

## PH 022347: MAJOR HEALTH SYSTEMS DEVELOPMENT

KEY WORD: ASSESSMENT/ PRIMARY HEALTH CARE ACTIVITIES/ MONK HEALTH VOLUNTEER/PERFORMANCE

SUTTHILUCK BUANONG: THESIS TITLE. ASSESSMENT OF MONK HEALTH VOLUNTEERS' PERFORMANCE TOWARD PRIMARY HEALTH CARE ACTIVITIES IN NAKHON RATCHASIMA PROVINCE.

THESIS ADVISOR: ASSOCIATE PROFESSOR ONG-ARJ VIPUTSIRI M.D., Dr. P. H., 110 pp. ISBN 974-9599-12-8

The notion of integrating Primary Health Care (PHC) approach to be a strategy in order to achieve "Health For All By The Year 2002" have been widely accepted since 1978. One important elements of PHC is to bring community participation from all levels of local people to involve in health development and fit them in an appropriate job which suits for their potential and ability.

The purpose of this cross-sectional descriptive study was to assess the performance of Monk Health Volunteers toward Primary health Care in Nakhon Ratchasima province. The study was conducted in January to March, 2002. The sample size consisted of 637 of respondents, which were divided into two groups, MHV and monks, and worked in zone 1, 6, 7, and 8. One-way ANOVA and unpaired t-test were used for statistical analysis.

The resulted demonstrated that the majority of MHV were in age  $\geq 60$  years (24.8%) the median age was 48.52 years, duration of being monk was 6 to 10 years (28.8%), most of them were abbot (43.3%), finished from elementary school (50.1%) and ecclesiastical education grade 1 (67.7%). On the other hand, the majority monks were in the age range lower than 5 years (32.4%), the median age was 44.79 years, duration of being monk was  $\leq 5$  years. Most of monks' group were general monks, finished from elementary school (44.3%), and ecclesiastical education grade 1 (52.9%). Additionally, it was found that the importance and participation in carrying out Primary Health Care (PHC) activities and importance and satisfaction with Health Care Critical Success Criteria (HCCSC) between both groups were statistically highly significant difference ( $p$ -value  $< 0.05$ ), but the importance of community concern was no statistically significance. Besides, it was shown that the importance and participation in PHC activities were statistically significant difference ( $p$ -value  $< 0.05$ ) with personal factors, Provincial Health Office support, and local community support in MHV' respondents. In monks' respondents, there was statistically significant difference ( $p$ -value  $< 0.05$ ) between the mean score of the importance of carrying out PHC activities and duration of being monk. Moreover, it was revealed that there was also statistically significant difference ( $p$ -value  $< 0.05$ ) between community concern and duration of being monk in monks' respondents.

To achieve the goal of implementing PHC approach in MHV' work, it is needed to emphasize on providing more training programs, evaluation from Provincial Health Office regularly, and the budget from government. Furthermore, key performance who will coordinate among monk ecclesiastical levels should be considered of.

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Student's signature *Sutthiluck Buanong*  
Advisor's signature *Ong-Arj Viputsiri*