CHAPTER II

LITERATURE REVIEW

The literature review in this chapter covered the concepts, theories, and documents, which were involved with the study in order to help conceptualization and provide direction for formulating the research. There are 5 main parts as follows:

1. Participation
2. Primary Health Care
3. Sustainable Health for All in Nakhon Ratchasima
4. Monk Health Volunteer
5. Theory of opinion

2.1 Participation

In term of implementation of health policy, planning, and services, the need for community participation is really important for all levels or groups of people. Community Participation provides the conduit for the development and delivery of health services in a way that improves access, utilization, and input into the services it needs, as well as how those services should be delivered.[6]

Community participation is far more than the contribution of labors or supplies; it is the participation in decision making, and to chose a community project, plan it, implement it , manage it, and control it. It also promotes the activities of a target community, with a view to enable the community taking more responsibility for its own development, starting with decision-making about what projects to undertake, and stimulate to mobilize resources and organize activities.[7]

Pairat Techrin, 1984 cited from Somchart Chan-Amrung, 2002[8] stated that community participation actually means the promotion, the persuasion, and the opportunity of people and community which are under the government's support in taking them to take part in any of government activities so as to achieve the objectives and the development policy.

In developing or implementing any collaboration in community, it is crucial to have participation to lead to the self-reliant approach of people.

The steps of participation

World Health Organization (1979) has mentioned that the principle approach of participation needs four processes as follows:

1.Planning: People must be involved in problems analysis, prioritization of problems, setting up the goals, planning to utilize resources, following up and evaluation, and most importantly in decision-making.

2.Implementation: People in community must take part in managing and administering resources, having responsibility in allocating, and managing monetary and services.

3.Utilization: People must have ability in terms of carrying out activities that are useful to society, and which increases self-reliance and social control.

4.Obtaining Benefit: People must be equally received the utility from community.
Cohen and Uphoff cited from Boonchai Kerdpanyawat, 1992 [9] have separated the step of participation in decision making into four areas as follows;

1) The participation in decision-making consists of three steps of the individual decision.

    1.1 Decision initiative

    1.2 Decision procedure

    1.3 Decision implementation

2) The participation in implementation consists of three steps.

2.1 Resources support

2.2 Administration

2.3 Co-operation and collaboration

3) The participation in benefits is divided into two types.

3.1 Social benefits

3.2 Individual benefits

4) The participation in evaluation.

Even though the concept and theories on community participation have been gradually developed, but in practice community participation was recognized only as one of the development strategies being applied only in government projects. It was envisaged that community participation should be recognized both as the goal and the strategies for development and there should be an evaluation of achievement of this goal.[2]

The Assembly mutually agreed that:

1. The ultimate goal for intersectoral collaboration should be to promote health vis-à-vis other needed development rather than concentrate only on organizational goal of each sector.

2. In facing bureaucratic problems, complex rules and regulations as well as the sense of independency and authority of each sector, the administrators and implementers at all levels should be flexible and try to build up effective intersectoral collaboration focusing on the well being of the people as the common goal.

3. Decentralization of authority to the rural administration particularly in the area of financial management and the unity of command are essential measures which would facilitate intersectoral collaboration in program/project implementation for the rural needs of the people.

4. Unnecessary steps in the process of project authorization and budgeting under the collaboration system for rural development should be cut down in order to have a more immediate response to the needs for building up quality of life of the people. The planning process should involve the participation of all concerned sectors while making use of similar data and target. Project formulation and financing should be based upon the real problems of the people.

5. In undertaking any development project, all concerned sectors should clarify their role in relation to the other's in order to collaborate effectively in raising the quality of life of the population.

2.2 Primary Health Care

Primary Health Care (PHC) was first defined at the Alma-Ata conference in 1978. WHO/UNICEF (1978) has stated that " Primary Health Care is essential health care based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self- determination".

PHC is the first level of integrating people in community to take part in health care responsibilities as close as possible and constitutes the first element of a continuing health care process. PHC in each country is different in terms of integrating and adapting particular detailed aspects of PHC within the country's own social, political, and development context.[10]

It can be said that in Thailand,[11] PHC concept and principle were not new. In the early stage of adopting the implementation PHC concept of Alma Ata, it was consisted of 8 elements. After the sixth National Health Development plan 2 elements were added, and 4 elements were again added in the seventh National Health Development plan. It now is consisted of 14 elements as follows:

1) Promotion of nutrition
2) Provision of adequate supply of safe water
3) Provision of basic sanitation
4) Maternal and child care including family planning
5) Immunization against the major infectious diseases
6) Prevention and control of locally endemic diseases
7) Education concerning the prevalent health problems and the methods of their prevention and control
8) Appropriate treatment for common diseases and injuries
9) Promote mental health
10) Promote dental health
11) Prevent and solve environmental pollution
12) Consumer protection
13) Preventing and control of AIDS disease in community
14) Prevent and control accident, calamity, and communicable diseases

2.2.1. Objectives of the PHC program:

The objectives of the program formulated on the basis of various concepts are as follow:

1. To expand the coverage of the health services, particularly among the underserved rural population and to help the people to help themselves.

2. To utilize community resources and to encourage community participation in order to solve individual health problems and eventually to establish the self-help programs at the village level.

3. To promote the dissemination of health information to local people, as well as to integrate all the data that will reflect the needs and health if the communities.

4. To make basic health services available, accessible and acceptable to the people.

5. To promote health the health status if the people who live in the rural areas as well as their own awareness on health problems and problems solving.

In Thailand, according to the concepts of primary health care based on the experiences, the primary health care workers should be the people within the community to promote the community participation. Their functions should be on voluntary basis. It has recognized the potential of human resources that exist in the community and are waiting to be mobilized. Also, the process of developing a "grass-root" primary health care manpower force comprising village health communicators and village health volunteers that will be promote rural health and other development efforts through organized community. [12]

2.3 Sustainable Health For All (SHF) in Nakhon Ratchasima

Under the leadership of Provincial Chief Medical Officer, Samrerng Yanggratoke, who has embarked upon the new concept of public health, the program not only emphasized on Health Care, but Holistic Care (Bio-Psycho-Social). It therefore became " Sustainable Health For All" in Nakhon Ratchasima province that was included to be one part of universal coverage and decentralization under government statement in the year 2002. [3]

The idea of SHF—increasing empowerment of indigenous people by drawing all elements in community to work hand in hand—is comprised of main sectors namely, house, monastery, and school. There are also representatives from each sector.

2.3.1 Village Health Volunteer (VHV)

The Public Health Development plan under the 4th Economic and Social Development Plan (1977-1981) has used the primary health care strategy as the main one to develop the public health of the country and the potential of community, family and

individual to rely on themselves about health matter. Such developments used the mechanism of health volunteer system including public health reporters and village health volunteers as the leaders of development.

As for the 7th Economic and Social Development Plan (1991-1996), the Public Health Ministry had a policy to increase the potential of public health volunteers as being the important mechanism in giving knowledge and providing public health services for community people as well as leading all families in communities to help develop good HFA. The plan allowed the ministry to set up primary health care community centers covering all villages and communities nationwide by the year 1996. The ministry wanted the centers to become coordinating centers in developing the potential of village health volunteers, providing primary health care services for community people and developing primary health care in community.[8]

The first representatives of house are VHV and FHL. The process of developing VHV has gone far enough since the past 20 years. Additionally, Nakohon Ratchasima has yearly record of numbers and status of VHV from registration list and the conditions to exclude them are as follows:

1. Death
2. Transfer to other places
3. Being in community less than 6 months
4. Chronic illness
5. Resignation
6. Lack of activities participation for one year
7. Fired by the consensus of people in community

2.3.1.1 Roles of VHV in Primary Health Care

There are 14 elements of the roles of village health volunteers in primary-

health care activities (Primary Health Care committee office, 1992 cited from Chan-Amrung 2002)[8]

1) Health Education
   - To provide knowledge in 14 elements regularly
   - To provide knowledge about public health through local media
   - To be role models in public health
2) Nutrition
   - To survey the names of infants aged up to five years in community
   - To persuade mothers to weigh their children
   - To weigh children and inform their mothers about the nutrition state
   - To teach mothers to weigh their children and evaluate the nutrition scale
3) Maternity health and family planning
   - To introduce breast feeding
   - To introduce services of doctor's prenatal care and appropriate practices for pregnant women
   - To promote participation in activities about mother model
   - To introduce safe period of conception and family planning
   - To distribute contraceptives and condoms as well as to instruct service receivers how to use them
4) Disease immunization

- To survey and collect information on the target groups of infants aged up to five years
- To provide knowledge about infectious diseases that can be prevented by injecting vaccines
- To persuade and monitor parents to bring their children to receive vaccines at appointed times

5) Sanitation and environment
   - To survey and collect information on sanitation and environment
   - To provide knowledge about sanitation and environment, clean water procurement, garbage disposal and cleanliness of houses
   - To persuade people to build toilets
   - To persuade people to build rain water - storing tanks
   - To cooperate with community leaders in implementing activities
6) Control and prevention of infectious disease in the local area
   - To monitor and keep a close watch on hydrophobia, haemorrhagic fever, dysentery and malaria
   - To eliminate mosquito source and stray dogs
7) First aid
   - To disseminate public relation work and role of village health volunteers
   - To provide medication and first aid
8) Providing essential medicines
   - To introduce essential medicines and herbal medicines

- To procure and sell essential medicines in primary health care community center

9) Dental health in community
   - To disseminate and publicize a first- toothbrush project
   - To educate parents to clean their children's teeth
   - To teach children to correctly clean their teeth

10) Psychological health in community
   - To promote elderly to have health check up
   - To provide knowledge to family members about elderly health care
   - To support the establishment of elderly club
   - To hold activities about importance of elderly
   - To introduce and provide knowledge on the importance of psychological health
   - To visit patients and their families

11) Prevention and control of accident, disaster and non infectious disease
   - To provide knowledge about non-infectious disease and risky behavior to contract infectious diseases
   - To ask risky groups to have medical check-ups
   - To search for patients who are more than 40 years old

12) Consumer protection
   - To provide people with a knowledge about procurement of goods buying and services
   - To be role models about eating behavior

- To persuade people to take part in campaigning activities
- To join hands with local community to keep an eye on shops and drug stores

13) Prevention and control of Aids disease in community

- To provide knowledge about prevention and control of Aids
- To form a community group to help HIV Aids patients
- To transfer HIV Aids patients for medical treatment

14) Prevention of and solution to environment pollution

- To be a role model in preventing environment pollution problem
- To provide people with a knowledge about conservation and solution to environment problem
- To promote community forest

2.3.1.2 Training for VHV

The training program for VHV has classified in different levels as follow:

1. Village level

The VHV training course is conducted two times a month (25 times/year) in the local area like Village Health Center. The aim is to educate VHV in order to contribute health information to FHL and to help solving basic health problems of the people.

2. Sub-district level

The training program is carried out once a month (three times/year) at

Health Care Center or Local Hospital. The aim is to review the existing body of knowledge about public health and discuss all obstacles of health process during the quarterly in order to making strategic planning and exchange of experiences among villagers and health care officers.

3. District level/ Provincial level

The training program is to congregate all VHV to share their experiences with the facilitators and public health professionals at the higher level. It is being conducted only once a year, usually at a Provincial Hospital.

2.3.2 Family Health leader (FHL)

FHL means anyone in family who could be a role model in health practice and could disseminate health education to other people in his own family. FHL is selected by VHV, who are responsible for the same neighborhood. It could be anyone in family such as head of family, housewife, son, daughter, or even relative.

2.3.2.1Qualification of FHL

1) Healthy person

2) Fairly literate (Able to read and write)

3) Being a good role model in health care

4) Willing to be FHL

5) Age above 10 years

6) Other qualifications might be needed to suit in that community

2.3.2.2 The role of FHL

1) The basic responsibility of FHL is to be a role model of health care to people in a family and continuously provide health education to the members of the family to achieve the goal of being healthy.

2) Participate in the meeting with VHV regularly in order to gain health information and attend training programs at local health center.

3) Join in public health activities, which can contribute health care services to people and community.

4) Give any suggestion that may be beneficial to community and to VHV to achieve HFA.

5) Other responsibilities will be added as VHV consider appropriate.

FHL have to survey the basic health needs in their families if they reach the standardization, the process of developing will be carry on. The supports from VHV are needed, in case the basic health needs are not meet requirement, in order to help solving the problems. Each FHL has the health manual guidebook for self -study. Besides, health information distributed by VHV is important for family and other people. In this concept, FHL help to strengthen community from family to the grass root levels.

2.3.3 Student Health Volunteers (SHV)

SHV are either elementary or high school students who help to promote primary health care and health education in schools. This is one of the four partnerships established to achieve HFA in community.

The notion of formulating SHV is one strategy to develop community participation and promote sustainability. Elementary students (grade 1-6) and high school students (grade 9-12) take health actions in taking care of their own health, friends' and community's. Furthermore, the ultimate goal of SHV is to serve community as health care providers or community leaders upon their graduation. Normally, SHV are chosen from the nominated names or the representatives of class, who will then take care of the school first aid room.

2.3.3.1 The roles of SHV

Major role

To facilitate the school teachers or health care officers in implementing primary health care activities, health education, communicable and non-

communicable disease prevention and control, curative treatment and rehabilitation in schools.

Minor roles

1) To unravel misunderstanding on health information by explaining and clarifying through mass media in school, based on the true information.
2) To disseminate useful information about healthy behavior.
3) To provide information on how to receive health services in community or even from nearby area.
4) To be coordinators among students, school teachers, and health care officers regarding health activities.
5) To provide simple treatment and refer the sick people to student health center.
6) To be role models in term of cleanliness and sanitation in school health.

(The manual guild book of SHF in Nakhon Ratchasima, 1997)

2.4 Monk Health Volunteers

Buddhism has been Thailand's national religion for as long as historical records go back in time. Buddhism and the Thai way of life are therefore inseparable. The life of most Thais relates to Buddhism from birth to death.

In the ancient time (before King Chulalongkorn's time) education in Thailand was in the hands of three distinct institutions, namely the private family, the royal palace, and the monastery. Most of parents who wished their sons to gain literacy and some vocational skills had to bring them to the monastery and let them stay with monks, where they would be accepted as boarders. Therefore Buddhist monks in that time performed duties as instructors. Additionally, Buddhism dominates all the highlights in a Thais' life. At times

of happiness and great rejoicing, Thai Buddhists immediately think of the monastery and the monks; especially in the rural countryside, people would go to the monastery and perform some meritorious act. Also at times of grief and suffering the monastery is the right place to go for consultation and consolation. Buddhism is there for the Thais when things go well and when they go badly, throughout life, from the beginning to the end.[14]

Palanee [15] summarized the general role of a Buddhist monastery through the centuries as follows;

1.It has been an educational center for the villagers' children, particularly the boys who have been sent by their parents to be " temple boys" (dek wat), not only for moral training but also for learning a variety of other .

2.It has been a welfare institution where a poor boy or a poor man can find a livelihood and obtain education.

3. It has served as a public health center for the surrounding community.

4. It has provided casual travelers with food and shelters.

5.It has functioned as a public club in which the villagers spend time for relaxation and for obtaining new knowledge and experience.

6.It has been a recreational center where various festive fairs and entertainment are staged all the year round.

7.It has functioned as a legal "court" in which the residents or the monks act as conciliators between conflicting parties and as advisors for those who are suffering from community or family problems.

8.It has been a cultural center where artifacts and various invaluable cultural products have been preserved. It functions like a museum.

9.It has been a godown for different kinds of articles, which may be borrowed and used by the villagers for their occasional festivals and feasts.

10.It has been a meeting-place for the villagers who may be summoned by the villager headman for certain official information. In this case, it has served as an administrative center. (In time of war it may have been used for military purposes)

11.It has been a place from where political campaigns have been launched especially at times of general election.

12.It also has been a place for performing religious ceremonies and services, which are concerned with man's passage through life in its different stages.

In a country where religion has a deep influence on daily life, culture and education, the temple is very much a community center. Additionally, monks have played important role in the way of Thai's life, particularly in educational role, mental health and health care system. In 1997, Nakhon Ratchasima province integrated Buddhist monk to be one element of mechanisms to improve health care services. In order to get monks to work effectively in primary health care, the Buddhist ecclesiastical hierarchy, the body of health knowledge and motivation are needed to focus on.[3]

Following the legislation a hierarchy of ecclesiastical offices was created, along the lines of the Thai civil administration. The king who has the final authority in all religious affairs appoints the Supreme Patriarch (Somdet Phrasangkharat) who stands at the apex of the ecclesiastical pyramid. In his turn the Supreme Patriarch appoints, with the King's approval, a number of senior bhikkhus to serve on the Council of Elders (Mahatherasamakhom), a body which combines legislative, administrative and judicial functions. Local ecclesiastical administration is in the hands of the monastic officials in charge of the various administrative areas into which Thailand is divided, the largest and most inclusive of these being the nine Regions (Phak) each of which has at its head Chao Khana Phak or Ecclesiastical Regional Head. The next official in descending order of rank is the Ecclesiastical Provincial Head (Chao Khana Changwat) followed by his subordinates at the District (the Chao Khana Amphoe) and Sub-District levels (the

Chao Khana Tambon). The most junior ecclesiastical official is the abbot of the individual monastery or wat (Chao Awat), which forms the smallest unit of administration.[16]

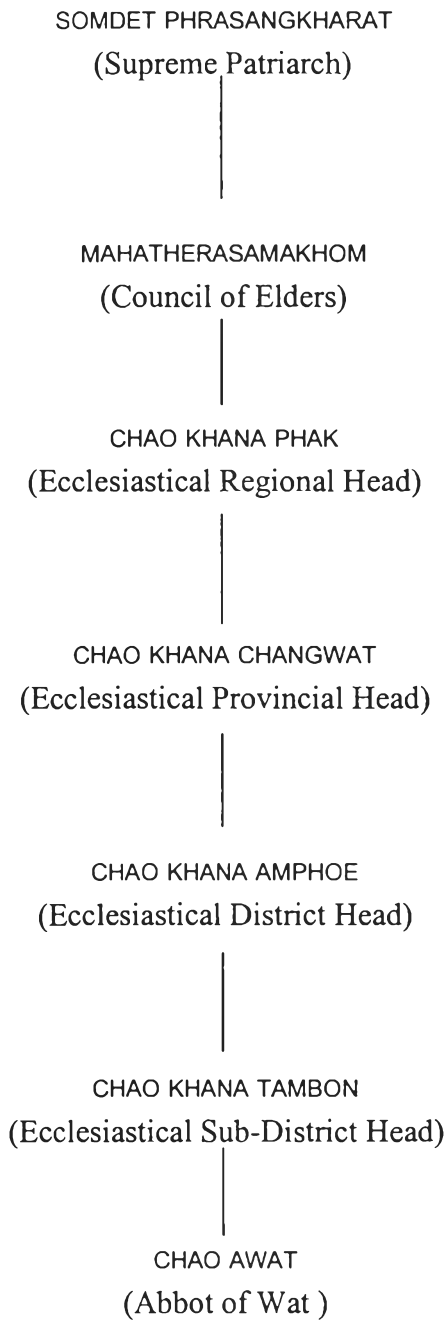


Figure 1. Outline chart of the Thai Sangha

(According to the Act on the Administration of the Buddhist Order of sangha, 1962)

To get full cooperation from MHV it must deal with Monk secretarial officers, who are well productive in terms of administration and management, in all ecclesiastical levels. The monk secretarial officer will be coordinator to join with higher levels both health care practitioners and ecclesiastical head.

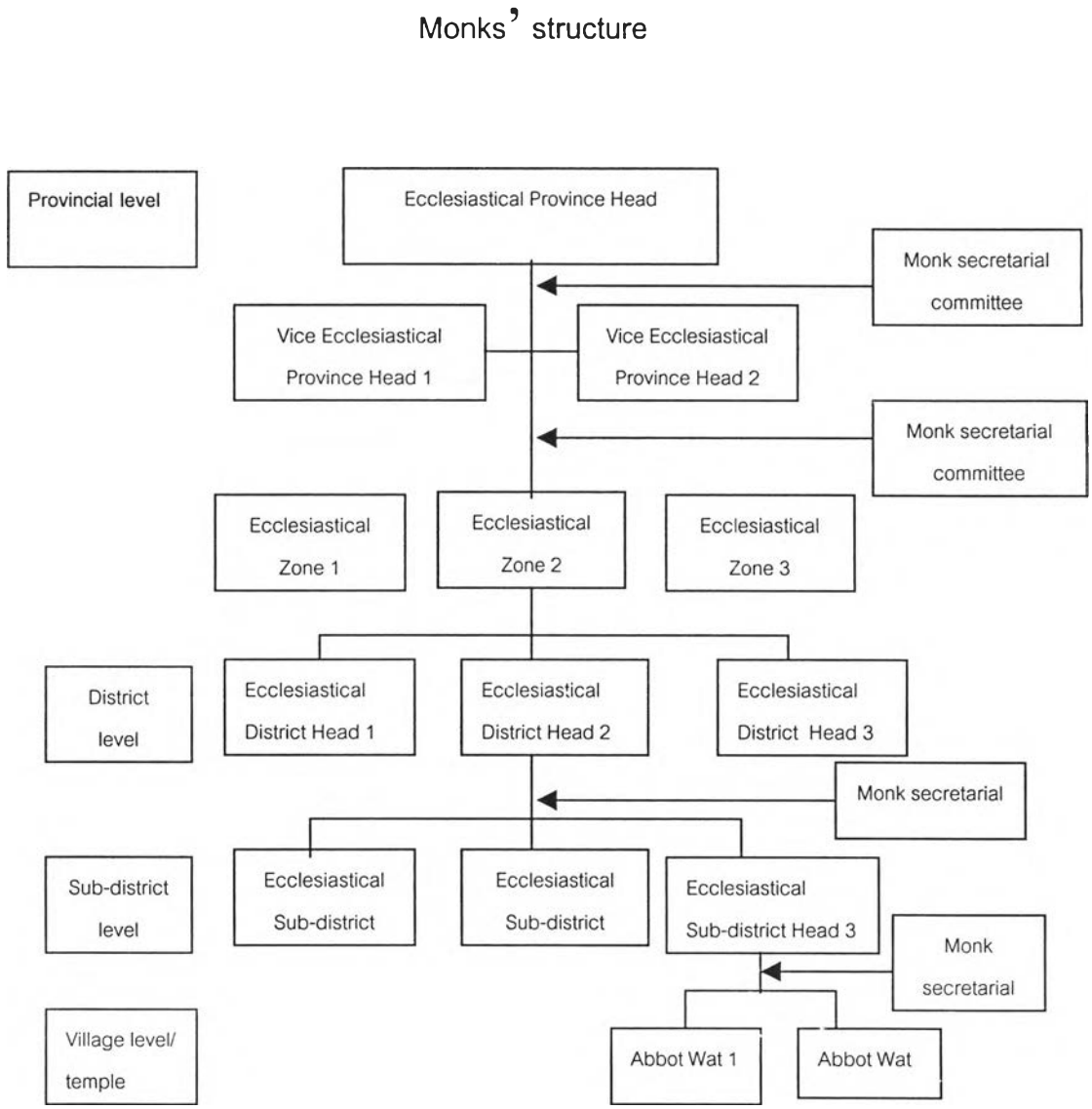


Figure 2. Monk' s structure in Nakhon Ratchasima Province

2.4.1 Criteria for selection of MHV

The MHV must

- Be able to read and write
- Live and work in the village
- Be interested in health matters and be willing to help his local - resident

2.4.2 Roles of Monk Health Volunteer in PHC activities;

There are 4 elements of the roles of MHV in PHC activities,

(Manual of Monk Health Volunteer, 2000)

1. Provide basic sanitation
   - Arrange the surrounding area to be sanitary.

2. Education concerns the prevalent health problems and the method of prevention and control.
   - To be a healthy role model to other monks and people in community.
   - Inform people about information related to health through mass media.
   - Arrange health center in the temple in order to provide information related to health particulars of 8 communicable diseases.
   - Carry out and coordinate health development activities with public health office at least once in two months.

3.Appropriate treatment for common diseases
   - Provide appropriate treatment of common diseases and injuries to people and the needs.

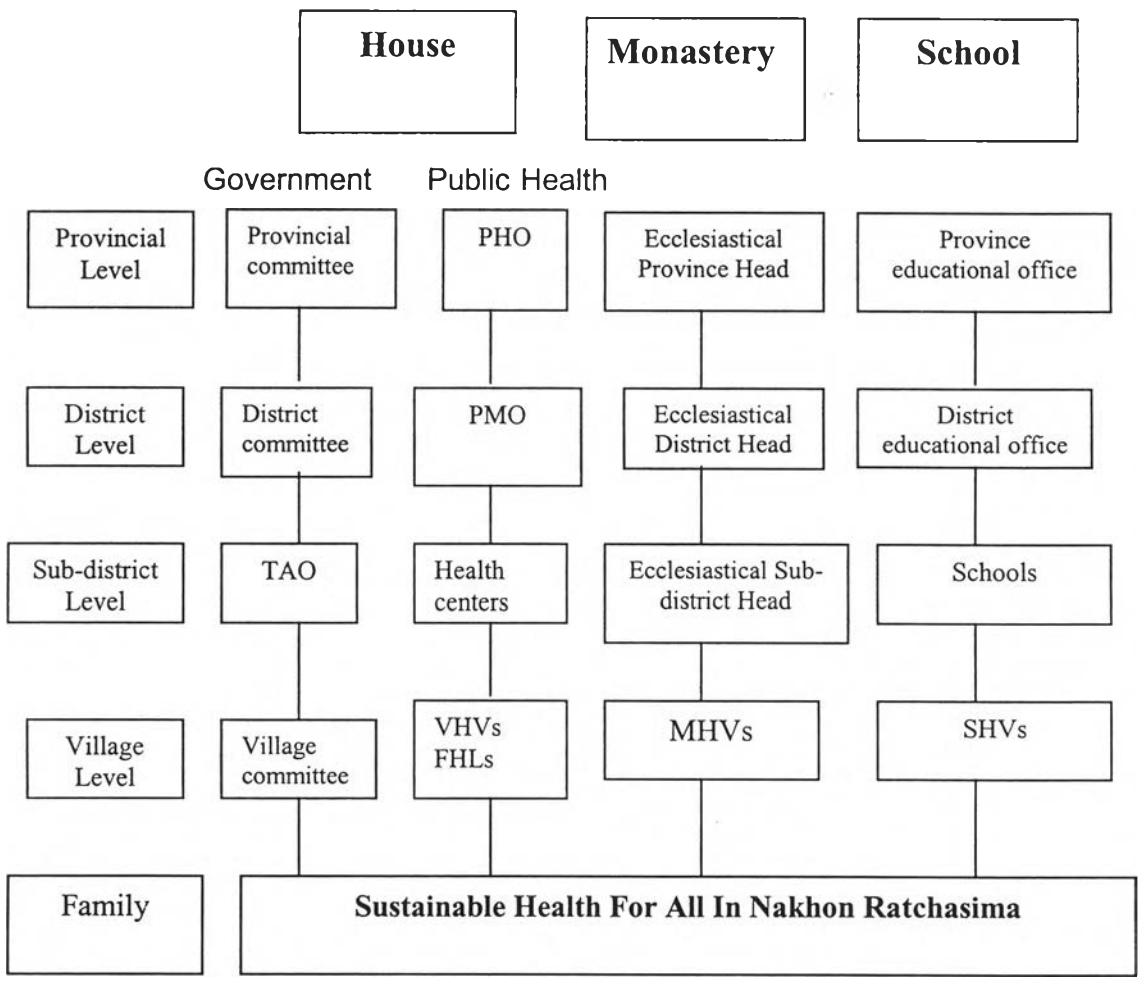
- Provide essential basic household drugs for the temple.
- Plant and promote medical herbs to people.

4.Promote mental health

- To be a consultant regarding drug, and mental health problems to individual people and the need, including encouraging people who are addicted to drug to quit.
- Arrange serene place in a temple for people.

There is normally a MHV in each monastery in Nakhon Ratchasima province.

Intersectoral Collaboration of Sustainable Health For All in Nakhon Ratchasima Province



PHO = Provincial Health Office

PMO = Provincial Medical Office

Figure 3. Intersectoral Sustainable Health For All in Nakhon Ratchasima

2.5 Theory of Opinion

Webster's Third New International Dictionary (1965:1582) stated that "opinion is a formal expressing by an expert (as a professional authority) of his thought upon or judgment or advice concerning a matter" or " opinion is a view, judgment, or appraisal formed on the mind about a particular matter or particular matters."

Pongpaiboon Sifawes (1982:39) said that " opinion is an perform of feeling toward matters by speaking or writing regarding an old experience and environment. It can be accepted or rejected from others"

Thurstone asserts an attitude is " the sum total of a man's inclinations and feelings, prejudice or bias, preconceived notions, ideas, fears, threats, and convictions about any specified topic, while an opinion is a " verbal expression of attitude" (Thurstone, 1928). And while there may be distortions or incongruities between one's attitudes and how one expresses them as opinions, Thurstone concluded the best way to measure a person attitude was to evaluate their opinions.[17]

Common Opinion Scale

There are four main methods to measure opinions as follows:[18]

1. Thurstone Scale
   - Select from list of statements that represent different point of view those in agreement with respondent.
   - Item values 1-11, score is average for question.
2. Guttman Scale
   - Determines whether attitude is unidimentional.
     (Cumulative scale for agreement with group of statement)
3. Likert Scale
   - Level of agreement with feeling.
   - 1-5, Strongly Disagree – Strongly Agree

4. Semantic Differential Scale

   - Respondent selects position on a continuum.

   - - 3- 0 - + - 3

Therefore an opinion in researcher's perspective is " the way to express the thought, feeling or evaluation which is considered of Monk Health Volunteers' experiences toward their roles regarding PHC activities and giving priority on participation and satisfaction