivalence had different vision as well.

Supatra Kaewmukda (2002), researched on “Vision towards Ecotourism Promotion of Council Members of Tambon Administrative Organization in Nakornnayok Province”. The results showed that council members of Tambon Administrative Organizations that were council members of Tambon Srinawa, Tambon Sarika, Tambon Hintang, Tambon Prommanee, Tambon Khaopra, and Tambon Banyai expected to see the arrangement of tourism take the form of emphasizing utilization of the natural area as a tourism site. In order to have public relations and preparedness of the people among the council members, local people were given proper knowledge and understanding on ecotourism, and it required people’s participation in natural resources management in the local area as well as the continuous monitoring of the administration of council members. Testing the correlation between the vision towards ecotourism and the studied factors, it was found that their visions towards ecotourism did not correlate to their education level, length as a council member, access to information sources, and knowledge on ecotourism promotion at a statistically significant level of 0.05.

Yohtsanai Kruangtip (2000) investigated on the topic of “Factors related to Vision of the Head of Health Center in Public Health Region 4”. The study results revealed that most of the head of health centers had a vision of their health centers in all for areas including (1) health centers physical infrastructures, (2) technology and

resource material to support the work, (3) health personnel, and (4) organizational management structure. Factors related to the vision of health centers at a statistically significant level of 0.01. were age, attitude toward the organization of health center, perception of the strength of health center, and perception of threat to the health center. Although the age of the head of health center was negatively related to the vision of the health centers, attitude toward the organization of health center, perception of the strength and threat to the health center were positively related. The four factors serve to predict the vision of health centers at the confidence level of 18.4% per multiple regression analysis.

Patcharee Lertthitinukul, (2000) studied on the topic of “The Vision of Public Health Administrators on the District Health Office in Samut-Prakarn Province. The research results found that a group of key informants had envisioned the administration of District Health Office in which the size of it should be established according to the population size and the organization structure and the rank of the District Health Office should match the district’s size. In the area of infrastructure, those administrators who presented a vision said that the design and space dividing the building shouldn’t be fixed but instead depend on the role and responsibilities of organization and be in accordance with the cultural background of the community. In the area of resources and supportive technology some administrators said that the office should health human resources, health administrators felt that the number of officer should be appropriate for the population size and their future mission. Also the permanent employees of the District Health Office should be more specialized and professional in specific areas. On the other hand, there is a group of key informants who have a different vision and they said that the District Health Office is not capable of leading its own yet due to the transition stage of restructuring. They also think that the way it is working now was good enough and that it depended on the managerial procedures of the organization director.

Ubol Chanpet. (2000) studied on the topic of “Readiness of the Tambon Administrative Organizational Members to access the Healthy Cities Project in Environmental Aspects in Ratchaburi Province”. The research results found that

members of Tambon Administrative Organization had an average level of knowledge, a positive, and a moderate degree of public practice. The extent of knowledge of members had a relationship with monthly family income, level of education and occupation. Attitude had a relationship with monthly family income and occupation while public did not have a statistically significant relationship with education (.05) and knowledge had a connection with attitude in order of .001. Problems and impediments in continuing the work in each Tambon Administrative Organization had been lack of budgetary allocations, the lack of public understanding and knowledge, and the reluctance of the community to cooperate in working groups covering the whole province. A lack of progress had been the result. Therefore a meeting should be arranged to give information to Tambon Administrative Organizational members to facilitate the correct performance of this work, supply information about budget and to look for alternative funding sources for important issues. This would increase more awareness, and promote the importance of cooperation with Tambon Administrative in continuing the work of the Healthy Cities Project.

Arom Romyen (2000) researched about factors relating to vision about human resource development of Tambon Administrative Organization executive committee members: A case study of Tambon Administrative Organization in Chumphon Province. His result showed that the vision of the committee were as follows; In the field of population, it was found that bringing up children to become qualified citizens was more important than having too many children and the family must be prepared to bring up qualified children as well as to look after the old. In the field of health. Everyone should get equal service however rich or poor. In the field of education, every child should spend 9 years in school, and there must be a learning centre as well as a resources centre in every village. In the field of vocational skills work, there must be skilled workers with high moral standards. In the field of social, culture and mental the family must be well-united, warm, secure as well as free from drugs and other bad conducts. The independent variables relating to visions of the executive committee members which was related and 15.36% of them could predict their visions. It is recommended that every related section should motivate the committee to

work with high potentials and to pay more attention to human development projects in order to serve the 8th National Economic and Social Development Plan (1997-2001).

Siritham Chantapun (2001) studied on the topic of “Municipal Readiness for Education Organization in accordance with the National Education Act of B.E. 2542 (1999): A case study in Yala”. The study found the, municipalities in Yala Province had a low level of readiness to administrator education in accordance with the National Education Act of B.E. 2542 (1999). Municipalities with original municipal schools, especially Yala City, had a medium level of readiness, while Betong District and the other two municipalities who no original schools had a low level of readiness. The municipalities in order from the highest readiness to the lowest readiness were: would be Yala City (Medium Level-74.51%), Lammai District (Low Level-50.03%), Betong District (Low Level-45.29%), Yaha District (Low Level-43.81%),

Sakson Areesrisom (2002) researched on vision and environmental community management of Tambon Administrative Organization in Angthong Province. The results illustrated that there was no correlation in community environmental administration between the vision of members of TAO, and marital status, training course of environmental operation, and knowledge and understanding, but there were correlation in environmental community management in a few issues; between the vision of members of TAO and age, education level, personal income per month, information received, and the length as a member. Attitude in five aspects- general environmental community management, garbage disposal, waste-water disposal, noise pollution control, and air pollution control was statistically significant at level of 0.05, but it had correlation community environmental conservation at statistically significant at level of 0.05 through the analysis of Chi-square test.

2.5.2 Abroad Related Literatures

Numerous Countries in European Community, America region, and Asia region, the healthy city project had implemented the healthy city project such as Horsen city of Denmark, There was a case study of implementation of healthy city by emphasizing on the guideline to let people, local administrators, and all stakeholders

of both governmental sectors and private sectors to participate in this project in order to accomplish the aims of sustainable development in different aspects whether economic aspect, social aspect, cultural aspect, environmental aspect, shelter aspect, life styles, and public health. From this study revealed that the concept of Agenda 21 and Health for All (HAF) were introduced in order to cooperate to attain superior city or were integrated to strategic planning process. Moreover, it showed that to accept the community participation on the base of social and environmental sustainability so it would support the local administrative organization to be sustainable.

In 1995 the Municipality of Horsens decided to make a large scale effort to involve people in the process of planning the general future of the community. The politicians were aware that public agreement would be necessary before policies and action plans could be agreed upon and implemented. A strategy was adopted that attempted to turn the process from a “top down” to a “bottom up” process (http://www.who.dk/healthy-cities/Documentation/2001105_ / (14/10/2545))

In Canada is recognized of the best environmental management in the world such as Toronto. There was a committee to implement by cooperate with dissimilar sectors to administrate the city in different aspects such as development and environmental impact assessment, public health, waste management by recycling, toxic substance control, effective management of natural resource, surveillance and monitoring of waste disposal, providing the clean drinkable water, including studying the food security in order to decrease starvation of people, together with law issued relevant objectives by clear policy in all aspects(([http://www.city.toronto.on.ca/food_hunger /index.htm](http://www.city.toronto.on.ca/food_hunger/index.htm) (14/10/2545); & (([http://www.city.toronto.on.ca/environment /index.htm](http://www.city.toronto.on.ca/environment/index.htm) (14/10/2545))

From the studying all above mentioned literatures, it led to the concepts that expressed to the variables of population in the position aspect, education level, duration of position, training attended for healthy city project, knowledge and understanding, awareness on health city project so the researcher selected all these variables to employed in this study.

CHAPTER III

RESEARCH METHODOLOGY

To study on the topic of “The visions of municipal administrators toward healthy cities project of Ratchaburi Province”, it was a survey research and the data were collected by questionnaire and in-depth interview for interviewing the mayors of 8 municipalities in Ratchaburi Province. The research implementation was done by using the documents and related literatures for complement of research implementation in order to obtain the data that was relevant to the established objectives, there was the steps as follows:

- ⊙ Conceptual Framework for Research
- ⊙ Population and Sample Group for Research
- ⊙ To Construct the Tools and to Develop the Tools
- ⊙ Test for the Quality of Research Tools
- ⊙ Data Collection
- ⊙ Data Analysis

3.1 Conceptual Framework for Research

The researcher defined conceptual framework for research on the topic of “The visions of municipal administrators toward healthy cities project of Ratchaburi Province”, including (1.) the aesthetic and quality of life aspects, (2.) the efficient urban economy aspects, and (3.) the political promotion and commitment. The visions depended on the independent variables as education level, position in municipality, duration of position, training of healthy cities project, meeting/seminar about healthy cities project, healthy cities project responsibility, study tour about healthy cities project, reception of information about healthy cities project, knowledge, understanding and awareness about healthy cities project as presented in Chart 1.

Independent Variable

Dependent Variable

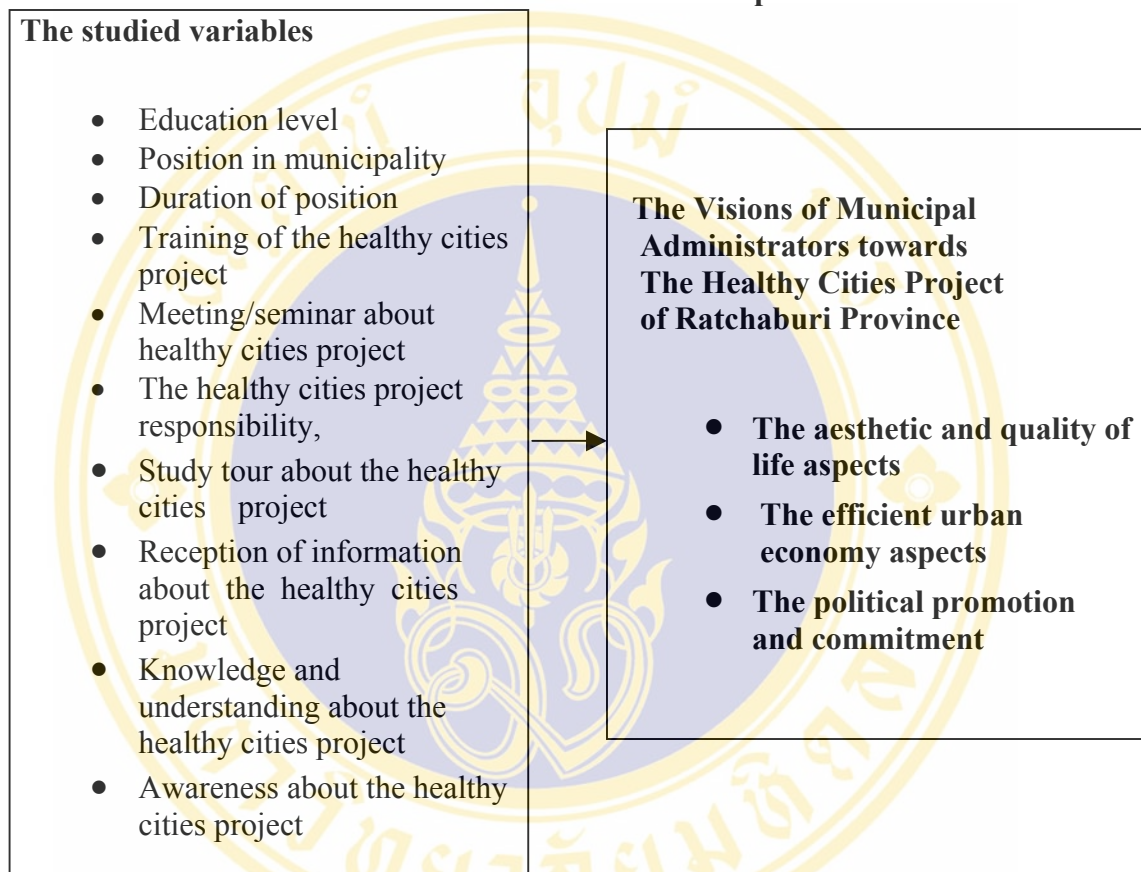


Figure 1 Conceptual framework for research on the topic of “The visions of municipal administrators towards the healthy cities project of Ratchaburi Province”

3.2 Population and Sample Group for Research

The populations in this research were the administrators of municipalities both subdistrict municipalities and town municipalities in Ratchaburi Province. There were 23 municipalities that composed of 3 town municipalities and 20 subdistrict municipalities. The subdistrict municipalities had 2 municipal councilors, and town

municipalities had 3 municipal councilors, total administrators were 72 persons as presented in table 1. In order to view the holistic view of municipal administration completely, 26 persons of the clerk of a municipality and director of the department public health and environment were included as populations as well.

Table 1 Number of Municipal Administrators were classified according to Municipalities in Ratchaburi Province

Name of Municipality	Number of Mayor	Number of municipal councilor	Number of clerk of a municipality	Number of director
• 3 Town Municipalities				
1. Ratchaburi M.	1	3	1	1
2. Ban-Pong M.	1	3	1	1
3. Photharam M.	1	3	1	1
• 20 Subdistricts Municipalities				
- Muang District				
4. Lhuk Muang M.	1	2	1	-
5. Khao-Ngu M.	1	2	1	-
6. Huay-Chinnasri M.	1	2	1	-
- Ban-Pong District				
7. Tha-Pa M.	1	2	1	-
8. Huay-Krabok M.	1	2	1	-
9. Kra-Jub				
Photharam District				
10. Jed-Samean M.	1	2	1	-
11. Nhong-Po M.	1	2	1	-
12. Ban-Luak M.	1	2	1	-
13. Khao-Khang M.				
14. Po-Huk M.	1	2	1	-
15. Bang-Pae M.	1	2	1	-
- Wat Paeng District				
16. Wat Paeng M.	1	2	1	-

Table 1 Number of Municipal Administrators were classified according to Municipalities in Ratchaburi Province (Continued)

Name of Municipality	Number of Mayor	Number of municipal councilor	Number of clerk of a municipality	Number of director
- Dumnern-Saduak District				
17. Dumnern-Saduak M.	1	2	1	-
18. Sri-Donpai M.	1	2	1	-
19. Pak-To M.				
- Chombueng District	1	2	1	-
20. Chombueng M.				
21. Dan-Tubtako M.	1	2	1	-
- Suan-Pueng District	1	2	1	-
22. Suan-Pueng M.	1	2	1	-
23. Ban-Chudpawai M.	1	2	1	-
Total	23	49	23	3

3.2.1 Size of Sample Group

In this study the total populations were employed as sample group, and for in-depth interview was done on 8 mayors and it was sampling by purposive method of 50.0 percent of the 15 municipalities that had healthy cities projects for complement with the data from survey research in order to be more complete. The survey data were collected from the sample group of 98 cases.

3.3 To Construct Tools and To Develop Tools

Tools employed for this research were constructed by investigating the documents, texts, and related literatures for questionnaire construction. It was examined by experts from different connected fields, in additionally, the recommendations of thesis advisory committee. The characteristics of questionnaire was composed of general information of sample group, questions for visions of municipal administrators towards healthy cities project, question for knowledge and understanding about healthy cities project, and awareness about healthy cities project.

The questionnaire composed of 5 sections as follows:

Section 1: Questionnaire about general information of independent variables such as age, sex, marital status, education level, income, position in municipality, duration of position, training of healthy cities project, meeting/seminar about healthy cities project, healthy cities project responsibility, study tour about healthy cities project, reception of information about healthy cities project. The features were close ended questions and open ended questions.

Reception of information about healthy cities project, it had objectives to ask for the frequency of chance to receive the information of municipal administrators from the sources of media. The feature of question was received or not received.

To participate in training, meeting/seminar, study tour, healthy cities project responsibility in the aspects of the aesthetic and quality of life aspects, the efficient urban economy aspects, and the political promotion and commitment. It had objectives to ask for the frequency of chance to participate in training, meeting/seminar, and study tour. The feature of question was participated or not participated.

Section 2: Questionnaire about visions of municipal administrators towards healthy cities project, it was divided into 2 parts as follows:

Part 2.1: The features were close ended questions and it had 5 levels for selection that were strongly agree, agree, uncertain, disagree, and strongly disagree, and it composed of 30 items that covered the contents as follows:

1. The vision on the aesthetic and quality of life aspects composed of 20 items.

2. The vision on the efficient urban economy aspects composed of 5 items.
3. The vision on the political promotion and commitment composed of 5 items.

The scoring for visions of municipal administrators towards healthy cities project was constructed to measure the reception indicator on healthy cities project including 3 aspects as the aesthetic and quality of life aspects, the efficient urban economy aspects, and the political promotion and commitment by using the Rating Scale 5 levels as follows:

	Positive	Negative
Strongly Agree	5	1
Agree	4	2
uncertain	3	3
Disagree	2	4
Strongly Disagree	1	5

Positive questions were item number 1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 22, 24, 27, 29, and 30, totals 18 items.

Negative questions were item number 4, 15, 16, 17, 18, 19, 20, 21, 23, 25, 26, and 28 totals 12 items.

To arrange the scores of vision, was used the Norm-Reference by using the mean score and standard deviation as criteria for dividing and by considering on the number and distribution of data as important point so the scores were divided into 3 ranges as follows:

Low level of vision = $< \bar{x} - 0.5 \text{ S.D.}$

Moderate level of vision = $\bar{x} + 0.5 \text{ S.D.} - \bar{x} - 0.5 \text{ S.D.}$

High level of vision = $> \bar{x} + 0.5 \text{ S.D.}$

Part 2.2: The features were open ended questions for writing their opinion in the blanks as the topics as follows:

1. The aims and expectation of city in you opinion, how it looks like?
2. Please analyze the Strength Weakness Opportunity and Threaten of the municipality.

3. What Problems and Obstacles that you think that are the important for health cities implementation?

Section 3: Questionnaire about knowledge and understanding of municipal administrators towards healthy cities project including 3 aspects as the aesthetic and quality of life aspects, the efficient urban economy aspects, and the political promotion and commitment by choice ended questions with Yes/No/don't know choices. The knowledge and understanding were used, analyzed, synthesized, and evaluated. It composed of 20 items that covered the contents as follows:

1. Management about healthy cities totals 15 items.
2. Management to achieve the objectives totals 5 items.

The scoring for knowledge and understanding of management of healthy cities project were as follows:

Answered correctly	1	point
Answered incorrectly	0	point
Don't know	0	point

The correct answer were 1,4,5,9,10,11,12,13,14,15,16,17,18,19, and 20, totals 15 items.

The incorrect answer were 2, 3, 6, 7, and 8 totals 5 items.

To arrange the scores of knowledge and understanding, was used the Norm-Reference by using the mean score and standard deviation as criteria for dividing and by considering on the number and distribution of data as important point so the scores were divided into 3 ranges as follows:

Low level of knowledge and understanding = $< \bar{x} - 0.5 \text{ S.D.}$

Moderate level of knowledge and understanding = $\bar{x} + 0.5 \text{ S.D.} - \bar{x} - 0.5 \text{ S.D.}$

High level of knowledge and understanding = $> \bar{x} + 0.5 \text{ S.D.}$

Section 4: Questionnaire about awareness of municipal administrators towards healthy cities project including 3 aspects as the aesthetic and quality of life aspects, the efficient urban economy aspects, and the political promotion and commitment by choice ended questions with direction style by using the Rating Scale 5 levels that were strongly agree, agree, uncertain, disagree, and strongly disagree. It composed of 20 items that covered the contents as follows:

1. General problem about healthy cities development were item number 1-3 totals 3 items.
2. Problem of 3 aspects management were item number 4-18 totals 15 items.
3. Problem of objectives achievement were item number 19-20 totals 2 items.

Scoring for awareness about healthy cities project was using the Rating Scale 5 levels as follows:

	Positive	Negative
Strongly Agree	5	1
Agree	4	2
uncertain	3	3
Disagree	2	4
Strongly Disagree	1	5

Positive questions were item number 3 , 4 , 6 , 7 , 8 , 14 , 16 , 18 , 20 totals 9 items

Negative questions were item number 1 , 2 , 5 , 9 , 10 , 11 , 12 , 13 , 15 , 17 , 19 totals 11 items

To arrange the scores of awareness, was used the Norm-Reference by using the mean score and standard deviation as criteria for dividing and by considering on the number and distribution of data as important point so the scores were divided into 3 ranges as follows:

Low level of awareness = $< \bar{x} - 0.5 \text{ S.D.}$

Moderate level of awareness = $\bar{x} + 0.5 \text{ S.D.} - \bar{x} - 0.5$

High level of awareness = $> \bar{x} + 0.5 \text{ S.D.}$

Section 5: Structure of in-depth interview for visions of municipal administrators towards healthy cities project of Ratchaburi Province

1. Attributes of Your City or Community in the Past, Present, Future, How it looks like?
2. How the attributes of your city or community in the past, present, and future have looked like?

3. Visions of municipality; what are your organizational visions? Who participates in setting visions
4. Personally, how do your visions for implementation of healthy cities, and healthy communities look like? Do you expect that how your municipality or community should be?
5. How much people pay attentions or cooperate for implementation of healthy cities and healthy communities look like?
6. Which agency has supported your healthy cities and healthy communities projects? Which agency that you would like to have additional support?
7. What do you feel proud after you implemented healthy cities and healthy communities projects?
8. What do you feel disappointed after you implemented healthy cities and healthy communities projects?
9. In your municipality, what projects that involve to healthy cities projects?

3.4 Test for the Quality of Research Tools

For questionnaire and in-depth interview forms, the researcher tested for the content validity and reliability.

3.4.1 Content Validity

The researcher brought the tools to consult with experts for healthy cities project and thesis advisory committee to examine the correctness, appropriateness, and content validity, the it was improved again after it was corrected and improved as the suggestion of experts and thesis advisory committee.

3.4.2 To Determine the Reliability of Tools

The researcher brought the tools that were examined for content validity by experts and thesis advisory committee. It was tested with the 35 municipal administrators, and director of department of public health and environment at Nakornpathom Province. The tools were determined for reliability by determining the internal congruent with Coefficient Alpha of Cronbach (cited by Puangrat Taweerat, 1997 : 125).

The formula was as follows:

$$\alpha = \frac{n}{n-1} \left[1 - \frac{\sum s^2_i}{s^2_t} \right]$$

Where α meant the Alpha Coefficient

n meant Number of questions

S^2_i meant Variance of each item

S^2_t meant Variance of the total score

3.4.3 Reliability of Tools

The reliability of questionnaire on the topic of the visions of municipal administrators toward healthy cities project of Ratchaburi Province was calculated by using Alpha Coefficient of Cronbach SPSS for Windows. The reliability for section of vision equaled to 0.7303, and for section of knowledge and understanding equaled to 0.834, and for the section of awareness equaled to 0.6909. Afterward, the questionnaire were consult with the thesis advisory committee in order to improve again, and it was employed for data collection. For the in-depth interview question was consulted with experts and it was improved before use further.

3.5 Data Collection

For data collection, the researcher collected data in the target as following steps:

3.5.1 The letter from the faculty of Social Sciences and Humanities, Mahidol University was brought to town municipalities and subdistrict municipalities in Ratchaburi Province to ask for data collection.

3.5.2 Data were collected from municipal administrators in Ratchaburi Province by using the questionnaire, but the in-depth interview, the researcher had made an appointment by telephone before the research interviewed.

3.6 Data Analysis

After the data collection was done, the researcher designed the manual for coding according to the form of questionnaire. It was examined and was coded for compilation with program SPSS/PC (Statistical Package for the Social Science in order to test and determine the statistical values as follows:

3.6.1 Descriptive statistics was employed for group arrangement in order to know the characteristics of general information of sample group by classifying with frequency, percentage, mean (\bar{x}), and standard deviation (S.D.).

3.6.2 Measurement of level of knowledge, understanding and awareness of municipal administrators was analysed by percentage, mean (\bar{x}), and standard deviation (S.D.).

3.6.3 Analysis the correlation to predict the association of independent variables and the visions of municipal administrators toward healthy cities project of Ratchaburi Province by using Chi-Square technique.

3.6.4 Data from in-depth interview was analyzed by descriptive analysis through the method of Typology and Taxonomy according to the issue of constructed questionnaire.

CHAPTER IV

RESULTS

To study on the topic of “The visions of municipal administrators toward healthy cities project of Ratchaburi Province”, it was survey research. The data was collected by using questionnaire and in-dept interview as research instrument for asking municipal administrators of Ratchaburi province. The total populations of 98 persons were used as sample group. There were 85 complete questionnaires, it was 86.88 percent. For in-dept interview, the 8 mayors were selected by purposive method of 50 percents from 15 municipalities, which had healthy cities projects, therefore they were interviewed in order to be more completely. The data was analysis by SPSS /Pc⁺ program for social science. The results presented into 7 parts as follows:

- ⊙ General information of sample group
- ⊙ The level of the visions of municipal administrators towards the healthy cities project in three aspects of the healthy cities projects including (1.) the aesthetic and quality of life aspects, (2.) the efficient urban economy aspects, and (3.) the political promotion and commitment.
- ⊙ Analysis of the correlation between studied variables and the visions of municipal administrators towards the healthy cities project of Ratchaburi Province
- ⊙ The level of knowledge and understanding, and awareness of municipal administrators towards the healthy cities project of Ratchaburi Province
- ⊙ Analysis o the correlation between knowledge and understanding, of municipal administrators and their visions towards the healthy cities project of Ratchaburi Province
- ⊙ Analysis o the correlation between awareness of municipal administrators and their visions towards the healthy cities project of

Ratchaburi Province

- ⊙ Holistic View of the visions of municipal administrators towards the healthy cities project

4.1 General Information of Sample Group

Table 2 showed the number and frequency of municipal administrators of Ratchaburi province that was calculated according to the study of general information of sample group. It was classified according to age, sex, marital status, education level, income, position in municipality, duration of position, training of the healthy cities project, meeting/seminar about the healthy cities project, the healthy cities project responsibility, study tour about the healthy cities project, reception of information about the healthy cities project. The details were as follows:

4.1.1 Age

Analysis of general information of sample group in term of age, it was found that municipal administrators of Ratchaburi province, the age range between 40-49 years were the most (52.9%), subsequently, were the range between 50-59 years (21.2%), 30-39 years (16.5%), and more than 60 years old (9.4%) respectively as showed in table 2.

4.1.2 Sex

Analysis of general information of sample group in term of sex, it was found that the majority was male (83.5%), and the rest was female (16.5%) as showed in table 2.

4.1.3 Marital Status

Analysis of general information of sample group in term of sex, it was found that the majority was marriage (89.4%), subsequently was single (7.1%), and widow/separated/devote (3.5%) respectively as showed in table 2.

4.1.4 Education Level

Analysis of general information of sample group in term of education level, it was found that the majority was bachelor degree or equivalence (38.8%), subsequently was high school/vocational (27.1%), and higher than bachelor (12.9%), secondary school (11.8%), and high diploma (9.4%) respectively as showed in table 2.

4.1.5 Income

Analysis of general information of sample group in term of income per month, it was found that the majority were 10,001- 15,000 baht and 15,001-20,000 baht (21.2%), subsequently was 5,000 -10,000 baht (20.0%), 50,001-100,000 baht (10.6%), 20,001-25,000 baht and 30,001-35,000 baht (9.4 %), 50,001-100, 000 baht (8.2%) respectively as demonstrated in table 2.

4.1.6 Position

Analysis of general information of sample group in term of position in municipality, it was found that the majority was municipal councilor (51.8%), subsequently was mayor/vice mayor (23.5%), clerk of a municipality (21.2%), and director of the department of sanitation and environment (3.5%) respectively as illustrated in table 2.

4.1.7 Duration of Position

Analysis of general information of sample group in term of duration of position in municipality, it was found that the majority was more than three years (41.2 %), subsequently was one and a half years to three years (31.7%), and one and a half years (27.1%) respectively as showed in table 2.

4.1.8 Training of the Healthy Cities Project

Analysis of general information of sample group in term of training of the healthy cities project, it was found that the majority was training received (62.4 %), subsequently was never training received (37.6%) as showed in table 2.

4.1.9 Meeting/Seminar about the Healthy Cities Project

Analysis of general information of sample group in term of meeting/seminar of the healthy cities project, it was found that the majority was meeting/seminar received (64.7 %), subsequently was never training received (35.3%) as showed in table 2.

4.1.10 The Healthy Cities Project Responsibility

Analysis of general information of sample group in term of the healthy cities project responsibility, it was found that the majority was study tour received (36.5 %), subsequently was never training received (63.5%) as showed in table 2.

4.1.11 Study Tour about the Healthy Cities Project

Analysis of general information of sample group in term of study tour of the healthy cities project, it was found that the majority was study tour received (44.7 %), subsequently was never training received (55.3%) as demonstrated in table 2.

4.1.12 Information Receiving of the Healthy Cities Project

Analysis of general information of sample group in term of information receiving of the healthy cities project, it was found that the majority was ever received information (96.5%) and never received (3.5%) as demonstrated in table 2.

4.1.3 The Type of Media Selection

The type of media selection, which was able to select more than one item, it was found that Journal/newspaper received (68.6 %), subsequently was leaflets/document and television equivalence (65.7%), radio (28.6%), and announcing tower (2.9%) as demonstrated in table 2.

Table 2 Numbers and Percentage of Sample Group According to Studied Characteristics

Characteristics	Sample = 85, 100.0 Percent Municipal Administrator	
	Number	Percent
1. Age		
30-39 years	14	16.5
40-49 years	45	52.9
50-59 years	18	21.2
older than 60 years	8	9.4
2. Sex		
Male	71	83.5
Female	14	16.5
3. Marital Status		
Single	6	7.1
Marriage	76	89.4
widow/separated/devote	3	3.5
4. Education Level		
Secondary School	10	11.8
High school/vocational	23	27.1
High diploma	8	9.4
Bachelor or Equivalence	33	38.8
Higher than Bachelor	11	12.9
5. Income Per month		
5,000-10,000 Baht	17	20.0
10,001- 15,000 Baht	18	21.2
15,001-20,000 Baht	18	21.2
20,001-25,000 Baht	8	9.4
25,001-30,000 Baht	7	8.2
30,001-50,000 Baht	8	9.4
50,001-100,000 Baht	9	10.6

Table 2 Numbers and Percentage of Sample Group According to Studied Characteristics (Continued)

Sample = 85, 100.0 Percent

Characteristics	Municipal Administrator	
	Number	Percent
6. Position		
Mayor/vice mayor	20	23.5
Municipal councilor	44	51.8
Clerk of a Municipality	18	21.2
Director of the department	3	3.5
7. Duration of Position		
Less than 1 years and 6 Months	23	27.1
1 years and 6 Months to 3 years	27	31.7
More than 3 years	35	41.2
8. Training of Healthy Cities Project		
Training received	53	62.4
Never training received	32	37.6
9. Study Tour about Healthy Cities Project		
Meeting/seminar received	30	35.3
Never meeting/seminar received	55	64.7
10. Healthy Cities Project Responsibility		
Ever Responsible	38	44.7
Never Responsible	47	55.3
11. Study Tour about Healthy Cities Project		
Ever study tour gone	31	36.5
Never study tour gone	54	63.5
12. Information Receiving of Healthy Cities Project		
Never	3	3.5
Ever	82	96.5
13. Information Receiving from		
leaflets/document	23	65.7
Journal/newspaper	24	68.6
announcing tower	1	2.9
Radio	10	28.6
Television	23	65.7
NB. Able to select more than one choice		

4.2 Visions of Municipal Administrators Towards the Healthy Cities Project

Table 3 showed number and percentage of municipal administrators of Ratchaburi province, it was classified into 3 aspects that composed of (1.) the aesthetic and quality of life aspects, (2.) the efficient urban economy aspects, and (3.) the political promotion and commitment.

From table 3, for the aesthetic and quality of life aspects, it was found that the majority (50.6%) of sample group opinion with strongly agree that you had planned in advance to used the area of mulcipality in the short trem plan and long term plan for development of healthy cities project. Including, 47.1 percent of sample group had opinion with agree that you had set goal of energy conservation in the implementation plan of mulcipality, and 54.1 percent of sample group had opinion with agree that you had set goal of soil and water conservation in the implementation plan of mulcipality, but 47.1 percent of sample group had opinion with disagree that you wanted to build geographical view in mulcipality to be buatiful without regarding to the loss of natural environment. Moreover, 60.0 percent of sample group had opinion with strongly agree that you thought that it should conserve and promote the local cultuture, 52.9 percent of sample group had opinion with strongly agree that you supported to build the musium or conserve the valuable property in the mulcupal area for descendent to study further, 71.8 percent of sample group had opinion with strongly agree that features of healthy cities in your wish that you want to live for ever must be clean, safe, and environment without pollution. 54.1 percent of sample group had opinion with agree that you expected that healthy cities should have the information system, which was able to provide the basic information about the people health status as holistic view. Therefore, you could plan for public health of people in mulcipality, 54.1 percent of sample group had opinion with strongly agree that you expected that in you mulcupal area was safe from any drug addiction entirely, and 57.6 percent of sample group had opinion with strongly agree that you aimed to implement to let everyone in mulcipality had good health.

Besides, it was found that 42.4 percent of sample group had opinion with agree that you wished to implement for hospital building to support the patient sufficiently, 52.9 percent of sample group had opinion with agree that you wanted people in your municipality to have knowledge, and understanding in concept of health building to prevent and to support because it was important than treatment. 51.8 percent of sample group had opinion with agree that to promote the rural development to urban state, it was concept of healthy cities project implementation, 47.1 percent of sample group had opinion with agree that you thought that the healthy cities project could not be implemented in your municipality because the people were rural styles, 45.9 percent of sample group had opinion with disagree that to develop the healthy cities, it was no need to have proportion of green public area because some house owned the green area, 56.5 percent of sample group had opinion with strongly agree that when, there was someone asked for permission of industrial factory founded that it might cause the pollution in the city. You might consider according to the appropriateness, size, and type of that industry, 52.9 percent of sample group had opinion with strongly agree that even through you may not sure that factory might cause the pollution or not but you thought that the factory could offer the job to community people, so you would give the permission immediately, 48.2 percent of sample group had opinion with strongly agree that to give too much information about development of healthy cities, it might cause people to confuse so they might be uncertain to cooperate or not, 51.4 percent of sample group had opinion with strongly agree that to go back to the past or history of city, it was waste the time for city development, and 67.0 percent of sample group had opinion with strongly agree that art, culture, and local wisdom, it was selected for the modern only so it would be healthy cities respectively.

In the efficient urban economy aspects, it was found that 48.2 percent of sample group had opinion with agree that healthy cities should be cities that life style performed according to sufficiency economic way, 58.8 percent of sample group had opinion with agree that you wanted your people to spend a lot of money in order that money would circulate because it was a mean of healthy cities development, 54.1 percent of sample group had opinion with agree that you expected that healthy cities should have the educational institute that could play role on participation of

conservation, of art, culture and lifestyle of local people, 52.9 percent of sample group had opinion with agree that at present, the government had a campaign of expansion of people, therefore you should hold this campaign in your municipality as well, 44.7 percent of sample group had opinion with agree that you expected that casino open in your municipality because it would accelerate the economic due to the more monetary circulation so it could be used for healthy city development respectively.

In the political promotion and commitment, it was found that 54.1 percent of sample group had opinion with agree that you wanted the people to know, and express their opinions for the construction project that impacted to community, 61.2 percent of sample group had opinion with agree that you thought that healthy city should let the people to have right of election in every issues except the budget of administration, 55.3 percent of sample group had opinion with agree that you wanted the community people to participate in development of municipal healthy cities, 57.6 percent of sample group had opinion with strongly agree that to campaign for protest of bribe election, it was an activity that you supported, and 47.1 percent of sample group had opinion with agree that Only municipal Tax payer had the right to give opinion respectively.

Table 3 Numbers and Percentage of Sample Group According to Vision of Municipal Administrators towards the Healthy Cities Project of Ratchaburi Province

Items	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree	Mode
<u>The aesthetic and quality of life aspects</u>						
1. You had planned in advance to used the area of municipality in the short term plan and long term plan for development of healthy cities project.	43 (50.6)	39 (45.9)	3 (3.5)	0 (0.0)	0 (0.0)	Strongly agree
2. You had set goal of energy conservation in the implementation plan of municipality.	25 (29.4)	40 (47.1)	20 (23.5)	0 (0.0)	0 (0.0)	Agree

Table 3 Numbers and Percentage of Sample Group According to Vision of Municipal Administrators towards the Healthy Cities Project of Ratchaburi Province (Continued)

Items	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree	Mode
3. You had set goal of soil and water conservation in the implementation plan of municipality.	33 (38.3)	46 (54.1)	6 (7.1)	0 (0.0)	0 (0.0)	Agree
4. You wanted to build geographical view in municipality to be beautiful without regarding to the loss of natural environment.	6 (7.1)	11 (12.9)	3 (3.5)	40 (47.1)	25 (29.4)	Disagree
5. You thought that it should conserve and promote the local culture.	51 (60.0)	34 (40.0)	0 (0.0)	0 (0.0)	0 (0.0)	Strongly agree
6. You supported to build the museum or conserve the valuable property in the municipal area for descendant to study further.	45 (52.9)	37 (43.5)	3 (3.6)	0 (0.0)	0 (0.0)	Strongly agree
7. Features of healthy cities in your wish that you want to live for ever must be clean, safe, and environment without pollution.	61 (71.8)	24 (28.2)	0 (0.0)	0 (0.0)	0 (0.0)	Strongly agree
8. You expected that healthy cities should have the information system, which was able to provide the basic information about the people health status as holistic view. Therefore, you could plan for public health of people in municipality.	38 (44.7)	46 (54.1)	0 (0.0)	0 (0.0)	0 (0.0)	Agree

Table 3 Numbers and Percentage of Sample Group According to Vision of Municipal Administrators towards the Healthy Cities Project of Ratchaburi Province (Continued)

Items	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree	Mode
9. You expected that in you mulcipal area was safe from any drug addiction entirely.	46 (54.1)	30 (35.5)	9 (10.6)	0 (0.0)	0 (0.0)	Strongly agree
10. You aimed to implement to let everyone in mulcipality had good health.	49 (57.6)	36 (42.4)	0 (0.0)	0 (0.0)	0 (0.0)	Strongly agree
11. You wished to implement for hospital building to support the patient sufficiently.	19 (22.4)	36 (42.4)	13 (15.3)	14 (16.3)	1 (1.2)	Agree
12. You wanted people in your mulcipality to have knowledge, and understanding in concept of health building to prevent and to support because it was important than treatment.	38 (44.7)	45 (52.9)	0 (0.0)	0 (0.0)	2 (2.4)	Agree
13. To promote the rural development to urban state, it was concept of healthy cities project implementation.	22 (25.9)	44 (51.8)	8 (9.4)	9 (10.6)	2 (2.4)	Agree
14. You thought that the healthy cities project could not be implemented in your mulcipality because the people were rural styles.*	19 (22.4)	40 (47.1)	15 (17.6)	8 (9.4)	3 (3.6)	Agree
15. To develop the healthy cities, it was no need to have proportion of green public area because some house owned the green area.	2 (2.4)	31 (36.5)	7 (8.3)	39 (45.9)	6 (7.1)	Disagree

Table 3 Numbers and Percentage of Sample Group According to Vision of Municipal Administrators towards the Healthy Cities Project of Ratchaburi Province (Continued)

Items	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree	Mode
16. When, there was someone asked for permission of industrial factory founded that it might cause the pollution in the city. You might consider according to the appropriateness, size, and type of that industry. *	3 (3.6)	12 (14.1)	4 (4.7)	48 (56.5)	18 (21.2)	Strongly agree
17. Even through you may not sure that factory might cause the pollution or not but you thought that the factory could offer the job to community people, so you would give the permission immediately.*	18 (21.2)	45 (52.9)	17 (20.0)	4 (4.7)	1 (1.2)	Agree
18. To give to much information about development of healthy cities, it might cause people to confuse to so they might be uncertain to cooperate or not.*	8 (9.4)	41 (48.2)	18 (21.7)	16 (18.8)	2 (2.4)	Agree
19. To go back to the past or history of city, it was waste the time for city development. *	13 (15.3)	46 (54.1)	16 (18.8)	9 (10.6)	1 (1.2)	Agree
20. Art, culture, and local wisdom, it was selected for the modern only so it would be healthy cities.*	17 (20.0)	57 (67.0)	4 (4.7)	5 (5.9)	2 (2.4)	Agree

Table 3 Numbers and Percentage of Sample Group According to Vision of Municipal Administrators towards the Healthy Cities Project of Ratchaburi Province (Continued)

Items	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree	Mode
<u>The efficient urban economy aspects</u>						
21. Healthy cities should be cities that life style performed according to sufficiency economic way.	21 (24.7)	44 (48.2)	6 (7.0)	12 (14.1)	2 (2.4)	Agree
22. You wanted your people to spend a lot of money in order that money would circulate because it was a mean of healthy cities development.*	8 (9.4)	50 (58.8)	7 (20.0)	9 (10.6)	1 (1.2)	Agree
23. You expected that healthy cities should have the educational institute that could play role on participation of conservation, of art, culture and lifestyle of local people.	25 (29.4)	46 (54.1)	10 (11.8)	5 (5.9)	1 (1.2)	Agree
24. At present, the government had a campaign of expansion of people, therefore you should hold this campaign in your mulcipality as well. *	15 (17.6)	45 (52.9)	10 (11.8)	15 (17.6)	0 (0.0)	Agree
25. You expected that casino open in your mulcipality because it would accelerate the economic due to the more monetary circulation so it could be used for healthy city development.*	22 (25.9)	38 (44.7)	17 (20.0)	7 (56.5)	1 (1.2)	Agree

Table 3 Numbers and Percentage of Sample Group According to Vision of Municipal Administrators towards the Healthy Cities Project of Ratchaburi Province (Continued)

Items	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree	Mode
<u>The political promotion and commitment</u> 26. You wanted the people to know, and express their opinions for the construction project that impacted to community.	33 (38.8)	46 (54.1)	5 (5.9)	1 (1.2)	0 (0.0)	Agree
27. You thought that healthy city should let the people to have right of election in every issues except the budget of administration. *	5 (5.9)	52 (61.2)	9 (10.6)	18 (21.7)	(1.2)	Agree
28. You wanted the community people to participate in development of municipal healthy cities.	34 (40.0)	47 (55.3)	3 (3.6)	1 (1.2)	0 (0.0)	Agree
29. To campaign for protest of bribe election, it was an activity that you supported.	49 (57.6)	31 (36.5)	0 (0.0)	3 (3.6)	2 (2.4)	Strongly Agree
30. Only municipal Tax payer had the right to give opinion.*	25 (29.4)	40 (47.1)	3 (3.6)	10 (11.8)	7 (8.2)	Agree

4.2.1 Level of Visions of Municipal Administrators towards the Healthy Cities Project of Ratchaburi Province

It was found from this study that the level of visions of municipal administrators towards the healthy cities project of Ratchaburi province when the vision scores were arranged with the Norm-Reference by using the mean score and standard deviation as criteria for dividing. There were 3 ranges of scores as low level (lower than 57 scores, moderate level (57-64 score), and high level (higher than 64 scores) as illustrated in table 4.

Table 4 Level of Visions of Municipal Administrators towards the Healthy Cities Project of Ratchaburi Province

Level of Visions of Municipal Administrators	Number	Percent
Higher than 64 scores	27	31.8
Moderate 57-64 scores	33	38.8
Lower than 57 scores	25	29.4
Total	85	100.0

The level of visions of municipal administrators towards healthy cities project of Ratchaburi province was classified into 3 aspects that composed of (1.) the aesthetic and quality of life aspects, (2.) the efficient urban economy aspects, and (3.) the political promotion and commitment. The mean score of the aesthetic and quality of life aspects was 41.6, and standard deviation was 4.5, for mean score of the efficient urban economy aspects was 10.8, and standard deviation was 2.3, and mean score of the political promotion and commitment was 9.6, and standard deviation was 2.5 as showed in table 5.

Table 5 Level of Visions of Municipal Administrators towards the Healthy Cities Project of Ratchaburi Province in three Aspects

Level of Visions of Municipal Administrators	\bar{x}	S.D.
The aesthetic and quality of life aspects	43.8	5.7
The efficient urban economy aspects	10.8	2.3
The political promotion and commitment	7.4	2.0

4.3 Analysis of The Correlation Between Studied Variables and The Visions of Municipal Administrators towards the Healthy Cities Project of Ratchaburi Province

The correlation between studied variables and the visions of municipal administrators towards the healthy cities project of Ratchaburi Province, the independent variables according to the set concepts were education level, position in municipality, duration of position, training of the healthy cities project, meeting/seminar about the healthy cities project, the healthy cities project responsibility, study tour about the healthy cities project, reception of information about the healthy cities project, knowledge and understanding, and awareness about the healthy cities project. The results of this research found as follows:

4.3.1 The Correlation between Position in Municipality and the Visions of Municipal Administrators

From the research results found that correlation between position in municipality and the visions of municipal administrators toward healthy cities project of Ratchaburi province was not statistically significant at 0.05 levels. The data indicated that when it was considered on which position in municipality whether mayor, municipal councilor, clerk of a municipality and director of the department of sanitation and environment had no statically difference of visions towards the healthy cities project as showed in table 6.

Table 6 The Correlation between Position in Municipality and the Visions of Municipal Administrators

Position	Vision Scores						Total		
	Low		Moderate		Higher				
	No.	PCT	No.	PCT	No.	PCT	No.	PCT	
Director	1	3.3	1	3.3	1	3.3	3	100.0	
Clerk of a municipality	6	3.3	6	3.3	6	3.3	18	100.0	
Municipal councilor	9	20.5	18	40.9	17	38.6	44	100.0	
Mayor	6	30.0	6	30.0	8	40.0	20	100.0	
Total	22	25.9	31	36.5	32	37.6	85	100.0	
Chi-Square =6.130		df =6		significance = .409					

4.3.2 The Correlation between Education Level and the Visions of Municipal Administrators

From the research results found that correlation between education level and the visions of municipal administrators toward healthy cities project of Ratchaburi province was statistically significant at 0.05 levels. The data pointed out that the higher education level of sample had statically difference of their visions toward healthy cities project with direct proportion as showed in table 7.

Table 7 The Correlation between Position in Municipality and the Visions of Municipal Administrators

Education Level	Vision Scores						Total	
	Low		Moderate		Higher		No.	PCT
	No.	PCT	No.	PCT	No.	PCT		
Lower than Bachelor	14	40.0	16	45.7	5	14.3	35	100.0
Bachelor	8	25.0	8	25.0	16	50.0	32	100.0
Higher than Bachelor	1	5.6	7	38.8	10	55.6	18	100.0
Total	23	27.0	31	36.5	31	36.5	85	100.0
Chi-Square =9.977 df =4 significance = .041								

4.3.3 The Correlation between Duration of Position and the Visions of Municipal Administrators

From the research results found that correlation between duration of position and the visions of municipal administrators toward healthy cities project of Ratchaburi province was statistically significant at 0.05 levels. The data pointed out that the longer duration of position or work experience in municipality of sample had statically difference of their visions toward healthy cities project with direct proportion as showed in table 8.

Table 8 The Correlation between Duration of Position and the Visions of Municipal Administrators

Duration of Position	Vision Scores						Total	
	Low		Moderate		Higher			
	No.	PCT	No.	PCT	No.	PCT	No.	PCT
Lower than 1year and 6 months	7	30.4	13	56.5	3	13.1	23	100.0
1year and 6 months – 3 years	9	33.3	10	37.1	8	29.6	27	100.0
More than 3 years	9	25.7	11	31.4	15	42.9	35	100.0
Total	25	29.4	34	40.0	26	30.6	85	100.0
Chi-Square = 9.538 df =4 significance = .049								

4.3.4 The Correlation between Reception of Information and the Visions of Municipal Administrators

From the research results found that correlation between reception of information and the visions of municipal administrators towards healthy cities project of Ratchaburi Province was not statistically significant at 0.05 levels. The data pointed out that the reception of information of municipal administrators had no statically difference of their visions toward healthy cities project as showed in table 9. Therefore the reception of information from different media had no affected to towards healthy cities project.

Table 9 The Correlation between Reception of Information and the Visions of Municipal Administrators

Reception of Information	Vision Scores						Total	
	Low		Moderate		Higher			
	No.	PCT	No.	PCT	No.	PCT	No.	PCT
Never	1	33.3	1	33.3	1	33.3	3	100.0
Ever	24	29.3	28	34.1	30	36.6	82	100.0
Total	25	29.4	28	32.9	32	37.7	85	100.0
Chi-Square =1.736 df =2 significance = .420								

4.3.5 The Correlation between Training Received and the Visions of Municipal Administrators

From the research results found that correlation between training received and the visions of municipal administrators towards healthy cities project of Ratchaburi Province was not statistically significant at 0.05 levels. The data indicated that the reception of information of municipal administrators had no statically difference of their visions toward healthy cities project as showed in table 10. Therefore the training received had no affected to towards healthy cities project.

Table 10 The Correlation between Training Received and the Visions of Municipal Administrators

Training Received	Vision Scores						Total	
	Low		Moderate		High			
	No.	PCT	No.	PCT	No.	PCT	No.	PCT
Never	18	34.0	20	37.7	15	28.3	53	100.0
Ever	14	43.8	8	25.0	10	31.3	32	100.0
Total	32	37.7	28	32.9	25	29.4	85	100.0
Chi-Square =1.549 df =2 significance = .461								

4.3.6 The Correlation between Meeting/Seminar Attended and the Visions of Municipal Administrators

From the research results found that correlation between meeting/seminar attended and the visions of municipal administrators towards healthy cities project of Ratchaburi Province was not statistically significant at 0.05 levels as showed in table 11.

Table 11 The Correlation between Meeting/Seminar Attended and the Visions of Municipal Administrators

Meeting/Seminar Attended	Vision Scores						Total	
	Low		Moderate		High			
	No.	PCT	No.	PCT	No.	PCT	No.	PCT
Never	14	25.6	20	36.4	21	38.2	55	100.0
Ever	11	36.7	8	26.6	11	36.7	30	100.0
Total	25	29.4	28	32.9	32	37.7	85	100.0
Chi-Square =1.396 df =2 significance = .498								

4.3.7 The Correlation between the Healthy Cities Project Responsibility and the Visions of Municipal Administrators

From the research results found that correlation between healthy cities project responsibility and the visions of municipal administrators towards healthy cities project of Ratchaburi province was not statistically significant at 0.05 levels as showed in table 12.

Table 12 The Correlation between the Healthy Cities Project Responsibility and the Visions of Municipal Administrators

Healthy Cities Project Responsibility	Vision Scores						Total	
	Low		Moderate		High			
	No.	PCT	No.	PCT	No.	PCT	No.	PCT
No Responsibility	10	27.8	13	36.1	13	36.1	36	100.0
Responsibility	12	24.5	24	49.0	13	26.5	49	100.0
Total	22	25.9	37	43.5	26	30.6	85	100.0
Chi-Square = 3.576 df =2 significance = .167								

4.3.8 The Correlation between Study Tour about the Healthy Cities Project and the Visions of Municipal Administrators

From the research results found that correlation between study tour about healthy cities project and the visions of municipal administrators towards the healthy cities project of Ratchaburi province was not statistically significant at 0.05 levels as showed in table 13. Therefore, it could be said that study tour about healthy cities project had no influenced to their visions towards the healthy cities project of Ratchaburi province.

Table 13 The Correlation between Study Tour about the Healthy Cities Project and the Visions of Municipal Administrators

Study Tour about Healthy Cities Project	Vision Scores						Total	
	Low		Moderate		High			
	No.	PCT	No.	PCT	No.	PCT	No.	PCT
Never	12	22.2	22	40.7	20	37.1	54	100.0
Ever	13	38.7	6	19.4	12	41.9	31	100.0
Total	25	29.4	28	32.9	32	37.6	85	100.0
Chi-Square =5.351 df =2 significance = .069								

4.4 The Knowledge and Understanding, and Awareness of Municipal Administrators towards the Healthy Cities Project of Ratchaburi Province

4.4.1 Number and Percentage of Knowledge and Understanding of Municipal Administrators towards Healthy Cities Project of Ratchaburi Province

It was found from this study that the level of knowledge and understanding of municipal administrators towards healthy cities project of Ratchaburi province when the of knowledge and understanding scores were arranged with the Norm-Reference by using the mean score and standard deviation as criteria for dividing. There were 3 ranges of scores as low level (lower than 17 scores, moderate level (17-19 score), and high level (higher than 19 scores) as illustrated in table 14. The result indicated that the level of knowledge and understanding of sample group was rather high because

the means score equaled to 17 score, and standard deviation equaled to 2 scores. Therefore, the number of sample group that had 17 scores (80.0%) starting were 81.2 percent of total sample

Table 14 Level of Knowledge and Understanding of Municipal Administrators towards the Healthy Cities Project of Ratchaburi Province

Level of Knowledge and Understanding of Municipal Administrators	Number	Percent
Lower than 17 scores	16	18.8
Moderate 17-19 scores	68	80.0
Higher than 19 scores	1	1.2
Total	85	100.0

4.4.2 The Level of Knowledge and Understanding of Municipal Administrators towards the Healthy Cities Project of Ratchaburi Province

Table 15 showed number and percentage of knowledge and understanding of municipal administrators of Ratchaburi province, it was found that the majority (69.4%) of sample group had knowledge and understanding that healthy cities project was established by the World Health Organization with the aims of sustainable development, 77.6% of sample group had knowledge and understanding that healthy cities project should not emphasize on promotion of health, environment and social serenity only, 87.1% of sample group had knowledge and understanding that the implementation of healthy cities project was not duty and burden of central government and local government only, all of sample group had knowledge and understanding that to achieve the objects of healthy cities project truly, it depended on the people participation, 97.6% of sample group had knowledge and understanding that driving process of healthy cities project development, it must start by preparing the readiness and building the understanding by constructing the network of participation so it could achieve the aims, 91.8% of sample group had knowledge and understanding that to monitor and to evaluate healthy cities project, it was not a very important step, 72.9 % of sample group had knowledge and understanding that the

success of healthy cities project, it need not to have long term plan, 77.6 % of sample group had knowledge and understanding that development of healthy cities project need to develop for all aspects, but the environment and public health were the most essential, 94.1 % of sample group had knowledge and understanding that to hold campaign of awareness building to perform according the law strictly and taking the responsibility by cooperation, they were important parts of healthy cities project implementation, and 96.5 % of sample group had knowledge and understanding that the basic economic development of city and community to be strengthen and be self-dependent, and balancing, it was a principle of healthy cities project implementation respectively.

In addition, most of all (92.5%) sample group had knowledge and understanding that to administrate city and community by participation, transparency, and justice, they were parts of healthy cities project implementation, and all of sample group had knowledge and understanding that to create value of work by aiming at the public interest as main of honesty integrity, and take responsibility, they were factors of accomplishment of healthy cities project development, 96.5 % of sample group had knowledge and understanding that to create value of work by aiming at the public interest as main of honesty integrity, and take responsibility, they were factors of accomplishment of healthy cities project development, 98.8 % of sample group had knowledge and understanding that to implement healthy cities, it must to build the impression of friendship, to be kind and fair for tourists, 98.8 % of sample group had knowledge and understanding that visions were the aim, intent, goal or thing that would be wished in the future, 95.3 % of sample group had knowledge and understanding that to set the vision, it need to analyze the events of past, present, and future that what affected to the success of the organization, 90.6 % of sample group had knowledge and understanding that healthy cities could be interpreted into two features were development of life quality and way of life of urban people and community to be better than present, 80.0 % of sample group had knowledge and understanding that the efficient economy meant employment widely, divergence, balancing, and sufficiency, and 94.1 % of sample group had knowledge and understanding that being state of people, it composed of the transparent and just

administration of government sectors and regarding on the public interest as main, including the people.

Table 15 Numbers and Percentage of Sample Group According to Knowledge and Understanding of Municipal Administrators towards the Healthy Cities Project of Ratchaburi Province

Items	Yes	No	Don't know	Mode
1. Healthy cities project was established by the World Health Organization with the aims of sustainable development.	59 (69.4)	4 (4.7)	22 (25.9)	Yes
2. . Healthy cities project emphasized on promotion of health, environment and social serenity.*	13 (15.3)	66 (77.6)	6 (7.1)	No
3. The implementation of healthy cities project was duty and burden of central government and local government only.*	11 (12.9)	74 (87.1)	0 (0.0)	No
4. To achieve the objects of healthy cities project truly, it depended on the people participation.	85 (100.0)	0 (0.0)	0 (0.0)	Yes
5. Driving process of healthy cities project development, it must start by preparing the readiness and building the understanding by constructing the network of participation so it could achieve the aims.	83 (97.6)	2 (2.3)	0 (0.0)	Yes
6. To monitor and to evaluate healthy cities project, it was a very important step.*	5 (5.9)	78 (91.8)	2 (2.3)	No
7. The success of healthy cities project, it need not to have long term plan. *	19 (22.4)	62 (72.9)	4 (4.7)	No
8. Development of healthy cities project need not to develop for all aspects, but the environment and public health were the most essential.*	16 (18.8)	66 (77.6)	3 (3.5)	No

Table 15 Numbers and Percentage of Sample Group According to Knowledge and Understanding of Municipal Administrators towards the Healthy Cities Project of Ratchaburi Province (Continued)

Items	Yes	No	Don't know	Mode
9. To hold campaign of awareness building to perform according the law strictly and taking the responsibility by cooperation, they were important parts of healthy cities project implementation.	80 (94.1)	3 (3.5)	2 (2.3)	Yes
10. Basic economic development of city and community to be strengthen and be self-depended, and balancing, it was a principle of healthy cities project implementation.	82 (96.5)	1 (1.2)	2 (2.3)	Yes
11. To administrate city and community by participation, transparency, and justice, they were parts of healthy cities project implementation.	79 (92.9)	1 (1.2)	5 (5.9)	Yes
12. To create value of work by aiming at the public interest as main of honesty integrity, and take responsibility, they were factors of accomplishment of healthy cities project development.	85 (100.0)	0 (0.0)	0 (0.0)	Yes
13. To develop healthy cities, it must to create the people awareness and cooperate to protest the corruptions.	83 (97.6)	2 (2.3)	0 (0.0)	Yes
14. To implement healthy cities, it must to build the impression of friendship, to be kind and fair for tourists.	84 (98.8)	1 (1.2)	0 (0.0)	Yes
15. To promote the ecotourism, it was counted as healthy cities project implementation as well.	84 (98.8)	1 (1.2)	0 (0.0)	Yes
16. Visions were the aim, intent, goal or thing that would be wished in the future.	84 (98.8)	1 (1.2)	0 (0.0)	Yes
17. To set the vision, it need to analyze the events of past, present, and future that what affected to the success of the organization.	81 (95.3)	1 (1.2)	3 (3.5)	Yes

Table 15 Numbers and Percentage of Sample Group According to Knowledge and Understanding of Municipal Administrators towards the Healthy Cities Project of Ratchaburi Province (Continued)

Items	Yes	No	Don't know	Mode
18. Healthy cities could be interpreted into 2 features were development of life quality and way of life of urban people and community to be better than present.	77 (90.6)	5 (5.9)	3 (3.5)	Yes
19. The efficient economy meant employment widely, divergence, balancing, and sufficiency.	68 (80.0)	11 (12.9)	6 (70.6)	Yes
20. Being state of people, it composed of the transparent and just administration of government sectors and regarding on the public interest as main, including the people participation.	80 (94.1)	1 (1.2)	1 (1.2)	Yes

4.4.3 Level of Awareness of Municipal Administrators towards the Healthy Cities Project of Ratchaburi Province

It was found from this study that the level of awareness of municipal administrators towards healthy cities project of Ratchaburi province when the awareness scores were arranged with the Norm-Reference by using the mean score (40 scores) and standard deviation (2 scores) as criteria for dividing. There were 3 ranges of scores as low level (lower than 37 scores, moderate level (37-43 score), and high level (higher than 43 scores) as illustrated in table 16.

Table 16 Level of Knowledge and Understanding of Municipal Administrators towards the Healthy Cities Project of Ratchaburi Province

Level of Awareness of Municipal Administrators	Number	Percent
Lower than 37 scores	29	34.12
Moderate 37- 43 scores	27	31.76
Higher than 43 scores	29	34.12
Total	85	100.0

4.4.4 Number and Percentage of Awareness of Municipal Administrators towards the Healthy Cities Project of Ratchaburi Province

Table 17 showed number and percentage of awareness of municipal administrators of Ratchaburi province, it was found that the majority (70.6%) of sample group had awareness to disagree that healthy cities project needed not to have people participation but they must keep their clean, 63.5% of sample group had awareness to disagree that citizen had no duty to set the policy about healthy cities project, 58.8 % of sample group had awareness to agree that to create the people awareness by giving knowledge and understanding about healthy cities project, it would be an important base, 47.1 % of sample group had awareness to agree that the people knew to use natural resources with economization and maximization for living, it was implementation of healthy cities, 50.7 % of sample group had awareness to disagree that to create awareness for people to participate in planning of environmental management in municipality, it was less important than the earning issue of people, 55.3 % of sample group had awareness to agree that to implement healthy cities project, it should emphasize on balancing of economic development and natural and environmental conservation, 65.7 % of sample group had awareness to agree that to campaign of awareness raising for clean maintenance, and neatness, it was an implementation of healthy cities project, 56.5 % of sample group had awareness to agree that to have an awareness for local administration organization to take responsibility, it was the most important part of healthy cities project implementation, 54.2 % of sample group had awareness to disagree that it was no need to have administration with transparency, justice because development of healthy cities of World Health Organization emphasized on good public health and environment, 56.5 % of sample group had awareness to disagree that healthy cities project could be able to success without raising awareness for people to participate since the step of planning because it was direct duty of municipality, 61.2 % of sample group had awareness to disagree that to implement healthy cities project to success, it was no need to give the knowledge information about the project and awareness raising since it was direct duty of administrators, 58.8 % of sample group had awareness to disagree that the healthy cities implementation meant to build the good

environment, people had healthy but it did not involve the safe of life and property of people, 41.2 % of sample group had awareness to disagree that municipality was the organization that set the good tradition for locality, 63.1 % of sample group had awareness to agree that the healthy cities implementation must have the awareness raising for people to cooperate to protest the corruptions, 69.4 % of sample group had awareness to disagree that in their municipal areas, it was too rural to implement the healthy cities project, 46.1 % of sample group had awareness to agree that to raise awareness according to self-sufficient economic, it was one guideline of healthy cities implementation, 60.0 % of sample group had awareness to disagree that to live according to Buddhism principle of middle way, it did not involve the healthy cities, 49.7 % of sample group had awareness to strongly agree that whether plan, implementation, or decision making about healthy cities project, the administrators must be aware and regard on public interest as an importance, 64.7 % of sample group had awareness to disagree that the healthy cities project would achieve successfully, it was no need to have campaign on people participation if the administrators had enough awareness, and 51.8 % of sample group had awareness to strongly agree that To build awareness of administration of municipality, it must start at transparency, and accountability respectively.

Table 17 Numbers and Percentage of Sample Group According to Awareness of Municipal Administrators towards the Healthy Cities Project of Ratchaburi Province

Items	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree	Mode
1. Healthy cities project needed not to have people participation but they must keep their clean.*	5 (5.9)	1 (1.2)	3 (3.5)	60 (70.6)	16 (18.8)	Disagree
2. Citizen had no duty to set the policy about healthy cities project.*	1 (1.2)	2 (2.4)	12 (14.1)	54 (63.5)	16 (18.8)	Disagree
3. To create the people awareness by giving knowledge and understanding about healthy cities project, it would be an important base.	33 (38.8)	50 (58.8)	0 (0.0)	0 (0.0)	2 (2.4)	Agree
4. The people knew to use natural resources with economization and maximization for living, it was implementation of healthy cities.	38 (44.7)	40 (47.1)	6 (7.1)	0 (0.0)	3 (3.5)	Agree
5. To create awareness for people to participate in planning of environmental management in municipality, it was less important than the earning issue of people.*	7 (8.2)	18 (21.3)	11 (13.2)	43 (50.7)	6 (7.1)	Disagree
6. To implement healthy cities project, it should emphasize on balancing of economic development and natural and environmental conservation.	26 (30.7)	47 (55.3)	10 (12.4)	2 (2.4)	0 (0.0)	Agree
7. To campaign of awareness raising for clean maintenance, and neatness, it was an implementation of healthy cities project.	30 (35.3)	55 (65.7)	0 (0.0)	0 (0.0)	0 (0.0)	Agree

Table 17 Numbers and Percentage of Sample Group According to Awareness of Municipal Administrators towards the Healthy Cities Project of Ratchaburi Province (Continued)

Items	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree	Mode
8. To have an awareness for local administration organization to take responsibility, it was the most important part of healthy cities project implementation.	33 (39.5)	48 (56.5)	2 (2.4)	2 (2.4)	0 (0.0)	Agree
9. It was no need to have administration with transparency, justice because development of healthy cities of World Health Organization emphasized on good public health and environment.*	0 (0.0)	8 (10.1)	8 (10.1)	46 (54.2)	23 (27.1)	Disagree
10. Healthy cities project could be able to success without raising awareness for people to participate since the step of planning because it was direct duty of municipality.*	2 (2.4)	8 (10.1)	2 (2.4)	48 (56.5)	25 (29.4)	Disagree
11. To implement healthy cities project to success, it was no need to give the knowledge information about the project and awareness raising since it was direct duty of administrators.*	0 (0.0)	4 (4.7)	2 (2.4)	52 (61.2)	27 (31.8)	Disagree

Table 17 Numbers and Percentage of Sample Group According to Awareness of Municipal Administrators towards the Healthy Cities Project of Ratchaburi Province (Continued)

Items	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree	Mode
12. The healthy cities implementation meant to build the good environment, people had healthy but it did not involve the safe of life and property of people.*	4 (4.7)	6 (7.1)	5 (5.9)	50 (58.8)	20 (23.5)	Disagree
13. Municipality was the organization that set the good tradition for locality.*	5 (5.9)	22 (25.9)	12 (14.1)	35 (41.2)	11 (12.9)	Disagree
14. The healthy cities implementation must have the awareness raising for people to cooperate to protest the corruptions.	23 (27.4)	53 (63.1)	7 (8.3)	1 (1.2)	1 (1.2)	Agree
15. In your municipal area, it was too rural to implement the healthy cities project.*	0 (0.0)	6 (5.2)	6 (5.2)	59 (69.4)	14 (16.5)	Disagree
16. To raise awareness according to self-sufficient economic, it was one guideline of healthy cities implementation.	27 (31.8)	53 (46.1)	1 (1.2)	3 (3.5)	1 (1.2)	Agree
17. To live according to Buddhism principle of middle way, it did not involve the healthy cities.*	3 (3.5)	9 (7.8)	11 (12.9)	51 (60.0)	11 (12.9)	Disagree

Table 17 Numbers and Percentage of Sample Group According to Awareness of Municipal Administrators towards the Healthy Cities Project of Ratchaburi Province (Continued)

Items	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree	Mode
18. Whether plan, implementation, or decision making about healthy cities project, the administrators must be aware and regard on public interest as an importance.	42 (49.7)	37 (43.5)	3 (3.5)	2 (2.4)	1 (1.2)	Strongly agree
19. The healthy cities project would achieve successfully, it was no need to have campaign on people participation if the administrators had enough awareness.*	2 (2.4)	5 (4.3)	2 (2.4)	55 (64.7)	21 (24.7)	Disagree
20. To build awareness of administration of municipality, it must start at transparency, and accountability.	44 (51.8)	37 (43.5)	2 (2.4)	1 (1.2)	1 (1.2)	Strongly agree

4.5 Analysis of The Correlation between Knowledge and Understanding of Municipal Administrators and Visions towards the Healthy Cities Project of Ratchaburi Province

The research result indicated that the correlation between knowledge and understanding of municipal administrators and visions towards healthy cities project of Ratchaburi province was statistically significant at 0.05 levels as presented in table 18. Therefore, it pointed out that the municipal administrators who had high knowledge level would affect to the high level of their vision.

Table 18 Analysis of The Correlation between Knowledge and Understanding of Municipal Administrators and Visions towards the Healthy Cities Project of Ratchaburi Province

Knowledge and Understanding	Vision Scores						Total	
	Low Level		Moderate Level		High Level			
	No.	PCT	No.	PCT	No.	PCT	No.	PCT
Low Level	11	36.7	11	36.7	8	26.6	30	100.0
Moderate Level	13	33.3	13	33.3	13	33.3	39	100.0
High Level	11	68.7	4	25.0	1	6.3	16	100.0
Total	35	41.2	28	32.9	22	25.9	85	100.0
Chi-Square = 9.661 df = 4 significance = .047								

4.6 Analysis of The Correlation between Awareness of Municipal Administrators and Visions towards the Healthy Cities Project of Ratchaburi Province

The research result showed that the Correlation between awareness of municipal administrators and visions towards the healthy cities project of Ratchaburi province was statistically significant at 0.05 levels as presented in table 19. Hence, the awareness of municipal administrators had direct association with the their visions.

Table 19 Analysis of The Correlation between Awareness of Municipal Administrators and Visions towards the Healthy Cities Project of Ratchaburi Province

Awareness	Vision Scores						Total	
	Low Level		Moderate Level		High Level			
	No.	PCT	No.	PCT	No.	PCT	No.	PCT
Low Level	5	16.7	12	40	13	43.3	30	100
Moderate Level	6	26.1	7	30.4	10	43.5	23	100
High Level	18	56.3	9	28.1	5	15.6	32	100
Total	29	34	28	33	28	33	85	100.0
Chi-Square = 21.624 df = 4 significance = .000								

4.7 Holistic View of the Visions of Municipal Administrators towards the Healthy Cities Project

The data collected from in-depth interview of 8 mayors of municipalities that were on 6 mayors of Ban-Luak Subdistrict Municipality, Bang-Pae Subdistrict Municipality, Pak-To Subdistrict Municipality, Khao-Khang Subdistrict Municipality, Ban-Pong Town Municipality, and Photharam Town Municipality, and 1 municipal councilor of Ratchaburi Town Municipality, including 1 clerk of a municipality of Sri-Donpai Subdistrict Municipalities. It can be concluded in different aspects as follows:

4.7.1 How the attributes of your city or community in the past, present, and future have looked like?

The information from in-depth interview of 8 mayors, they had opinions about the attributes of city in the past, present, and future in different aspects of municipalities of Ratchaburi province presented in table 20. There was as follows:

Table20 Attributes of City in the Past, Present and Future Municipality of Ratchaburi Province

Past (beyond 5 Years)	Present	Future (Next 5 years)
<p><u>Physical Attribute</u></p> <ul style="list-style-type: none"> -Be the rural state, not much building in the municipality, no electricity, pipe water, and laterite road - Traffic was not congestion. <p><u>Environment and public health</u></p> <ul style="list-style-type: none"> - Be natural state - Garbage was not much. -In the town municipality was employed landfill technique. - Public health, most of people used the health center. - There was community hospital but the communication system was inconvenient. 	<p><u>Physical Attribute</u></p> <ul style="list-style-type: none"> - Be the urban state, more building, asphalt road, have electricity, pipe water - Traffic was congestion in municipality, but in the subdistrict municipality flows well. <p><u>Environment and public health</u></p> <ul style="list-style-type: none"> - Municipality has waste disposal because it increases a large amount but it lacks of budget to build incinerators. - There is waste separation in every municipality - There is wastewater from household disposal by the central disposal of town municipality. - But there is no wastewater disposal in district municipality. - Public health, most of people reach to the hospital services because there is health welfare project for every persons. -People are realize the importance of prevention more than treatment. 	<p><u>Physical Attribute</u></p> <ul style="list-style-type: none"> -Expect to have the complete infrastructure in the year 2005 or 2006, and increase the quality of infrastructure such as drinkable pipe water. - Traffic may have problem if there is no advance plan, therefore various municipality try to have good city plan in order to solve the short coming problems. <p><u>Environment and public health</u></p> <ul style="list-style-type: none"> - Every municipality feel realize the importance of toxic waste disposal by planning the budget for pollution management. -People is expected to have good health, and they would not sick from the disease that can be prevented.

Table20 Attributes of City in the Past, Present and Future Municipality of Ratchaburi Province (Continued)

Past (beyond 5 Years)	Present	Future (Next 5 years)
<p><u>Management and Service</u></p> <ul style="list-style-type: none"> -Absolute monarchy system, the people was difficult to reach -Top down management - Few budget <p><u>Education</u></p> <ul style="list-style-type: none"> - Town municipality had primary school in the responsibility. <p><u>People Participation</u></p> <ul style="list-style-type: none"> - Few people participated, they would pay attention when there was election. 	<p><u>Management and Service</u></p> <ul style="list-style-type: none"> - To reach the service of municipality more easy, the municipal officer has service mind. - It is bottom up management by people participation - More budget <p><u>Education</u></p> <ul style="list-style-type: none"> - Subdistrict municipality pay attention for kindergarten school management or prior or it. - Town municipality starts to pay attention to education and extend to secondary school level. <p><u>People Participation</u></p> <ul style="list-style-type: none"> - People pay more attention and participate more in municipal management. 	<p><u>Management and Service</u></p> <ul style="list-style-type: none"> - It needs more technology for management - It is transparent, and accountable. - To promote the economic to receive more budget. <p><u>Education</u></p> <ul style="list-style-type: none"> - Most of municipalities want to develop the education if they have enough budget and to extend to university level. <p><u>People Participation</u></p> <ul style="list-style-type: none"> - Municipality pay more attention to people participation in every issue.

4.7.2 Analysis the Strength Weakness Opportunity and Threaten of the Municipality.

4.7.2.1 Strength

- People gave more collaboration such environmental aspect that they had more awareness for environment.
- The administrators had more stability, financial independence, and power of adjustment.
- There was an independence of work implementation.
- There was the policy that be relevant to the local demand,
- Some municipality had readiness for environmental management about the waste solid collection by having more tools and equipments.
- There was the geographical development that facilitated to living.
- Most of people had a change to express their opinions in boundary of city, and community.

4.7.2.2 Weakness

- The National politics was threaten the local politics so it caused the local politics difficult to implementation.
- Some municipality had problem for environmental management such wastewater treatment, lack of city planning, and the small building was not appropriate for work situation.
- Not enough budget
- Some municipality such as municipality of Sri-Donpai had to take the responsibility of the very long canal so it caused them could look after thoroughly.
- People lacked of knowledge and understanding and action participation for public area, including problem solving that impacted to environment due to the chemical use causing the degradation

of life quality. In addition, misuse of natural resources, and lack of knowledge and understanding about ecosystem conservation.

-Economic problem, some part of people lacked of dedicated mind to give time for public activity and some people who participate to public activity for self-interest.

4.7.2.3 Opportunity to develop

-In some municipality had wide area for development.

-They were center of trains and roads to the south.

-Municipal administrators had more knowledge to so they had high potential to administrate and develop the municipality better.

-Some municipality had good public relation therefore they received the good cooperation from people to participate in different activities such as Potharam Town Municipality for instance. It was good chance for municipal development effectively due to the harmonization.

- Some municipality had high potential of environment that facilitated to waterway tourism promotion but it needed to maintain the water quality to be better at present. Moreover, it would be benefit for agricultural utilization.

-Have the knowledge promotion for people increasingly, and be able to implement more effectively due to the progress of technological and information system that facilitated to the knowledge promotion can be implement extensively and comprehensively.

4.7.2.4 Threat

-There were unaccepted by the some political group that were lost in the election so it caused the political conflicts. There were lacking of people participation

-There were the addict distribution, and drug abuse of youth, nevertheless some of them had a chance to study further in the university.

-There were wastewater problem from pig farms that flew pass to the municipal areas.

-Agriculturist used a lot of chemical substances that caused harmful effects to health and environmental destruction such as soil and water quality.

-There were drug addict problem, and the selfish of some group of people.

-Community power was loss due to some part of community was recipient more than be donor. The chance to have work decreased. For education, there were high chance to study more due to the facilitation of educational system and economic situation.

4.7.3 About 6 from 8 of mayors had opinions that the features of healthy cities in their thoughts or expectations, it should be attributes as follows:

There were complete infrastructures, and people had good morality, and awareness to participate in art and culture conservation. The healthy city attribute in their opinion were as following examples:

1. People satisfied to benefit received from different aspects from the functions of municipality.
2. City had people who had good behavior so it should be started at the family by making everyone to have consciousness of public mind.
3. The city should have the readiness in every aspects whether economic, social, political, and environmental aspects. The infrastructures should facilitate the highest benefit for people, including being a tourism city.
4. City should be safe, clean, and calm. People had job to do. The environment was free from pollution.
5. People in the city should have good life quality, know to use the limited natural resources to reach the highest profit, maintain and improve the culture, tradition, belief, and awareness to reach the sustainable development.

4.7.4 Visions of municipality in term of organizational visions and the participants in setting visions were as follows:

Most of majors had opinions that there was no written vision of municipality and some of them had opinions agree with the Minister of Ministry of Interior that healthy city was the city with good health and moral raising.

From the interviewing, it was found that vision of some municipality was established by mayors merely. Some were defined by the municipal councilor and some led all officers from different sections of municipality but there was no popular participation for municipal vision establishment un this interviewing. The following were examples of visions from 5 municipalities.

- 1) Human being must be developed to have aims for public mind by stressing on the education for people, this was defined by municipal councilor.
- 2) The vision of Potharam Town Municipality was healthy city without the pollution, every had good health, and living. There was water and light, convenient road and pulsing with the cooperation of work unit, popular collaboration, high education, and our city had clear blue sky.
- 3) Healthy environment, transparent canals, and free from pollution, it was defined by all officers of municipality.
- 4) People had knowledge and understanding, growing the conscious of participation, cooperate the benefit among human, nature, government, local administrative organizations and people.
- 5) Ratchaburi Town Municipality was healthy city to live, be trade center. Every road was clean and was asphalt .The wastewater drainage was efficiency and have good wastewater management system. Pipe water well flew. It was source of cultures and traditions. There were high potential management of education and services. The municipal officer took part in defining the vision.

4.7.5 Visions of mayors for implementation of healthy cities

Most of the mayor had visions of healthy city implementation with the following aims and expectation as follows:

- 1) There was good planning, and infrastructure perfectly, and people had morality and consciousness.
- 2) There are public mind to conserve the environment and culture and art.
- 3) People was happy with the good health by introducing the sport, and exercise as leader of good health construction because it was prevention of sickness., which was relevant to the policy of Ministry of Public Health in the present. It was health problem solving at the root of problem that was real solving.
- 4) For the environment, it needed to improve the canal to be clean, and free from pollution.
- 5) To create the friendship for customer, and fast service, including having the high quality personnel because the personnel was the important part to implement to achieve the plan and policy establishment.
- 6) To promote the technological development for administration with transparency and good quality.
- 7) Allow the people to have education for cooperation to build the city to be healthy. The people had public mind not against the law.
- 8) Let the city progress in every aspect by making the public participation for people to cooperate in development.
- 9) There were social security, security, and safety by promoting the occupation for people to have good living, good knowledge, and capacity, including the understanding of natural resource use appropriately and effectively without destroying the ecosystem. They had part in participation and had consciousness of owner of public property.

4.7.6 In personal opinions of mayor, most of them had the visions of implementation of their healthy cities and healthy communities should be as follows:

- 1) In 2005, The development of infrastructure should be complete, afterward they would develop people by pulling them to participate and raising their

awareness, developing their moralities by training with using the temple, and school as centers, particularly, the municipal school. Subsequent tourism would be promoted by using the local nature and culture and tradition as site to sell.

- 2) To follow after the framework of defined vision.
- 3) One of the mayor said, it was difficult issue to implement because the municipality had few budget.
- 4) Some mayor had intention to work for the maximization benefit for people.
- 5) Cleanness, good living, have work, and honest, just, and transparent officers.
- 6) Study the community, analyze the community problem, make social society to persuade the people to participate, build the consciousness of owner, give knowledge and understanding to every population, live with self-sufficient by stressing on sustainability, have good life quality, and cooperate benefit with nature.
- 7) Clean city, environment free from pollution, people had good education, and popular participation, these would make the implementation of healthy city to be successful.

4.7.7 In personal opinions of mayor about participation of people sector to pay attentions or cooperate for implementation of healthy cities and healthy communities were as follows:

From In-Dept interview, it was found that 5 from 8 majors had opinion that the participation of people had both sides as positively and negatively for healthy city implementation as follows:

- 1) Some people participated but not in all aspects.
- 2) At moment, it had less collaboration boy some mayors was sure that if people had knowledge and understanding to cooperate for healthy city implementation increasingly. Some municipalities paid attention and gave good cooperation very well.
- 3) People was interested, and gave collaboration for healthy city implementation for instance ask land for road construction, few people gave land for road construction.
- 4) People paid less attention because they were worry about earning so they

had few consciousness for public.

5) Some mayor said he had implemented by himself he found that people gave very good cooperation, particularly for market regulations for arranging so the merchants were increased. The municipality had more income.

4.7.8 The agency has supported mayors healthy cities and healthy communities projects implementation, and the mayor required other agencies for additional support.

From In-Depth interview, all mayors required the government to support budget. There was some mayors who had good relationship with the both agencies, government and private sector. They would receive the additional budgets from these agents because they could cooperate with different agencies whether the closed municipality, subdistrict administrative organization, agencies of city plan , electricity, irrigation, traffic, police, the State Railway of Thailand, and Department of Highway. They realized that they could not develop by themselves solely. There was no direct sector gave direct support. Sometime the mayor must to play his own money for implementation. Nevertheless, there were the private and governmental organizations support in some parts such as Rotary Club, Lions Clubs, the communities, leading citizen of the town, police, and different government agencies. Besides, some mayor had opinion that there was no agency to assist so they required some additional budget, and experts of healthy city project to transfer knowledge of implementation and assist for evaluation the project.

4.7.9 The arrogance after mayor had implemented healthy cities projects were as follows:

- 1) The mayors were proud to see the citizen self-developed and the municipality progress increasingly.
- 2) After they had implemented the project, the people citified.
- 3) They organized the market to be clean, the convenient walkways.
- 4) They expected the people would receive the highest profit from the project to accomplish the aims of healthy city concept.
- 5) The politics would be changed into the good direction.

6) The municipality was recognized by the tourists and citizen, including the support from other agencies for different activities.

7) They felt satisfaction in one level because the people gave more cooperation.

8) Education must be developed because it was important fundament for other development.

4.7.10 The disappointment of mayor after they had implemented healthy cities projects were as follows:

- 1) Lack of people participation.
- 2) Community gave few participation, so it would difficult to implement and it is difficult to grow discipline for people.
- 3) The solid waste disposal was not effective as it should be because it still remained, the domestic animal such as dog and cat evacuated at public areas.
- 4) They was not feel disappoint much because it can be correct , even though the people still have recipient manner, and they were scare to express their opinion but it would be better afterward when they had higher education.

4.7.11 The municipalities of Ratchaburi province, there are projects that involve to healthy cities projects as follows:

-Project name: Beautiful canal, clear water. The owner was municipality, its objective was to maintain the water quality, and target group was canal in the municipal area.

-Project name: Good view for house front, clean road, beautiful trees. There was an idea only.

-Project name: Road free from garbage. The owner was mayor, its objective was to maintain the cleanness and to be in perfect order, and target group was Saeng-Chuto road, The result of implementation , the road was very clean.

-Project name: City of beautiful people, healthy house (2000-2001). The owner was Department of public health and environment of municipality, its objective was to raise conscious, decrease the garbage, and target group

was people lived nearby Saeng-Chuto road. The result of implementation, the people knew the mean to separate the garbage..

-Project name: The training for environmental protection volunteers. The owner was Department of public health and environment of municipality, its objective was to raise conscious of people to join for environmental protection, and target group was general people.

-Project name: The training the project of life quality development of the winner for cleanness. The owner was Department of public health and environment of municipality, its objective was to be careful for infectious disease from occupation, and target group was municipal cleaner.

-Project name: The training knowledge given and tour education for AIDS and Drug Addicts prevention for students. The owner was Department of public health and environment of municipality, its objective was to prevent for AIDS infection and drug addicts and target group was students of 2 municipal school.

-Project name: Fair for Campaign of control and prevent of hemorrhagic fever. The owner was Department of public health and environment of municipality, its objective was to decrease the rate of infection of hemorrhagic fever, and target group was general people.

-Project name: Product of biological fertilizer. The owner was municipality, its objective was to maintain the soil surface, ecosystem in order to prevent the impact to people and target group was people in Khao-Khang Subdistrict Municipalities. The results of implementation, people had knowledge and understanding to use biological fertilizer, including natural fertilizer, which did not impact to ecosystem and humans being.

-Project name: Cultivation of community forestry. The owner was municipality, its objective was to maintain environment and target group was people in Khao-Khang Subdistrict Municipalities. The results of implementation, is waiting because it is in the phase of implementation.

Project name: Good view for house front. The owner was mayor, its objective was to maintain the cleanness and to be in perfect order, and target

group was Krai-etch road, The result of implementation, the walkway was perfect order and be convenient to walk.

All projects both finished and during implement, it was found that there was no monitoring subjectively and systemically therefore the healthy city project was not continue as it should be.

4.7.12 The important problems and obstacles for implementation of the healthy cities projects

- 1) Some municipality faced with the violence political conflict, there was murder.
- 2) Lack of popular participation.
- 3) Lack of knowledge, consciousness, and selfish.
- 4) There is not enough knowledge and lack of participation, relevant opinion, and devote.
- 5) There was environment, soil resource, water resource, and air degradation, including health problem due to lack of good management such as wastewater management of pig farms.
- 6) Problem of lack land for health park, Youth center, traffic management such as Pak-To Subdistrict Municipality

CHAPTER V

DISCUSSIONS

From the research on the topic of “The visions of municipal administrators towards the healthy cities project of Ratchaburi Province”, the populations were municipal administrators of 3 town municipalities and 20 subdistrict municipalities, totally 23 municipalities. The municipal administrators of subdistrict municipalities had 3 persons, and town municipalities had 4 persons, and 1 director of the department public health and environment from each municipality were included, totally 98 persons. The research discussions are follows:

- ⊙ Discussions the correlation between studied variables and the visions of municipal administrators toward healthy cities project of Ratchaburi Province
- ⊙ The holistic view of the visions of municipal administrators toward healthy cities project of Ratchaburi province

5.1 The Correlation Between Studied Variables and The Visions of Municipal Administrators towards the Healthy Cities Project of Ratchaburi Province

The results of this research found that the correlation between studied variables and the visions of municipal administrators toward healthy cities project of Ratchaburi Province, the independent variables according to the set concepts were education level, position in municipality, duration of position, training of healthy cities project, meeting/seminar about healthy cities project, healthy cities project responsibility, study tour about healthy cities project, reception of information about healthy cities project, knowledge and understanding, and awareness about healthy cities project.

5.1.1 The Correlation between Position in Municipality and the Visions of Municipal Administrators

The research results found that correlation between position in municipality and the visions of municipal administrators toward healthy cities project of Ratchaburi province was not statistically significant at 0.05 levels. It might due to the positions of whether mayor, municipal councilor, clerk of a municipality and director of the department of sanitation and environment are not different since they are the similar of administrator even though they are in the position in different charge because the administrators in which level they should at least some experience on vision towards healthy cities project. This research result is congruent to the study of Siriphen Saoramnee. (2003: 5). Researched on the topic of “Perception of administrators and teachers under the office of Phatumtani secondary education on job performance according to the standards on teaching profession”, the results revealed that the administrators who had different work experience had no difference of perception statistically significant at 0.05 levels.

5.1.2 The Correlation between Education Level and the Visions of Municipal Administrators

The research results illustrated that correlation between education level and the visions of municipal administrators toward healthy cities project of Ratchaburi Province was statistically significant at 0.05 levels. It might be the education level caused the different ability to have far vision, capability of policy planning, implementation capability in advance with obvious direction systemically because the person who had different education were received different practice of thinking, different imaginary creation according to their experience, and moreover the education is able to train them for systemic thinking so the administrators who had different education level would have different visions to healthy cities of Ratchaburi Province. This is relevant to the research of Marasri Suthanithi (1997) studied on topic of “Factors Related to the Visions of Administrators of Primary School the Bangkok Metropolis”. The results demonstrated that the administrators of primary school under the Bangkok Metropolis were as follows: (1) Visions of administrators of primary school under the Bangkok Metropolis were at moderate level. (2) administrators of

primary school who had different sex, education level would have different visions' and it is also congruent to the study of Sakson Areerisom (2002) on vision and environmental community management of Tambon Administrative Organization in Angthong Province. The results illustrated that there were correlation in environmental community management in a few issues; between the vision of members of TAO and age, education level, personal income per month, information received, and the length as a member were statistically significant at level of 0.05.

5.1.3 The Correlation between Duration of Position and the Visions of Municipal Administrators

The research results demonstrated that correlation between duration of position and the visions of municipal administrators toward healthy cities project of Ratchaburi province was statistically significant at 0.05 levels. Even though they had the same position of administration but the different experience in work had affected to the way of thought, different ability to imagine, far sight, and it caused the accumulation of knowledge and understanding in different issues more or less it depends the experience of each person. Therefore, the municipal administrators who had different work experience had different visions. This result is harmonious to the research of Thieng Mhiandthaisong, (1999:65-66) studied on the Vision of Administrators in the Rajabhut Institute, research result found that Administrators in the Rajabhud Institute in the small size and large size had different visions, and the work experience more than 4 years and the work experience lesser than 4 years or equivalence had different vision as well, in addition it is matching with the research of Sakson Areerisom (2002) researched on vision and environmental community management of Tambon Administrative Organization in Angthong Province. The results illustrated that there was correlation in environmental community management in a few issues; between the vision of members of TAO and the length as a member was statistically significant at 0.05 levels.

5.1.4 The Correlation between Reception of Information and the Visions of Municipal Administrators

The research results showed that correlation between reception of information and the visions of municipal administrators towards healthy cities project of Ratchaburi province was not statistically significant at 0.05 levels. According to the principle of Rogers (1981:208-209) stated the effectiveness of mass communication reached the receiver promptly so it would impact to the receiver then it is able to change attitude, and raise awareness which means increasing knowledge, and understanding more effectively. There are a lot of channels of communication such as via mass media communication, personal communication such as parents, brother and sister, friends, colleague, and known person for instance. Besides the individual factors such as age, social status, economic state, income, personal capability, and education level, all are factor that can promote the media efficient reception more or less, it also depended on the personal characteristics. Therefore the reception of information about healthy cities project should affect to the vision of municipal administrators but in this study revealed that there was no correlation between reception of information and the visions of municipal administrators towards healthy cities project of Ratchaburi province statistically significant at 0.05 levels. It might be that the sample group were the high level administrators of municipality so they had rather high basic education combined with high experience in different issues before so to receive the information could not change their visions. In addition, the reception of media was the highest frequency was journal and document, subsequent media were leaflets/document and television were about 23-24 percents. All these media gave few detail than textbook so it is difficult to change the visions of municipal administrators through the reading and watching all this types media. Therefore, the reception of information could not change their visions.

5.1.5 The Correlation between Training Received and the Visions of Municipal Administrators

The research results found that correlation between training received and the visions of municipal administrators towards healthy cities project of Ratchaburi

Province was not statistically significant at 0.05 levels since the number of sample group who had not received the training were double amount of one who had received (not received training for healthy cities project were 62.4 %, and received were 37.6 %), moreover most of the training emphasized on knowledge, understanding, and awareness, it did not emphasize on the vision towards healthy cities project directly so it caused the visions of municipal administrators towards healthy cities project of Ratchaburi Province did not correlate to the training received statistically significant at 0.05 levels. This result did not harmonize to the research result of Busaba Ob-Ay. (2002), found that after training, the trainees had more knowledge and awareness about public participation for projects that cause impacts on the environment at statistically significant level of 0.05. Trainees were satisfied with these training courses. This showed that the developed training course is suitable for staff of the governmental sector, private sector, and non-governmental organizations. It illustrated that training curriculum developed was appropriate to use for training for personnel from governmental sectors, public companies, and private sector and it is also not relevant to the study of Manus Suwan (1994: 61) had research on the topic of Knowledge and understand given to people on natural and resource management: A case study of Nan Province, it found that the target population should played roles and participated in training process by meeting and conversing with the governmental officers to crate knowledge and understand quickly since the people would be the person who introduced the information and problem to the conversation and the officers would be provide knowledge and method of problem solving according to academic principles and experiences, and it is not congruent to subsequent research of Sriparinya Thubkrajang et al. (1997: 145) on the attitude and pattern of decision making of female youth towards the future living. It found that the sample group of female youth who participated in training of future living had the attitude towards decision making in the positive direction more than one who had never attended the training before at statistically significant 0.05 levels.

5.1.6 The Correlation between Meeting/Seminar Attended and the Visions of Municipal Administrators

The research results disclosed that correlation between meeting/seminar attended and the visions of municipal administrators towards healthy cities project of Ratchaburi Province was not statistically significant at 0.05 levels because the number of sample group who had not attended the meeting/seminar were double amount of one who had attended (not attended meeting/seminar for healthy cities project were 64.7 %, and attended were 35.3 %), furthermore most of the meeting/seminar stressed on knowledge, understanding, awareness, and attitude, it did not stress on the vision towards healthy cities project directly so it caused the visions of municipal administrators towards healthy cities project of Ratchaburi Province did not correlate to the meeting/seminar attended statistically significant at 0.05 levels, it might the meeting/seminar is the same as training received that was highlighted on knowledge, understanding, awareness, and attitude, and it due to duration of training and meeting/seminar taking short period such as 1-5 days so it is difficult to change their visions.

5.1.7 The Correlation Between the Healthy Cities Project Responsibility and the Visions of Municipal Administrators

The research results found that correlation between healthy cities project responsibility and the visions of municipal administrators towards healthy cities project of Ratchaburi province was not statistically significant at 0.05 levels, the person who took the responsibility for healthy cities project do not need to have vision direct to the project because the project was delegated by organization or it was governmental policy directly. So the person who take the responsibility needed not to have the far and wide visions, or have the capacity to forecast the events about the project but it was operated according to the policy and plan of local organization level or national organization level directly, and it did not relate to the need to have good vision to take the responsibility for those projects. As a result, it can be concluded that healthy cities project responsibility did not associated with the visions of municipal administrators.

5.1.8 The Correlation between Study Tour about the Healthy Cities Project and the Visions of Municipal Administrators

The research results found that correlation between study tour about healthy cities project and the visions of municipal administrators towards healthy cities project of Ratchaburi province was not statistically significant at 0.05 levels for the reason that the number of sample group who had not participated study tour were twofold number of one who had participated (not participated meeting/seminar for healthy cities project were 63.5 %, and participated were 36.5 %), besides most of the research results found that correlation between study tour accentuated on knowledge, understanding, awareness, and attitude, it did not accentuate on the vision towards healthy cities project directly so it caused the visions of municipal administrators towards healthy cities project of Ratchaburi Province did not correlate to the study tour attended statistically significant at 0.05 levels, in view of the fact that the study tour is similar the training that aims to give knowledge and understanding, and it takes a short period for 1-21 days of study tour so to construct the vision, it could be done in the short time like as study tour as well.

5.1.9 The Correlation between Knowledge and Understanding of Municipal Administrators and Visions towards the Healthy Cities Project of Ratchaburi Province

It was found from the result that the level of knowledge and understanding of municipal administrators towards healthy cities project of Ratchaburi province when the of knowledge and understanding scores were arranged with the Norm-Reference by using the mean score and standard deviation as criteria for dividing. There were 3 ranges of scores as low level (lower than 17 scores, moderate level (17-19 score), and high level (higher than 19 scores). The result indicated that the level of knowledge and understanding of sample group was rather high because the means score equaled to 17 score, and standard deviation equaled to 2 scores. Therefore, the number of sample group that had 17 scores (80.0%) starting were 81.2 percent of total sample. It might be that most of administrators had rather high education level combined with a variety of experience accumulation so it caused knowledge and understanding of municipal administrators correlated to visions towards healthy cities project of Ratchaburi

province was statistically significant at 0.05 levels, because according to principle of Bloom et al (1971:12-26) divided the cognitive domain into 6 levels from simplest to hardest:

1. Knowledge is the ability of the brain to remember or maintain stories that an individual receives; to see a person's memory skills is to see whether the person is able to remember specific things
2. Comprehension is the ability to communicate meanings, both in letting others know his own meaning and knowing the desires of others
3. Application is the ability to use knowledge and understanding to solve new problems effectively. This ability isn't the ability to copy a method of problem solving, but whether a person can apply knowledge to solve new problems and situations successfully.
4. Analysis is the ability to separate issues into sub-sets
5. Synthesis is the ability to integrate sub-sets together into a collective whole and create a new system that is more effective.
6. Evaluation is the ability to make decisions through a set of criteria and standards established. These are pertinent to this study that almost 90% of administrators had high knowledge and understanding level so this affected to the visions to implement the healthy cities project. It was similar to the research work of Marasri Suthanithi (1997) studied on topic of "Factors Related to the Visions of Administrators of Primary School the Bangkok Metropolis". The results demonstrated that the administrators of primary school under the Bangkok Metropolis that administrators of primary school who had different education level would have different visions. Moreover it is congruent to the study of Sakson Areesrisom (2002) on vision and environmental community management of Tambon Administrative Organization in Anghong Province. The results illustrated that there were correlation in environmental community management in a few issues; between the vision of members of TAO and education level, was statistically significant at level of 0.05.

5.1.10 The Correlation between Awareness of Municipal Administrators and Visions towards the Healthy Cities Project of Ratchaburi Province

The research result showed that the Correlation between awareness of municipal administrators and visions towards healthy cities project of Ratchaburi province was statistically significant at 0.05 levels. The knowledge and understanding are closely related to awareness if any person had knowledge and understanding in what issue well that means that person is able to be raised the awareness without difficulty since the awareness means to know something evidently, enlighten, profound understanding so the knowledge and awareness are tightly associated until it may be said that they are the same issue. It was obviously seen that the sample group who are the municipal administrators in this study had very high knowledge level because almost all of (90%) the sample group had high knowledge level on healthy cities more than 85 %. Therefore it is normal that the finding showed that the awareness of municipal administrators correlated to the visions towards healthy cities project of Ratchaburi province was statistically significant at 0.05 levels. It is congruent to various study found that if the sample group had high knowledge they would also had high awareness as well such the study of Chalapun Likhitwasinkul, (1989: 92) studied on the topic of “Factors Affecting the Awareness of Environmental Conservation among Professional Guides in Thailand”. The result of the research indicated that their level of knowledge concerning environmental conservation was low and the level of awareness was medium. The knowledge and the awareness of environmental conservation correlated statistically significant at 0.05 level., and it is also pertinent to research of Boonlue Khotchasanee, 1989, investigated factors relating to knowledge and awareness of local inhabitants towards conservation and improvement of the coastal tourist resorts: a case study of Samed island Rayong province. The finding are the majority of the local inhabitants have high level of knowledge and awareness towards conservation and improvement of the coastal tourist resort. Those whose main occupations are related to tourism have higher level of knowledge and awareness of environment conservation than those whose main occupations did not relate to tourism with statistical significant at level of 0.05, and study of Nongnapas Thiengkamol (2000) studied on “Development of a Video

Program for Tourist Entrepreneurs and Tourist Guides on Sustainable Tourism Development of Samet Island Rayong Province”. The result revealed that that after the experimental groups were learning the video program, the knowledge and awareness scores in the posttest of the experimental groups are statistically significant at the level of 0.001 when compare with the pretest of the experimental groups and the pretest-posttest of the control groups among the target groups, tourist entrepreneurs and tourist guides.

5.2 Holistic View of the Visions of Municipal Administrators towards the Healthy Cities Project

From in-depth interview of 8 mayors of municipalities that were on 6 mayors of Ban-Luak Subdistrict Municipality, Bang-Pae Subdistrict Municipality, Pak-To Subdistrict Municipality, Khao-Khang Subdistrict Municipality, Ban-Pong Town Municipality, and Potharam Town Municipality, and 1 municipal councilor of Ratchaburi Town Municipality, including 1 clerk of a municipality of Sri-Donpai Subdistrict Municipalities. It can be concluded in different aspects as follows:

5.2.1 How the characteristics of your city or community in the past, present, and future have looked like?

The information from in-depth interview of 8 mayors, they had opinions about the attributes of city in the past, present, and future in different aspects of municipalities of Ratchaburi province. There was as follows:

1) In the Past (Beyond 5 years)

It can be classified the characteristics of municipality into 5 aspects as

Physical Attribute: It was a the rural state, not much building in the municipality, no electricity, pipe water, and laterite road, including traffic was not congestion.

Environment and public health: It was a natural state, and garbage was not much. In the town municipality was employed landfill technique. Public health, most of people used the health center. There was community hospital but the communication system was inconvenient.

Management and Service: Absolute monarchy system, the people was difficult to reach services, it was top down management, and it had few budget.

Education: Town municipality had primary school in the responsibility.

People Participation: Few people participated, and they would pay attention when there was election.

2) At Present

Physical Attribute: It is an urban state, more building, asphalt road, have electricity, and pipe water. Traffic was congestion in municipality, but in the subdistrict municipality flows well.

Environment and public health: Municipality has waste disposal because it increases a large amount but it lacks of budget to build incinerators. There is waste separation in every municipality, and there is wastewater from household disposal by the central disposal of town municipality, but there is no wastewater disposal in district municipality. Public health, most of people reach to the hospital services because there is health welfare project for every persons. People are realize the importance of prevention more than treatment.

Management and Service: To reach the service of municipality more easy, the municipal officer has service mind. It is bottom up management by people participation, and it is more budget than the past.

Education: Subdistrict municipality pay attention for kindergarten school management or prior or it. Town municipality starts to pay attention to education and extend to secondary school level.

People Participation: People pay more attention and participate more in municipal management.

All this is congruent to the Constitution B.E 2540 of The Kingdom of Thailand that emphasized on the community participation, and conservation of natural resources and environment so it is also relevant to the concepts and principle of healthy cities project. It was established by World Health Organization (WHO) in 1987 with the objectives to develop the sustainable city by translating the idiom “Health for All” and principle of Ottawa Charter for health promotion to be an subjective action (WHO, 1986) in order to make the city and community to have

serenity. The people had good quality of life both physical and mental aspects, including having public health, society, and culture that facilitate to good environment.

3) In Future (Next 5 years)

Physical Attribute: There will be expected to have the complete infrastructure in the year 2005 or 2006, and increase the quality of infrastructure such as drinkable pipe water. Traffic may have problem if there is no advance plan, therefore various municipality try to have good city plan in order to solve the short coming problems.

Environment and public health: Every municipality feel realize the importance of toxic waste disposal by planning the budget for pollution management. People is expected to have good health, and they would not sick from the disease that can be prevented.

Management and Service: It needs more technology for management, and it is transparent, and accountable. The economic will be promoted to receive more budget.

Education: Most of municipalities want to develop the education if they have enough budget and to extend to university level.

People Participation: Municipality pay more attention to people participation in every issue.

All these expected visions will be relevant to principle of development of healthy cities project that is the concept of healthy cities of by World Health Organization (WHO). It is the burden of everyone, every community, non-governmental organization, governmental sectors at local level and central government should understand and will be able to set the policy that involve to health, and to develop the healthy cities in physical, mental, social, and environmental aspects in order to raise the quality of life of people who live and work in that city to be better. It is the process of life quality development in the city area by stressing on the just in the society. There is the community participation, and cooperation of work unit in all levels.

5.2.2 About 6 from 8 of mayors had opinions that the features of healthy cities in their thoughts or expectations, it should be attributes as follows:

There are complete infrastructures, and people had good morality, and awareness to participate in art and culture conservation. The healthy city attribute in their opinion were as following examples:

1. People satisfied to benefit received from different aspects from the functions of municipality.
2. City had people who had good behavior so it should be started at the family by making everyone to have consciousness of public mind.
3. The city should have the readiness in every aspects whether economic, social, political, and environmental aspects. The infrastructures should facilitate the highest benefit for people, including being a tourism city.
4. City should be safe, clean, and calm. People had job to do. The environment was free from pollution.
5. People in the city should have good life quality, know to use the limited natural resources to reach the highest profit, maintain and improve the culture, tradition, belief, and awareness to reach the sustainable development.

All these expected attributes are congruent to the characteristics of healthy cities project, which has the 6 general characteristics as follows:

1. Commitment to Health
2. Political Decision-Making
3. Intersectoral Action
4. Community Participation
5. Innovation
6. Healthy Public Policy

5.2.3 Visions of mayors for implementation of healthy cities

Most of the mayor had visions of healthy city implementation with the following aims and expectation as follows:

- 1) There was good planning, and infrastructure perfectly, and people had morality and consciousness.

- 2) There are public mind to conserve the environment and culture and art.
- 3) People was happy with the good health by introducing the sport, and exercise as leader of good health construction because it was prevention of sickness., which was relevant to the policy of Ministry of Public Health in the present. It was health problem solving at the root of problem that was real solving.
- 4) For the environment, it needed to improve the canal to be clean, and free from pollution.
- 5) To create the friendship for customer, and fast service, including having the high quality personnel because the personnel was the important part to implement to achieve the plan and policy establishment.
- 6) To promote the technological development for administration with transparency and good quality.
- 7) Allow the people to have education for cooperation to build the city to be healthy. The people had public mind not against the law.
- 8) Let the city progress in every aspect by making the public participation for people to cooperate in development.
- 9) There were social security, security, and safety by promoting the occupation for people to have good living, good knowledge, and capacity, including the understanding of natural resource use appropriately and effectively without destroying the ecosystem. They had part in participation and had consciousness of owner of public property.

The majority of mayors would like to have vision to implement the heath cities according their mentioned expectation is congruent to the concepts of healthy cities in 3 aspects of the aesthetic and quality of life aspects, the efficient urban economy aspects, and the political promotion and commitment.

5.2.4 Analysis the Strength Weakness Opportunity and Threaten of the Municipality.

5.2.4.1 Strength

-People gave more collaboration such environmental aspect that they had more awareness for environment.

- The administrators had more stability, financial independence, and power of adjustment.
- There was an independence of work implementation.
- There was the policy that be relevant to the local demand,
- Some municipality had readiness for environmental management about the waste solid collection by having more tools and equipments.
- There was the geographical development that facilitated to living.
- Most of people had a change to express their opinions in boundary of city, and community.

5.2.4.2 Weakness

- The National politics was threaten the local politics so it caused the local politics difficult to implementation.
- Some municipality had problem for environmental management such wastewater treatment, lack of city planning, and the small building was not appropriate for work situation.
- Not enough budget
- Some municipality such as municipality of Sri-Donpai had to take the responsibility of the very long canal so it caused them could look after thoroughly.
- People lacked of knowledge and understanding and action participation for public area, including problem solving that impacted to environment due to the chemical use causing the degradation of life quality. In addition, misuse of natural resources, and lack of knowledge and understanding about ecosystem conservation.
- Economic problem, some part of people lacked of dedicated mind to give time for public activity and some people who participate to public activity for self-interest.

5.2.4.3 Opportunity to develop

- In some municipality had wide area for development.
- They were center of trains and roads to the south.
- Municipal administrators had more knowledge to so they had high potential to administrate and develop the municipality better.

- Some municipality had good public relation therefore they received the good cooperation from people to participate in different activities such as Potharam Town Municipality for instance. It was good chance for municipal development effectively due to the harmonization.

- Some municipality had high potential of environment that facilitated to waterway tourism promotion but it needed to maintain the water quality to be better at present. Moreover, it would be benefit for agricultural utilization.

- Have the knowledge promotion for people increasingly, and be able to implement more effectively due to the progress of technological and information system that facilitated to the knowledge promotion can be implement extensively and comprehensively.

5.2.4.4 Threat

- There were unaccepted by the some political group that were lost in the election so it caused the political conflicts. There were lacking of people participation

- There were the addict distribution, and drug abuse of youth, nevertheless some of them had a chance to study further in the university.

- There were wastewater problem from pig farms that flew pass to the municipal areas.

-Agriculturist used a lot of chemical substances that caused harmful effects to health and environmental destruction such as soil and water quality.

-There were drug addict problem, and the selfish of some group of people.

-Community power was loss due to some part of community was recipient more than be donor. The chance to have work decreased. For education, there were high chance to study more due to the facilitation of educational system and economic situation.

5.2.5 The important problems and obstacles for implementation of healthy cities projects

- 1) Some municipality faced with the violence political conflict, there was murder.
- 2) Lack of popular participation.
- 3) Lack of knowledge, consciousness, and selfish.
- 4) There is not enough knowledge and lack of participation, relevant opinion, and devote.
- 5) There was environment, soil resource, water resource, and air degradation, including health problem due to lack of good management such as wastewater management of pig farms.
- 6) Problem of lack land for health park, Youth center, traffic management such as Pak-To Subdistrict Municipality.

5.3 Visions of municipality in term of organizational visions and the participants in setting visions were as follows:

Most of majors had opinions that there was no written vision of municipality and some of them had opinions agree with the Minister of Ministry of Interior that healthy city was the city with good health and moral raising.

From the interviewing, it was found that vision of some municipality was established by mayors merely. Some were defined by the municipal councilor and some led all officers from different sections of municipality but there was no popular participation for municipal vision establishment un this interviewing. The following were examples of visions from 5 municipalities.

1) Human being must be developed to have aims for public mind by stressing on the education for people, this was defined by municipal councilor.

2) The vision of Photharam Town Municipality was healthy city without the pollution, every had good health, and living. There was water and light, convenient road and pulsing with the cooperation of work unit, popular collaboration, high education, and our city had clear blue sky.

3) Healthy environment, transparent canals, and free from pollution, it was defined by all officers of municipality.

4) People had knowledge and understanding, growing the conscious of participation, cooperate the benefit among human, nature, government, local administrative organizations and people.

5) Ratchaburi Town Municipality was healthy city to live, be trade center.

6) Every road was clean and was asphalt .The wastewater drainage was efficiency and has good wastewater management system. Pipe water well flew. It was source of cultures and traditions. There were high potential management of education and services. The municipal officer took part in defining the vision.

It can be concluded that most of mayors had good visions towards healthy cities projects due to their very high knowledge and understanding, and high awareness, including having experience in municipality very well and they are the local leader who had high experience From the study, it found that 41.2 % had more than 3 years or 36 months.

CHAPTER VI

CONCLUSIONS AND RECOMMENDATIONS

The visions of municipal administrators are very important towards the healthy cities project in Ratchaburi Province. The populations in this research were the municipal administrators of subdistrict municipalities, town municipalities. Therefore, to study on the topic of "The visions of municipal administrators toward healthy cities project of Ratchaburi Province", and the factors were relevant to the visions of municipal administrators according to the set conceptual framework were education level, duration of position, training of healthy cities project, meeting/seminar about healthy cities project, healthy cities project responsibility, study tour about healthy cities project, reception of information about healthy cities project, knowledge, understanding and awareness about healthy cities project. The research results are able to use as guideline to manage the development of healthy cities project in order to accomplish the targets of sustainable development authentically through the achieving the 3 aspects of healthy cities project completely. There were (1.) the aesthetic and quality of life aspects, (2.) the efficient urban economy aspects, and (3.) the political promotion and commitment of municipalities in Ratchaburi Province.

6.1 Conclusions

6.1.1 General Information of Sample Group

6.1.1.1 Age

The general information of sample group in term of age, it was found that municipal administrators of Ratchaburi province, the age range between 40-49 years were the most (52.9%).

6.1.1.2 Sex

The general information of sample group in term of sex, it was found that the majority was male (83.5%).

6.1.1.3 Marital Status

The general information of sample group in term of sex, it was found that the majority was marriage (89.4%).

6.1.1.4 Education Level

The general information of sample group in term of education level, it was found that the majority was bachelor degree or equivalence (38.8%).

6.1.1.5 Income

The general information of sample group in term of income per month, it was found that the majority were 10,001- 15,000 baht and 15,001-20,000 baht (21.2%).

6.1.1.6 Position

The general information of sample group in term of position in municipality, it was found that the majority was municipal councilor (51.8%).

6.1.1.7 Duration of Position

The general information of sample group in term of duration of position in municipality, it was found that the majority was more than three years (41.2 %).

6.1.1.8 Training of Healthy Cities Project

The general information of sample group in term of training of healthy cities project, it was found that the majority was training received (62.4 %).

6.1.1.9 Meeting/Seminar about Healthy Cities Project

The general information of sample group in term of meeting/seminar of healthy cities project, it was found that the majority was meeting/seminar received (64.7 %).

6.1.1.10 Healthy Cities Project Responsibility

The general information of sample group in term of healthy cities project responsibility, it was found that the majority was study tour received (36.5 %), subsequently was never training received (63.5%).

6.1.1.11 Study Tour about Healthy Cities Project

The general information of sample group in term of study tour of healthy cities project, it was found that the majority was study tour received (44.7 %), subsequently was never training received (55.3%).

6.1.1.12 Information Receiving of Healthy Cities Project

The general information of sample group in term of information receiving of healthy cities project, it was found that the majority was ever received information (96.5%) and never received (3.5%).

6.1.1.13 The Type of Media Selection

The type of media selection, which was able to select more than one item, it was found that Journal/newspaper received (68.6 %), subsequently was leaflets/document and television equivalence (65.7%), radio (28.6%), and announcing tower (2.9%).

6.1.2 The Correlation Between Studied Variables and The Visions of Municipal Administrators toward Healthy Cities Project of Ratchaburi Province

From this study, it found that the studied variables correlated to the visions of municipal administrators toward healthy cities project of Ratchaburi Province were statistically significant at 0.05 level were education level, duration of position. The

independent variables, as position, reception of information about healthy cities project, training of healthy cities project, the meeting/seminar about healthy cities project, healthy cities project responsibility, and study tour about healthy cities project, were not correlated to the visions of municipal administrators toward healthy cities project of Ratchaburi Province statistically significant at 0.05 levels.

6.1.3 Analysis of The Correlation between Knowledge and Understanding of Municipal Administrators and Visions towards Healthy Cities Project of Ratchaburi Province

From this study, it found that the correlation between knowledge and understanding of municipal administrators and visions towards healthy cities project of Ratchaburi Province was statistically significant at 0.05 levels.

6.1.4 The Correlation between Awareness of Municipal Administrators and Visions towards Healthy Cities Project of Ratchaburi Province

From this study, it found that the correlation between knowledge and understanding of municipal administrators and visions towards healthy cities project of Ratchaburi Province was statistically significant at 0.05 levels.

6.2 Recommendations from Research

6.2.1 From this study, it found that knowledge, understanding and awareness of municipal administrators correlated to visions towards healthy cities project of Ratchaburi Province, so it should increase knowledge and awareness to visions towards healthy cities project though training them about the visions directly or introducing them to have study tour at the municipality that was successful for the healthy cities project implementation.

6.2.2 From this study, it revealed that education level of municipal administrators correlated to visions towards healthy cities project of Ratchaburi

Province, therefore it should support them to study additionally through learning further at higher education such as master degree or doctoral degree.

6.2.3 From this study, it disclosed that the duration of the position or working experience of municipal administrators correlated to visions towards healthy cities project of Ratchaburi Province, so it should support them to have direct experience on implementation of healthy cities project such as holding the work shop in the issue directly.

6.2.4 It should let the every municipality to establish the implementation for healthy cities and healthy communities by setting the cooperated vision municipal administrators, the action officers, and people.

6.2.5 From this study, it illustrated that the administrators need the harmonization and cooperation from all stakeholders, particularly, from the closed municipalities and subdistrict administrative organizations; therefore it should hold meeting/seminar in order to have brain storming in order to propose the subjective and systematic guideline for administrative level.

6.2.6 It should arrange the work shop for all stakeholders o have knowledge, understanding, concept and positive attitude for healthy cities project, including giving suggestions the effective and efficiency guidelines for planning of the action plan to implement to achieve the project objectives.

6.3 Recommendations for Further Researches

6.3.1 It should study about the media production for dissemination the implementation of healthy cities project for administrators directly in order to have clear vision for healthy cities project development.

6.3.2 It should research on the people participation in implementation of healthy cities project.

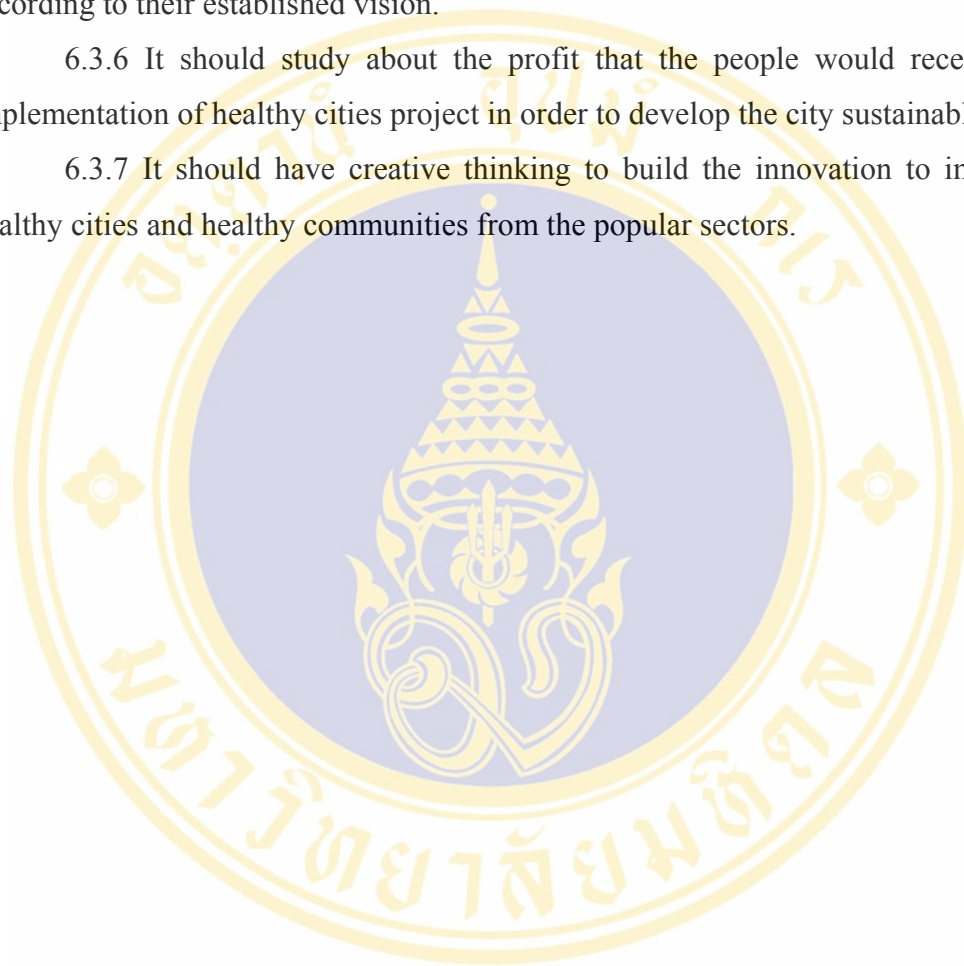
6.3.3 It should survey the opinions of people in each municipality that in their thinking and their dreams what characteristics of healthy cities that they want to have.

6.3.4 It should study on the strategies or technique to give knowledge and understanding, and raise awareness for implementation of healthy cities and healthy communities.

6.3.5 It should research about how the municipality had implemented according to their established vision.

6.3.6 It should study about the profit that the people would receive from implementation of healthy cities project in order to develop the city sustainably.

6.3.7 It should have creative thinking to build the innovation to implement healthy cities and healthy communities from the popular sectors.



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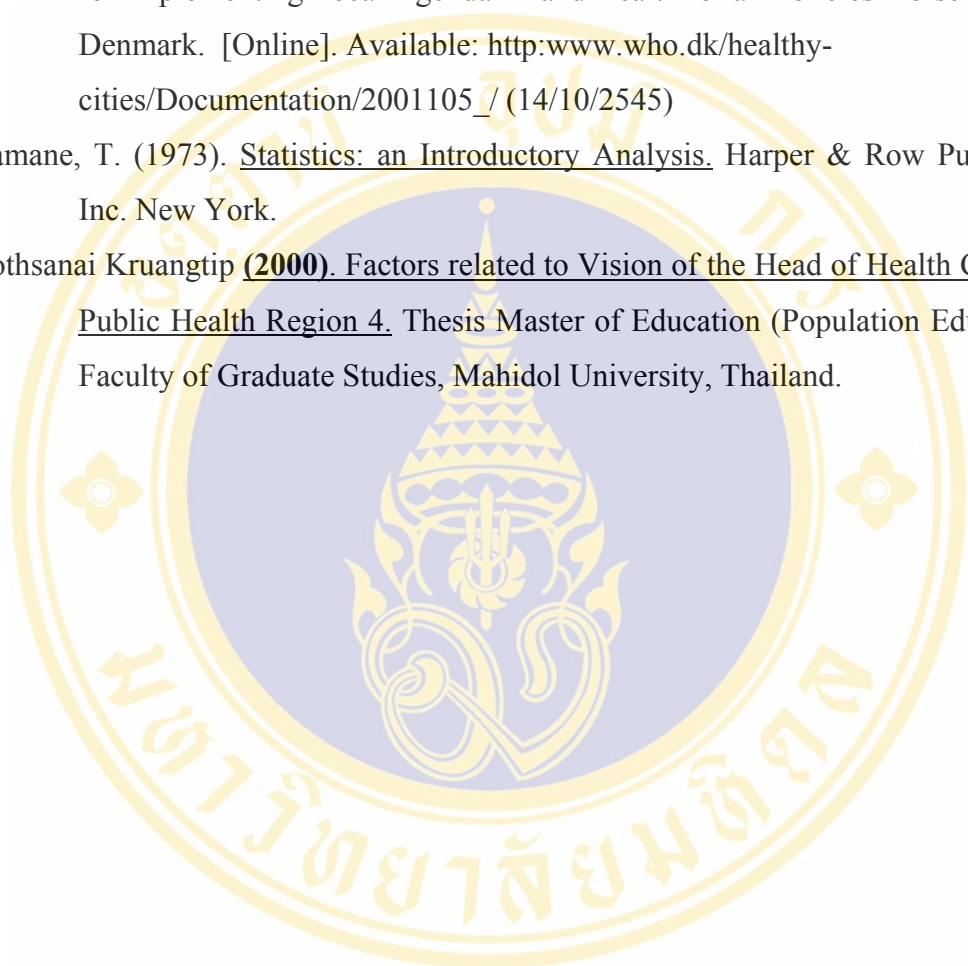
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Questionnaire Number

**The Research Questionnaire on the Topic of
“The visions of municipal administrators towards the healthy cities project of
Ratchaburi province”**

Explanation This questionnaire is to ask about the visions of municipal administrators towards the healthy cities project of Ratchaburi province, it is divided into 4 sections as follows:

Section 1: General information of municipal administrators of Ratchaburi province, it composed of 12 items.

Section 2: Questions about the visions of municipal administrators toward healthy cities project.

2.1 Questions about the visions of municipal administrators toward healthy cities project including (1.) the aesthetic and quality of life aspects, (2.) the efficient urban economy aspects, and (3.) the political promotion and commitment, 30 items

2.2 Fill in the blank about the visions of municipal administrators toward healthy cities project, 3 items.

Section 3: Questions about the knowledge and understanding of municipal administrators toward healthy cities project, 20 items.

Section 4: Questions about the knowledge and understanding of municipal administrators toward healthy cities project, 20 items.

DEFINITION

Visions of healthy cities project implementation meant the image, and future picture according to the aims and expectation of healthy cities project in the aspects of the aesthetic and quality of life aspects, the efficient urban economy aspects, and the political promotion and commitment in order to provide the good quality environment in the responsible area of municipality for next generation in the present and future.

Healthy cities meant the city that has developmental process as holistic view by holding people-centered to cooperate to build the appropriate environment for living, and strong basic economy, good administrated system, and transparency.

Section 1: General information of municipal administrators of Ratchaburi province.

Explanation Please mark / into and fill in the blank by giving the fact in accordance with your situation.

Name.....Surname.....

Position.....Municipality.....Address.....

Road.....Subdistrict.....District.....Ratchaburi province

1. Age.....years (specify with the full year)

2. Sex Male Female

3. Marital status

1. Single 2. Marriage 3. Others (please

specify).....

4. Education Level

1. Secondary School Level 2. High school or Vocational Level

3. Diploma or Equivalence 4. Bachelor

5. Higher than Bachelor 6. Others (please

specify).....

5. Income per Month

1. 5,000 บาท - 10,000 Baht 2. 10,001 บาท - 15,000 Baht

3. 15,001 บาท – 20,000 Baht 4. 20,001 บาท – 25,000 Baht

5. 25,001 บาท – 30,000 Baht 6. 30,001 บาท - 50,000 Baht

7. 50,000 บาท - 100,000 Baht 8. Others (please specify).....

6. Your position in the municipality

- 1. Mayor
- 2. Municipal Councilor
- 3. Clerk of a Municipality
- 4. Director
- 5. Others (please specify).....

7. Your duration of Position from the begin to present Year.....Months

8. During the last year, you had ever attended training course about health cities or health communities from governmental agencies and private sectors or not.

- 1. Never
- 2. Ever
 - From 2.1 Governmental agencies.....Number...timesdays
 - 2.2 Private agencies.....Number...timesdays

9. During the last year, you had ever attended meeting/ seminar about health cities or health communities from governmental agencies and private sectors or not.

- 1. Never
- 2. Ever
 - From 2.1 Governmental agencies.....Number...timesdays
 - 2.2 Private agencies.....Number...timesdays

10. During the last year, you had ever taken responsibility or implemented the projects/activities about health cities or health communities or not.

- 1. Never
- 2. Ever taken responsibility or implemented the projects/activities (specify)
 - 2.1.....
 - 2.2.....
 - 2.3.....

11. You had ever taken the study tour about health cities or health communities or not.

- 1. Never
- 2. Ever taken study tour about health cities or health communities (specify)
 - 2.1 Inside the country Province.....
 - 2.2 Outside the country.....City.....Country...

12. During the last year, you had ever received the information from which types of media

(Can specify more than 1 items)

1. Never

2. Ever (please specify).....

2.1 leaflet /Documents

2.4 Radio

2.2 Journal/Newspaper

2.5 Television

2.3 Announcing tower

2.6 Others (please

specify).....

Section 2.1: Questions about the visions of municipal administrators towards the healthy cities project

Explanation Please mark ✓ only one mark in the blank of each item that giving the fact was pertinent with your opinion

Items	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
<u>The aesthetic and quality of life aspects</u>					
1. You had planned in advance to used the area of mulcipality in the short trem plan and long term plan for development of healthy cities project.					
2. You had set goal of energy conservation in the implementation plan of mulcipality.					
3. You had set goal of soil and water conservation in the implementation plan of mulcipality.					

Section 2.1: Questions about the visions of municipal administrators towards the healthy cities project (Continued)

Items	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
4. You wanted to build geographical view in municipality to be beautiful without regarding to the loss of natural environment.					
5. You thought that it should conserve and promote the local culture.					
6. You supported to build the museum or conserve the valuable property in the municipal area for descendant to study further.					
7. Features of healthy cities in your wish that you want to live for ever must be clean, safe, and environment without pollution.					
8. You expected that healthy cities should have the information system, which was able to provide the basic information about the people health status as holistic view. Therefore, you could plan for public health of people in municipality.					

Section 2.1: Questions about the visions of municipal administrators towards the healthy cities project (Continued)

Items	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
9. You expected that in your municipal area was safe from any drug addiction entirely.					
10. You aimed to implement to let everyone in municipality had good health.					
11. You wished to implement for hospital building to support the patient sufficiently.					
12. You wanted people in your municipality to have knowledge, and understanding in concept of health building to prevent and to support because it was important than treatment.					
13. To promote the rural development to urban state, it was concept of healthy cities project implementation.					
14. You thought that the healthy cities project could not be implemented in your municipality because the people were rural styles.*					
15. To develop the healthy cities, it was no need to have proportion of green public area because some house owned the green area.					

Section 2.1: Questions about the visions of municipal administrators towards the healthy cities project (Continued)

Items	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
16. When, there was someone asked for permission of industrial factory founded that it might cause the pollution in the city. You might consider according to the appropriateness, size, and type of that industry. *					
17. Even through you may not sure that factory might cause the pollution or not but you thought that the factory could offer the job to community people, so you would give the permission immediately.*					
18. To give to much information about development of healthy cities, it might cause people to confuse to so they might be uncertain to cooperate or not.*					
19. To go back to the past or history of city, it was waste the time for city development. *					
20. Art, culture, and local wisdom, it was selected for the modern only so it would be healthy cities.*					

Section 2.1: Questions about the visions of municipal administrators towards the healthy cities project (Continued)

Items	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
<u>The efficient urban economy aspects</u>					
21. Healthy cities should be cities that life style performed according to sufficiency economic way.					
22. You wanted your people to spend a lot of money in order that money would circulate because it was a mean of healthy cities development.*					
23. You expected that healthy cities should have the educational institute that could play role on participation of conservation, of art, culture and lifestyle of local people.					
24. At present, the government had a campaign of expansion of people, therefore you should hold this campaign in your mulcipality as well. *					
25. You expected that casino open in your mulcipality because it would accelerate the economic due to the more monetary circulation so it could be used for healthy city development.*					

Section 2.1: Questions about the visions of municipal administrators towards the healthy cities project (Continued)

Items	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
<u>The political promotion and commitment</u> 26. You wanted the people to know, and express their opinions for the construction project that impacted to community.					
27. You thought that healthy city should let the people to have right of election in every issues except the budget of administration. *					
28. You wanted the community people to participate in development of municipal healthy cities.					
29. To campaign for protest of bribe election, it was an activity that you supported.					
30. Only municipal Tax payer had the right to give opinion.*					

*** Negative Question**

Section 2.2: Fill in the blank about the visions of municipal administrators towards the healthy cities project

1. The aims and expectation of city in you opinion, how it looks like?

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2. Please analyze the Strength Weakness Opportunity and Threaten of the municipality.

Strength.....

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.....

Weakness.....

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.....

Opportunity to develop.....

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.....

Threat.....

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3. What Problems and Obstacles that you think that are the important for health cities implementation?

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Section 3: Questions about the knowledge and understanding of municipal administrators towards the healthy cities project

Explanation Please mark ✓ only one mark in the blank of each item that giving the fact was pertinent with your opinion

Items	Yes	No	Don't know
1. Healthy cities project was established by the World Health Organization with the aims of sustainable development.			
2. . Healthy cities project emphasized on promotion of health, environment and social serenity.*			
3. The implementation of healthy cities project was duty and burden of central government and local government only.*			
4. To achieve the objects of healthy cities project truly, it depended on the people participation.			
5. Driving process of healthy cities project development, it must start by preparing the readiness and building the understanding by constructing the network of participation so it could achieve the aims.			
6. To monitor and to evaluate healthy cities project, it was a very important step.*			
7. The success of healthy cities project, it need not to have long term plan. *			
8. Development of healthy cities project need not to develop for all aspects, but the environment and public health were the most essential.*			
9. To hold campaign of awareness building to perform according the law strictly and taking the responsibility by cooperation, they were important parts of healthy cities project implementation.			
10. Basic economic development of city and community to be strengthen and be self-depended, and balancing, it was a principle of healthy cities project implementation.			

Section 3: Questions about the knowledge and understanding of municipal administrators towards the healthy cities project (Continued)

Items	Yes	No	Don't know
11. To administrate city and community by participation, transparency, and justice, they were parts of healthy cities project implementation.			
12. To create value of work by aiming at the public interest as main of honesty integrity, and take responsibility, they were factors of accomplishment of healthy cities project development.			
13. To develop healthy cities, it must to create the people awareness and cooperate to protest the corruptions.			
14. To implement healthy cities, it must to build the impression of friendship, to be kind and fair for tourists.			
15. To promote the ecotourism, it was counted as healthy cities project implementation as well.			
16. Visions were the aim, intent, goal or thing that would be wished in the future.			
17. To set the vision, it need to analyze the events of past, present, and future that what affected to the success of the organization.			
18. Healthy cities could be interpreted into 2 features were development of life quality and way of life of urban people and community to be better than present.			
19. The efficient economy meant employment widely, divergence, balancing, and sufficiency.			
20. Being state of people, it composed of the transparent and just administration of government sectors and regarding on the public interest as main, including the people participation.			

* **Negative Question**

Section 4: Questions about the awareness of municipal administrators towards the healthy cities project

Explanation Please mark ✓ only one mark in the blank of each item that giving the fact was pertinent with your opinion

Items	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
1. Healthy cities project needed not to have people participation but they must keep their clean.*					
2. Citizen had no duty to set the policy about healthy cities project.*					
3. To create the people awareness by giving knowledge and understanding about healthy cities project, it would be an important base.					
4. The people knew to use natural resources with economization and maximization for living, it was implementation of healthy cities.					
5. To create awareness for people to participate in planning of environmental management in municipality, it was less important than the earning issue of people.*					
6. To implement healthy cities project, it should emphasize on balancing of economic development and natural and environmental conservation.					
7. To campaign of awareness raising for clean maintenance, and neatness, it was an implementation of healthy cities project.					

Section 4: Questions about the awareness of municipal administrators towards the healthy cities project (continued)

Items	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
8. To have an awareness for local administration organization to take responsibility, it was the most important part of healthy cities project implementation.					
9. It was no need to have administration with transparency, justice because development of healthy cities of World Health Organization emphasized on good public health and environment.*					
10. Healthy cities project could be able to success without raising awareness for people to participate since the step of planning because it was direct duty of municipality.*					
11. To implement healthy cities project to success, it was no need to give the knowledge information about the project and awareness raising since it was direct duty of administrators.*					

Section 4: Questions about the awareness of municipal administrators towards the healthy cities project (continued)

Items	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
12. The healthy cities implementation meant to build the good environment, people had healthy but it did not involve the safe of life and property of people.*					
13. Municipality was the organization that set the good tradition for locality.*					
14. The healthy cities implementation must have the awareness raising for people to cooperate to protest the corruptions.					
15. In your municipal area, it was too rural to implement the healthy cities project.*					
16. To raise awareness according to self-sufficient economic, it was one guideline of healthy cities implementation.					
17. To live according to Buddhism principle of middle way, it did not involve the healthy cities.*					

Section 4: Questions about the awareness of municipal administrators towards the healthy cities project (continued)

Items	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
18. Whether plan, implementation, or decision making about healthy cities project, the administrators must be aware and regard on public interest as an importance.					
19. The healthy cities project would achieve successfully, it was no need to have campaign on people participation if the administrators had enough awareness.*					
20. To build awareness of administration of municipality, it must start at transparency, and accountability.					

* Negative Question

Section 5: Structure of In-Depth Interview for Visions of Municipal Administrators towards Healthy Cities Project of Ratchaburi Province

1. Attributes of Your City or Community in the Past, Present, Future, How it looks like?

In the Past (Beyond 5 Years)
At the Present
In the Future (Next 5 Years)

2. How the attributes of your city or community in the past, present, and future have looked like?

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3. Visions of municipality; what are your organizational visions? Who participates in setting visions.....

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4. Personally, how do your visions for implementation of healthy cities, and healthy communities look like? Do you expect that how your municipality or community should be?

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5. How much people pay attentions or cooperate for implementation of healthy cities and healthy communities look like?

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6. Which agency has supported your healthy cities and healthy communities projects? Which agency that you would like to have additional support?

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7. What do you feel proud after you implemented healthy cities and healthy communities projects?

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8. What do you feel disappointed after you implemented healthy cities and healthy communities projects?

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BIOGRAPHY

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