



# CHAPTER I

## INTRODUCTION

### 1.1 Background

During to the declaration of Alma-Ata in 1978, the member countries of World Health Organization (WHO) had made a commitment to achieve the goal of “ Health For All By The Year 2000” through Primary Health Care (PHC) approach.<sup>1</sup> 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.<sup>2</sup>

Nakhon Ratchasima province (Korat), the biggest in term of area in Thailand and has 26 districts and 6 sub-districts, had experienced in reforming health programs and projects number of times such as pilot project on PHC in Non-thai, 1973. Korat also has the ability of experimenting with innovative and alternative approaches for merging participation from all levels of local residents in community to collaborate in PHC model. In the year 2000, the Provincial Chief of Medical Office, had integrated new PHC approaches that focus on developing quality of life, socio-economic and moral principle altogether.<sup>3</sup> The intention of combining each essential element in community, namely house, school and monastery was to subsequently create “Sustainable Health for All” in Nakorn Ratchasima. This project consisted of four partnerships such as Family Health Leader (FHL), Village Health Volunteer (VHV), Student Health Volunteer (SHV), and Monk Health Volunteer (MHV).<sup>4</sup> They are representatives of house, school and monastery respectively.

Based on understanding the important role a monk plays in bringing deep impact upon the Thai society, a notion of integrating monks in the health development was

originated. For instance a monk is regarded as a venerable person in the community and it is easier for monks to get cooperation from people. Furthermore, a monk also performs duties such as conciliator between conflicting parties; as an advisor particularly for people who are suffering from mental problems; as instructors to offer education for people, and as a health care provider to give traditional treatment for surrounding vicinity. Besides, the Buddhist monasteries are the place where many social/religions activities are performed and taking place, and indigenous people regard the monastery as their belonging; it is felt to be the common property of the supportive people in community. The monastery is, therefore, a unifying center that functions as an integrating and binding part of Thai society as a whole.<sup>5</sup>

Nakhon Ratchasima is the first province that has trained Buddhist monks from all monasteries about some specified PHC activities and has taken them to be one of the key partners in health care provision. They can participate in and take responsibilities of particular mental health issue, help advocacy in drugs and alcohol abuse control, and be a consultant for elderly people. Besides all these responsibilities, various other jobs were added such as promoting good health, being a role model for people and providing simple and general curative care in line with primary health care approach.

From the above paragraphs, the researcher aim to study the assessment of Monk Health Volunteers' performance toward PHC activities in Nakorn Ratchasima province in order to perceive and analyze related factors, which will strengthen MHV sustainability. Moreover, the result from this research will be beneficial information to reshape the roles of MHV based on PHC model in Nakorn Ratchasima province, and will be a guideline for other provinces to enhance health care service regarding PHC approach as well.

## **1.2 Purpose of the study**

To study the performance of Monk Health Volunteers in PHC activities in Nakhon Ratchasima province.

## **1.3 Research Questions**

1. What are Monk Health Volunteers' assessments toward PHC activities in Nakhon Ratchasima province?

2. What are Monks' assessments toward PHC activities in Nakhon Ratchasima province?

3. What are factors influencing Monk Health Volunteers in carrying out PHC activities in Nakhon Ratchasima Province?

## **1.4 Objectives of the study**

### **1.4.1 General Objective**

To assess the significant difference in the assessments of Monk Health Volunteers and Monks toward PHC activities in Nakhon Ratchasima province.

### **1.4.2 Specific Objectives**

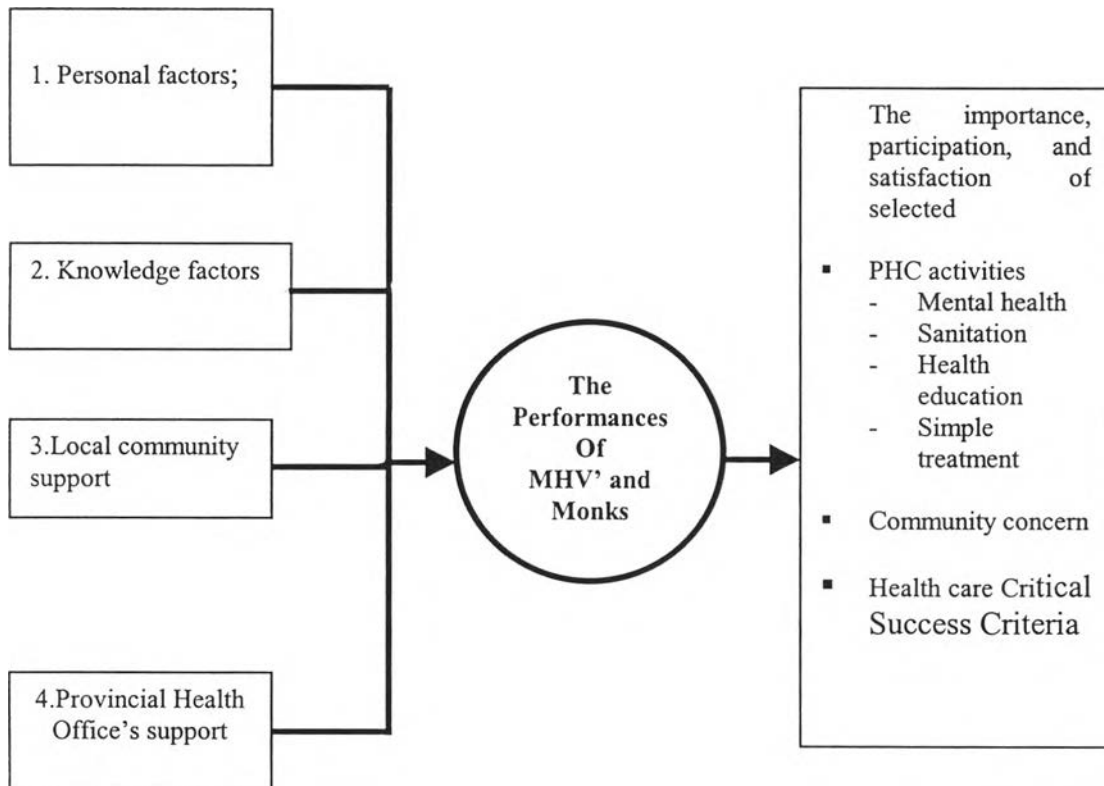
1. To determine the monk respondents' socioeconomic characteristics, knowledge factors, local community supports, and Provincial Health Office's supports to those specified PHC activities.

2. To study problems, obstacles and suggestion of MHV toward specified PHC activities in Nakhon Ratchasima province.

## Conceptual Framework of the study

### Independent Variables

### Dependent Variable



## 1.5 Variables

### 1. Independent Variables:

#### 1.1 Personal Factors

- Age
- Education Level
- Time period of being MHV
- Duration of being in community
- Monk's status

## 1.2 Knowledge Factors

- Health care information
- Training/times

## 1.3 Local Community support

## 1.4 Provincial health office's support

- Information distribution
- Motivation
- Guidance

## 2. Dependent variables:

Monk Health Volunteers' performances and Monks' toward the importance, participation, and satisfaction of those specified PHC activities and overall PHC projects.

## 1.6 Definitions and variables:

**1. Assessment:** is the way to express the thought, feeling, or evaluation, which is considered of MHV' experiences toward their roles regarding PHC and giving priority on participation and satisfaction.

**2. Monk Health Volunteer:** Monk who is venerable and healthy, who is being trained to disseminate health information and participate in PHC activities based on their roles in order to help people and community for access to basic health service.

**3. Monk:** the ordinary monk who is not trained to provide knowledge in health care issue and is not involved in participation of PHC activities.

**4. Participation:** the act of MHV involving in an activity or event regarding their roles in PHC.

**5. Primary Health Care:** is an approach that monks have participate in simple and general curative care in order to provide health services based on their roles in 4 elements such as provision of basic sanitation, education of people in health issue, giving appropriate treatment for common diseases, and promotion of mental health.

**6. Health Care Critical Success Criteria:** an approach that MHV consider in assessing health care service and support, which is consisted of 7 categories, namely Leadership, Information and Analysis, Strategies planning, Human Resource Development and Management, Process management, Organizational Performance Results, and Focus on and Satisfaction of Patients and Other Stakeholders.

**7. Simple treatment:** Provide appropriate treatment of common diseases and injuries to people.

### **1.7 Expected Benefits and Applications**

1. Determine the opinions of MHV toward PHC in Nakhon Ratchasima.
2. Know the factors relating to the opinions of MHV toward PHC in Nakhon Ratchasima province.
3. Understand problems and obstacles so that it would be beneficial information in order to developing monks' roles in "Sustainable Health For All" in Nakhon Ratchasima and become a health care model for other nearby provinces.