

CHAPTER IV

RESULTS



The data analysis were divided into 5 parts as follows;

Part 1 Return of questionnaires

Part 2 Socio-economic Characteristics, Provincial Health Care support, and
Local community support of respondents

Part 3 Performance of both groups toward PHC activities, Health Care-
Critical Success Criteria, Community concern

Part 4 Compare the differences between MHV' performance and monks' to
influenced factors

Part 5 Analyzed open-ended questions in order to perceive problems, obstacles
And suggestion

Part 1 Response rate of questionnaires

Zone	District	MHVS			Monks		
		A	R	%	A	R	%
1	-Song-Neon	50	50	100.0	50	21	42.0
	-Si que	50	50	100.0	50	33	66.0
6	-Chum-peung	70	70	100.0	70	35	50.0
	-Lum tamenchai	60	60	100.0	60	23	46.7
7	-Buayai	50	50	60.0	50	25	50.0
	-Keang sanamnang	50	47	94.0	50	25	50.0
8	-Kham	50	50	100.0	50	25	50.0
	Sakaesang -Non song	50	50	100.0	50	23	46.0
Total		430	427	99.3	430	210	48.8

A= Amount of questionnaires, R = Return of questionnaires

Table 4.1 Frequency and percentage of response rate of questionnaires

The amount of 430 questionnaires were provided to 2 groups of respondents, MHV and monks in zones 1, 6, 7 and 8 in Nakhon Ratchasima province, and the

response rate were 99.3 percent and 48.8 percent (61.9 percent compared with the sample size 339), respectively as table 4.1. However, it is noticeable that the response rate of both groups were quite different, MHV' response rate was higher than monks'. The different rate arose due to the time in which questionnaires were distributed. For MHV, it was distributed when there was meeting held(in 25th of every month), whereas questionnaires have to be mailed for monks' group that each temple was scattered from one another and waited for them to send questionnaires back in limited time in the research process, which is why the response rate was low from this group.

Part 2 Socioeconomic Characteristics

The information of respondents both MHV and monks regarding age, duration of being monk, monk's status, educational background, ecclesiastical education and status of being MHV is showed in table 4.2 and 4.3. The majority of respondents in MHV' group were in the age < 61 years (24.8 percent) and in monks' group were in the age <30 years (24.8 percent). Most of MHV have duration of being monk in the range of 6-10 years (28.8 percent), in monks' group the duration of being monk is < 5 years (32.4 percent). Additionally, it was found that the status of MHV were abbots and general monks for another group (43.3 percent and 61 percent). Regarding educational background and ecclesiastical education most of the respondents graduated from elementary school (50.1 percent in MHV' group, 44.3 percent in monks' group) and ecclesiastical grade I (67.7 percent in MHV and 52.9 percent in monks). The majority of MHV' status were general MHV (83.9 percent), but in monks group the status of MHV wasn't shown.

From table 4.3 The distribution of health care information, MHV' group had been involved in training program 76.3 percent, never trained 23.7 percent, and in monks' group 38.1 percent had been trained, 61.9 percent never trained. Consider to

the frequency of training, it was shown that 67 percent of MHV had average training 1-3 times and in monks' group 37.6 percent. Besides, most of training issue of both group was "Mental health", the percent were 23.1 and 32.1 respectively. The question regarding "Known temple passed criteria's", 69.8 percent of MHV answered "yes" and 27.9 percent answered "NO", in monks' group 45.2 percent answered "yes" and 53.8 percent answered "NO". Furthermore, MHV perceived health care information from health care officers 77.6 percent, and 58.6 percent of monks the information was provided by public information center in the temple. The last part in table 4.3 shows the result of people's reaction about being MHV, 80.8 percent of MHV' respondents were agreed, and 11.2 felt neutral, but in monks' group the question wasn't required to answer.

Table 4.2 Frequency and percentage distribution of socioeconomic characteristics of MHV and monks

Socio-economics Characteristics	MHVS' group		Monks' group	
	No.	%	No.	%
Age (year)				
30	60	14.1	52	24.8
31-35	29	6.8	22	10.5
36-40	60	14.1	28	13.3
41-45	54	12.6	15	7.1
46-50	45	10.5	22	10.5
51-55	34	8.0	13	6.2
56-60	39	9.1	13	6.2
61	106	24.8	45	21.4
Total	427	100.0	210	100.0
Median age	48.52		44.79	
Standard Deviation	15.40		16.52	
Duration Of being monk (Year)				
5	84	19.7	68	32.4
6-10	123	28.8	56	26.7
11-15	55	12.9	22	10.5
16-20	54	12.6	22	10.5
21-25	35	8.2	14	6.7
26	76	17.6	28	13.3
Total	427	100.0	210	100.0
Median year	14.75		12.58	
Standard Deviation	11.66		11.59	
Monk status				
Abbot	185	43.3	44	21.0
Vice abbot	34	8.0	21	10.0
General monk	173	40.5	128	61.0
Other	35	8.5	17	8.0
Total	427	100.0	210	100.0

Table 4.2 Frequency and percentage distribution of socioeconomic characteristics of MHV and monks (cont.)

Socio-economic Characteristics	MHV' group		Monks' group	
	No.	%	No.	%
Educational Background				
Uneducated	19	4.5	11	5.2
Elementary school	214	50.1	93	44.3
High school	124	29.0	84	40.0
Diploma	20	4.7	9	4.3
Bachelor	50	11.7	13	6.2
Total	427	100.0	210	100.0
Ecclesiastical education				
Ecclesiastical grade 1	251	67.7	101	52.9
Ecclesiastical grade 2	58	15.6	31	16.2
Ecclesiastical grade 3	61	16.4	57	29.8
Dharma study grade 9	1	0.3	2	1.1
Missing data	(56)	(13.1)	(19)	(9.0)
Total	371	100.0	191	100.0
MHV' status				
MHV coordinator in				
Provincial level	8	1.9	0	0
MHV coordinator in				
District level	15	3.6	0	0
MHV coordinator in				
Sub-district level	44	10.6	0	0
General MHV	348	83.9	0	0
Missing	(12)	(2.8)	0	0
Total	415	100.0	0	0

Table 4.3 Frequency and percentage distribution of Health care information of MHV' group and monks'

Provincial Health Office support	MHVS' group		Monks' group	
	No.	%	No.	%
Training program				
Received training	326	76.3	80	38.1
Never	101	23.7	130	61.9
Total	427	100.0	210	100.0
Frequency of training				
(Times)				
No	101	23.7	130	61.9
1-3	286	67.0	79	37.6
4-6	21	4.9	1	0.5
7	19	4.4	0	0
Total	427	100.0	210	100.0
Mean		1.40		0.49
Standard Deviation		1.72		0.70
Issue of training				
Herbal medicine	19	6.9	13	16.7
PHC for temple	37	13.4	14	17.9
Narcotic & Amphetamine-substance	55	9.9	14	17.9
Mental health	64	23.1	25	32.1
SHF and the role of MHV	45	16.2	0	0
8 communicable diseases	27	9.7	5	6.4
DHF	30	10.8	7	9.0
No answer	(150)	(35.1)	(132)	(62.9)
Total	277	100	78	100

Table 4.3 Frequency and percentage distribution of Health Care information of 'MHV' group and monks' (cont.)

Provincial Health Office support	MHVS' group		Monks' group	
	No.	%	No.	%
Known temple passed criteria's				
Yes	298	69.8	95	45.2
No	119	27.9	113	53.8
Missing	10	2.3	2	1.0
Total	427	100.0	210	100.0
Known Health care information from.....				
	(437)		(210)	
(Multiple answers)				
Health care officers	330	77.6	112	53.6
Public information center in the temple	241	56.7	123	58.6
Meeting in the village	190	44.7	76	36.4
Leaflets	192	45.2	101	48.1
Talking with neighbors	185	43.5	112	53.6
Television	48	23.0	111	26.1
Radio	89	20.9	40	19.1
Magazine	65	15.3	20	9.6
Others	20	4.7	14	6.7
Local community support				
People's reaction about being MHV				
Disagree	0	0	0	0
Neutral	48	11.3	0	0
Agree	345	81.4	0	0
No answer/ missing	(34)	(8.0)	0	0
Total	424	100.0	0	0

Part 3 Performances of both groups toward PHC activities, Health Care Critical Success Criteria(HCCSC), and community Concern

3.1 The importance and participation of PHC activities

According to the results of frequency and mean score of MHV' performance and monks' toward importance of PHC activities as table 4.4, it was found that the 20 activities of PHC were scored moderate to high ($\bar{X} = 3.67 - 3.95$ in MHV' group and $\bar{X} = 3.37 - 3.82$ in monks' group). Considering in each of activity it was also found that MHV highly concerned on importance item number 17, Provide simple treatment to monks and sick people who come to the temple ($\bar{X} = 3.95$), and lowly concerned on importance item number 6, Establish temple as a place of rehabilitation for drug abused ($\bar{X} = 3.60$), while monks highly concerned on importance item number 4, Lecture/talk on the harmful effect of substance abuse ($\bar{X} = 3.82$), and the item number 15, participate in village assembly ($\bar{X} = 3.37$) vice versa.

From the table 4.5 the results showing mean score of participation toward PHC activities in both groups. The MHV' respondents had participated in 20 activities of PHC moderate to nearly high ($\bar{X} = 3.46 - 3.80$), and the item number 17, Provide simple treatment to monks and sick people who come to the temple ($\bar{X} = 3.80$), they participated in the most, but the item number 6, Establish temple as a place of rehabilitation for drug abused ($\bar{X} = 3.37$), the least. Compare to monks' group the mean score of participation in 20 activities were scored moderate to nearly high ($\bar{X} = 3.14 - 3.87$). The activities item number 3, Lecture/talk on unhealthy effect of alcohol and nicotine ($\bar{X} = 3.87$) was highly scored, but the item number 15, Participate in village assembly ($\bar{X} = 3.13$) was lowest scored.

3.2 The importance and satisfaction of Health Care Critical Success Criteria

The item number 21-34 was being involved with HCCSC as table 4.6 – 4.7, it was shown that MHV were scored moderate ($\bar{X} = 3.39 - 3.72$) in the importance of

HCCSC, which highly concerned on the importance of item number 23, Provincial Health Care Office apparently has policy and strategies to support MHV' work ($\bar{X}=3.72$), but the item number 26, The abbot and MHV have evaluation program for the outcome of work ($\bar{X}=3.39$), the least. However, monks were scored moderate in this topic ($\bar{X}=3.21-3.60$), and concerned on the item number 21, Abbot has a clearly policy in the process of being depend for people ($\bar{X}=3.60$) the most, but the item number 26, The abbot and MHV have evaluation program for the outcome of work ($\bar{X}=3.21$) vice versa. According to satisfaction of HCCSC, it was displayed that the item number 22, Abbot and layman pay attention on the importance of and supporting all activities ($\bar{X}=3.76$) was ranked to be the first one and the item number 30, Human resources is fulfilled by related organizations ($\bar{X}=3.53$) was the last one by MHV. Compared with monks the item number 24, Monks in the temple fully cooperate in planning and setting up objectives and solving problem ($\bar{X}=3.61$) was ranked to be the first one of satisfaction with HCCSC, and the item number 26, The abbot and MHV have evaluation program for the outcome of work ($\bar{X}=3.31$) was the last one.

3.3 The importance and satisfaction of Community Concern

The questions number 33-44 were used to determine the importance and satisfaction with community concern of both respondents as the table 4.8- 4.9. The results were shown that MHV were scored moderate to nearly high ($\bar{X}=3.36-3.95$) in the importance part, which highly concerned on importance of the item number 44, You feel happy and proud to be in this community ($\bar{X}=3.95$), and lowly concerned on the item number 38, Poor children have a chance to study in school ($\bar{X}=3.36$). Furthermore, in the satisfaction part, MHV were most satisfied with the same item, You feel happy and proud to be in this community ($\bar{X}=4.07$), and were least satisfied with the item number 35, People in community pay more attention on exercise ($\bar{X}=$

3.81). On the other hand, monks' group were moderate scored ($\bar{X}= 3.45-3.84$) in the importance of community concerned, they highly concerned on importance of item number 44, You feel happy and proud to be in this community ($\bar{X}=3.84$), and lowly concerned on the item number 38, Poor children have a chance to study in school ($\bar{X} = 3.45$). They were also most satisfied with the item number 44, but item number 33, Family is filled with warmth and love vice versa.

Table 4.4 Frequency and mean score of MHV' performance and monks' toward importance of PHC activities

Rank	Item	Primary health Care activities	MHV					Mean (n)	Monks					Mean (n)
			Percent of importance						Percent of important					
			1	2	3	4	5		1	2	3	4	5	
1	17	Provide simple treatment to monks and sick people who come to the temple	0.9	2.4	24.8	44.9	27.0	3.95 (423)	0.5	7.8	37.7	30.4	23.5	3.69 (204)
2	7	Establish park in the temple	1.0	4.3	23.3	42.6	28.8	3.94 (420)	2.0	9.8	28.8	31.7	27.8	3.76 (201)
3	20	Implement herbal medicine and Thai traditional medicine in community	2.4	2.9	25.7	40.6	28.5	3.90 (421)	5.9	9.4	28.6	32.0	24.1	3.59 (203)
4	4	Lecture/talk on the harmful effect of substance abuse	1.2	4.8	25.4	42.1	26.6	3.88 (418)	1.0	7.4	28.2	35.1	28.2	3.82 (202)
5	11	Be a role model in health care practice by not smoking and drinking	0.2	1.6	37.5	44.2	24.7	3.88 (425)	3.0	10.3	31.0	32.0	23.6	3.63 (203)
6	3	Lecture/talk on unhealthy effect of alcohol and nicotine	1.4	4.0	27.3	45.0	22.3	3.83 (422)	2.0	9.8	28.8	31.7	27.8	3.74 (205)
7	5	Establish temple to be a restricted area from drug abuse	1.0	5.5	27.9	41.2	24.5	3.83 (420)	3.0	9.0	30.0	34.5	23.5	3.67 (200)
8	18	Maintain the public information center in the temple	2.4	3.4	27.6	42.4	24.2	3.83 (417)	5.1	8.6	30.3	34.3	21.7	3.59 (198)
9	9	Provide consulting about mental issues for elderly people	1.4	2.9	28.0	48.8	18.9	3.81 (418)	3.5	10.4	37.8	32.8	15.4	3.49 (201)
10	8	Advice and refer drug addicted people for proper treatment	3.3	4.3	24.3	45.6	22.4	3.79 (419)	5.0	8.4	27.2	35.6	23.8	3.65 (202)

Note: 1 = No or the least, 2 = Low, 3 = Moderate, 4 = High, 5= Very high or one of the most

Table 4.4 Frequency and mean score of MHV' performance and monks' toward importance of PHC activities (cont.)

Rank	Item	Primary health Care activities	MHV					Mean (n)	Importance of activities					Mean (n)
			Importance of activities						Importance of activities					
			1	2	3	4	5		1	2	3	4	5	
11	2	Apply mental knowledge with moral principle in order to give advice to people who have mental problems	2.1	5.7	26.7	45.3	20.3	3.76 (424)	3.0	10.3	31.0	32.0	23.6	3.60 (205)
12	13	Arrange health information displays in temple	1.9	5.2	26.1	48.2	18.6	3.76 (425)	5.9	11.3	37.9	28.6	16.3	3.38 (203)
13	19	Cooperate with health care officers every two months	3.1	6.9	24.3	42.9	22.9	3.75 (420)	8.5	8.0	35.0	31.0	17.5	3.41 (200)
14	12	Disseminate health care information on 8 communicable diseases	1.7	4.7	30.5	45.2	18.0	3.73 (423)	5.4	10.8	36.8	31.4	15.7	3.41 (204)
15	10	Implement health care activities for elderly people	3.3	3.3	29.3	46.7	17.4	3.71 (420)	6.5	7.5	39.5	33.0	13.5	3.40 (200)
16	15	Participate in village assembly	2.4	7.2	29.5	42.7	18.2	3.71 (417)	6.5	11.9	34.3	32.8	14.4	3.37 (201)
17	16	Share experience and work development to other people	1.7	8.3	27.9	41.4	20.8	3.71 (423)	4.0	11.9	37.1	32.2	14.9	3.42 (202)
18	14	Disseminate mental health knowledge through public information center in the temple	3.3	5.5	29.4	43.4	18.4	3.68 (419)	6.5	7.0	37.2	31.2	18.1	3.47 (199)

Table 4.4 Frequency and mean score of MHV' performance and monks' toward importance of PHC activities (cont.)

Rank	Item	Primary health Care activities	MHV					Mean (n)	Monks					Mean (n)
			Importance of activities						Importance of activities					
			1	2	3	4	5		1	2	3	4	5	
19	1	Provide consulting about mental health issues to community , school, and sick people	2.1	5.2	32.9	43.3	16.5	3.67 (423)	3.9	7.8	33.8	36.3	18.1	3.57 (204)
20	6	Establish temple as a place of rehabilitation for drug abused	5.0	8.4	27.7	39.9	19.1	3.60 (419)	9.0	8.5	31.6	33.3	17.4	3.42 (201)
Sum up Primary Health Care activity							3.80 (373)							3.56 (176)

Note: 1 = No or the least, 2 = Low, 3 = Moderate, 4 = High, 5= Very high or one of the most

Table 4.5 Frequency and mean score of MHV' performance and monks' toward participation in PHC activities

Rank	Item	Primary health Care activities	MHV					Mean (n)	Monks					Mean (n)
			Participation of activities						Participation of activities					
			1	2	3	4	5	1	2	3	4	5		
1	17	Provide simple treatment to monks and sick people who come to the temple	1.9	6.4	27.3	39.1	25.4	3.80 (425)	5.3	7.2	37.2	25.6	24.6	3.57 (205)
2	4	Lecture/talk on the harmful effect of substance abuse	2.1	6.7	27.6	37.8	25.9	3.79 (421)	2.1	6.7	27.6	37.8	25.9	3.59 (204)
3	7	Establish park in the temple	1.7	6.2	30.2	36.7	25.2	3.78 (420)	5.4	6.4	28.4	37.7	22.1	3.65 (202)
4	11	Be a role model in health practice by not smoking and drinking	1.7	4.3	33.6	36.2	24.3	3.77 (423)	5.9	9.8	30.7	29.8	23.9	3.56 (205)
5	3	Lecture/talk on unhealthy effect of alcohol and nicotine	2.8	4.2	31.5	38.6	22.9	3.74 (425)	4.9	6.8	28.2	33.0	26.7	3.87 (206)
6	18	Maintain the public information center in the temple	3.3	5.5	32.2	36.0	23.0	3.70 (422)	9.4	13.9	27.2	28.7	20.8	3.38 (202)
7	2	Apply mental knowledge with moral principle in order to give advice to people who have mental problems	4.2	8.0	32.5	33.6	21.7	3.69 (425)	5.3	11.1	28.5	34.3	20.8	3.54 (207)
8	5	Establish temple as a restricted area from drug abuse	1.4	9.1	32.0	33.9	23.6	3.69 (419)	8.5	8.0	34.4	31.5	17.5	3.42 (200)
9	20	Implement herbal medicine and Thai traditional medicine in community	2.4	7.8	30.7	37.4	21.7	3.68 (423)	9.3	8.8	32.2	29.3	20.5	3.43 (205)
10	9	Provide consulting about mental issues for elderly people	2.6	4.5	33.6	44.5	14.7	3.64 (422)	7.2	9.7	39.1	31.4	12.6	3.32 (207)

Note: 1 = No or the least, 2 = Low, 3 = Moderate, 4 = High, 5= Very high or one of the most

Table 4.5 Frequency and mean score of MHV' performance and monks' toward participation in PHC activities (cont.)

Rank	Item	Primary health Care activities	MHV					Mean (n)	Monks					Mean (n)
			Participation of activities						Participation of activities					
			1	2	3	4	5		1	2	3	4	5	
11	12	Disseminate health care information on 8 communicable diseases	3.3	8.5	32.2	38.9	17.1	3.58 (422)	9.3	12.7	36.1	28.3	13.7	3.24 (205)
12	16	Share work experience and work development to other people	3.1	10.9	33.2	35.3	17.5	3.58 (422)	6.8	17.1	34.1	30.2	11.7	3.23 (205)
13	8	Advice and refer drug addicted people for proper treatment	5.7	7.6	31.2	34.5	21.0	3.57 (420)	9.9	0.4	26.2	38.1	17.3	3.44 (202)
14	19	Cooperate with health care officers every two months	4.1	12.6	28.2	36.0	19.1	3.53 (419)	17.6	8.3	32.4	26.0	15.7	3.14 (204)
15	13	Arrange health information displays in the temple	4.3	9.5	33.2	37.4	15.6	3.51 (422)	9.8	14.1	39.0	23.9	13.2	3.17 (205)
16	14	Disseminate mental health knowledge through public information center in the temple	5.7	9.1	31.5	35.6	18.1	3.51 (419)	13.4	10.9	31.3	30.3	13.9	3.20 (201)
17	1	Provide consulting mental issue to community , school, and sick people	4.0	7.8	36.5	37.5	14.2	3.50 (424)	9.7	9.2	30.4	36.7	14.0	3.36 (207)
18	10	Maintain the public information center in the temple	3.3	5.5	32.2	36.0	23.0	3.48 (422)	9.4	13.9	27.2	28.7	20.8	3.18 (202)

Note: 1 = No or the least, 2 = Low, 3 = Moderate, 4 = High, 5= Very high or one of the most

Table 4.5 Frequency and mean score of MHV' performance and monks' toward participation in PHC activities (cont.)

Rank	Item	Primary health Care activities	MHV					Mean (n)	Monks					Mean (n)
			Participation of activities						Participation of activities					
			1	2	3	4	5	1	2	3	4	5		
19	15	Participate in village assembly	5.6	11.1	34.1	30.0	19.1	3.46 (413)	11.9	14.4	35.8	23.9	13.9	3.13 (201)
20	6	Establish temple as a place of rehabilitation for drug abused	2.4	7.8	30.7	37.4	21.7	3.24 (423)	9.3	8.8	32.2	29.3	20.5	3.24 (205)
Sum up mean score of participation in PHC							3.63 (3.72)						3.41 (183)	

Note: 1 = No or the least, 2 = Low, 3 = Moderate, 4 = High, 5= Very high or one of the most

Table 4.6 Frequency and mean score of MHV' performance and monks' toward importance of HCCSC

Rank	Item	Health Care Critical Success Criteria	MHV					Mean (n)	Monks					Mean (n)
			Importance of activities						Importance of activities					
			1	2	3	4	5	1	2	3	4	5		
1	23	PHO apparently has policy & strategies to support MHV' work	2.1	7.5	29.4	38.1	22.8	3.72 (425)	5.8	12.6	30.0	30.0	21.7	3.49 (207)
2	21	Abbot has a clearly policy in the process of being depend for people	1.4	7.3	31.2	40.6	19.5	3.69 (426)	3.9	7.2	32.9	36.7	19.3	3.60 (207)
3	25	Temple has useful information to define the roles and MHV' work in PHC activities	2.4	6.6	35.1	34.1	21.9	3.67 (425)	7.3	11.2	34.6	28.3	18.5	3.40 (205)
4	22	Abbot and layman pay attention to the importance of and supporting all PHC activities	1.9	6.3	36.4	36.6	18.8	3.64 (426)	3.9	10.6	30.0	34.3	21.3	3.58 (207)
5	24	Monks in the temple fully cooperate in planning and setting up objectives and solving problem	2.6	8.3	35.4	34.2	19.6	3.60 (424)	2.9	12.2	39.5	25.4	20.0	3.47 (205)
6	32	There is internal and external supervision from PHO	2.6	8.0	32.6	40.2	16.5	3.60 (423)	7.8	10.2	34.6	31.2	16.1	3.38 (205)
7	30	Human resource is fulfilled by related organizations	2.6	9.2	35.7	35.9	16.5	3.55 (423)	6.9	15.2	32.8	31.4	13.7	3.30 (204)
8	28	Temple has a plan to serve people's needs regarding PHC	3.8	7.1	37.2	36.5	15.4	3.53 (422)	11.2	7.3	35.1	29.8	16.6	3.33 (205)
9	27	Temple has a plan to evaluate policy and aiming at serving the need of people	2.4	9.4	36.7	36.7	14.8	3.52 (425)	6.3	13.7	33.2	29.3	17.6	3.38 (205)

Table 4.6 Frequency and mean score of MHV' performance and monks' toward importance of HCCSC (cont.)

Rank	Item	Health Care Critical Success Criteria	MHV					Mean (n)	Monks					Mean (n)
			Importance of activities						Importance of activities					
			1	2	3	4	5	1	2	3	4	5		
10	29	PHO provides training courses regularly to MHV	3.1	10.3	35.0	34.5	17.0	3.52 (417)	10.3	15.8	31.5	27.6	14.8	3.21 (203)
11	31	Temple gets cooperation from local organizator	4.3	11.9	35.1	34.1	14.6	3.43 (419)	9.4	14.4	33.2	30.7	12.4	3.22 (202)
12	26	The abbot and MHV have evaluation program for the outcome of work	3.1	11.5	40.2	33.4	11.8	3.39 (425)	10.3	9.8	39.7	28.9	11.3	3.21 (204)
Sum up the importance of HCCS							3.58 (409)						3.39 (201)	

Note: 1 = No or the least, 2 = Low, 3 = Moderate, 4 = High, 5= Very high or one of the most

Table 4.7 Frequency and mean score of MHV' performance and monks' toward satisfaction with HCCSC

Rank	Item	Health Care Critical Success Criteria	MHV					Mean (n)	Monks					Mean (n)
			Satisfaction with activities						Satisfaction with activities					
			1	2	3	4	5	1	2	3	4	5		
1	22	Abbot and layman pay attention to the importance of and supporting all PHC activities	1.2	7.3	29.2	39.1	23.3	3.76 (425)	2.9	14.1	32.0	29.6	21.4	3.52 (206)
2	21	Abbot has a clearly policy in the process of being dependent for people	1.4	4.7	33.7	40.3	19.3	3.72 (424)	2.4	6.8	39.3	34.0	17.5	3.57 (206)
3	23	PHO apparently has policy & strategies to support MHV' work	2.1	7.8	32.4	36.9	20.8	3.66 (423)	3.4	11.8	32.8	34.3	17.6	3.51 (204)
4	24	Monks in the temple fully cooperate in planning and setting up objectives and solving problem	1.7	8.7	32.1	37.6	20.5	3.66 (424)	2.0	9.4	36.0	31.5	21.2	3.61 (203)
5	25	Temple has useful information to define the roles and MHV' work in PHC activities	1.9	7.8	34.2	35.4	20.8	3.65 (424)	5.9	9.4	34.5	27.1	23.2	3.52 (203)
6	32	There is internal and external supervision from PHO	2.1	9.9	32.2	37.8	18.0	3.60 (423)	4.9	9.3	35.3	31.4	19.1	3.50 (204)
7	27	Temple has a plan to evaluate policy and aiming at serving the need of people	1.9	10.1	33.0	37.7	17.2	3.58 (424)	5.4	11.7	33.7	31.7	17.6	3.44 (205)
8	26	The abbot and MHV have evaluation program for the outcome of work	2.8	8.9	39.1	36.5	12.7	3.57 (425)	6.4	9.8	41.7	30.4	11.8	3.31 (204)

Table 4.7 Frequency and mean score of MHV' performance and monks' toward satisfaction with HCCSC (cont.)

Rank	Item	Health Care Critical Success Criteria	MHV					Mean (n)	Monks					Mean (n)
			Satisfaction with activities						Satisfaction with activities					
			1	2	3	4	5	1	2	3	4	5		
9	31	Temple gets cooperation from local organization	3.1	10.5	31.7	35.6	19.1	3.57 (419)	5.4	11.4	38.1	31.7	13.4	3.36 (202)
10	28	Temple has a plan to serve people's needs regarding PHC	1.9	9.6	36.7	35.5	16.2	3.55 (425)	7.8	10.7	37.6	27.3	16.6	3.34 (205)
11	29	PHO provides training courses regularly to MHV	3.6	11.7	30.4	36.6	17.7	3.53 (418)	7.8	12.7	33.8	26.5	19.1	3.36 (204)
12	30	Human resource is fulfilled by related organizations	1.7	12.6	34.4	33.9	17.5	3.53 (422)	4.5	13.9	32.2	32.7	16.8	3.44 (202)
Sum up the mean score of satisfaction with HCCSC								3.63 (405)						3.45 (197)

Note: 1 = No or the least, 2 = Low, 3 = Moderate, 4 = High, 5= Very high or one of the most

Table 4.8 Frequency and mean score of MHV' performance and monks' toward the importance of Community Concern

Rank	Item	Community Concern (Output)	MHV					Mean (n)	Monks					Mean (n)
			Importance of activities						Importance of activities					
			1	2	3	4	5		1	2	3	4	5	
1	44	You feel happy and proud to be in this community	1.4	3.1	25.5	38.8	31.2	3.95 (423)	2.4	2.9	30.8	36.1	27.9	3.84 (208)
2	43	There is unity among people in community	1.4	5.2	30.2	37.3	25.9	3.81 (421)	1.9	3.9	34.0	38.3	21.8	3.74 (206)
3	37	There is no air pollution and water pollution in community	3.1	7.8	29.5	35.6	24.0	3.79 (421)	3.9	7.2	28.5	42.0	18.4	3.64 (207)
4	36	The surrounding in community is clean	0.7	5.3	35.3	40.3	18.4	3.70 (419)	2.0	10.7	36.6	33.7	17.1	3.53 (205)
5	34	Everyone in family is healthy	0.2	5.9	34.4	43.7	15.7	3.69 (421)	1.0	4.8	43.8	35.6	14.9	3.59 (208)
6	33	Family is filled with warmth and love	1.7	6.9	32.2	41.1	18.2	3.67 (423)	1.9	2.9	41.3	39.4	14.4	3.62 (208)
7	39	Unemployed people are supported by community	3.3	6.4	36.0	36.5	17.7	3.59 (419)	4.5	6.9	37.1	33.2	18.3	3.54 (202)
8	35	People in community have sense of self-care	2.4	7.3	36.3	38.9	15.1	3.57 (424)	4.3	9.2	35.7	36.2	14.5	3.47 (207)
9	42	Local people are empowered to develop their potentials	2.6	9.5	35.4	33.3	11.2	3.57 (421)	3.9	8.7	36.9	36.4	14.1	3.46 (206)
10	40	No substance abuse found in community	6.4	8.8	27.7	35.5	21.6	3.55 (422)	3.9	8.8	33.3	36.8	17.2	3.45 (204)
11	41	There are certain organizations in community supporting the needs of people	4.0	9.7	32.5	35.3	18.5	3.55 (422)	5.4	9.3	34.3	37.3	13.7	3.45 (204)
12	38	Poor children have a chance to study in schools	7.4	10.6	36.0	30.9	15.1	3.36 (417)	7.0	8.0	35.0	33.0	17.0	3.45 (200)
Sum up mean score of importance of CC								3.66 (389)						3.58 (187)

Table 4.9 Frequency and mean score of MHV' performance and monks' toward satisfaction of Community Concern

Rank	Item	Community Concern (Output)	MHVs					Mean (n)	Monks					Mean (n)
			Satisfaction with activities						Satisfaction with activities					
			1	2	3	4	5		1	2	3	4	5	
1	44	You feel happy and proud to be in this community	1.2	1.9	20.1	42.3	34.5	4.07 (423)	1.5	2.9	29.1	35.0	31.6	3.92 (206)
2	36	The surrounding in community is clean	0.5	4.0	26.4	41.4	27.6	4.01 (420)	1.5	5.3	39.8	32.5	20.9	3.66 (204)
3	43	There is unity among people in community	1.2	2.6	25.2	38.5	32.5	3.99 (421)	1.5	4.4	28.9	37.7	27.5	3.85 (204)
4	40	No substance abuse found in community	2.8	4.0	20.1	42.9	30.1	3.93 (422)	3.0	5.9	29.6	37.9	23.6	3.73 (203)
5	37	There is no air pollution and water pollution in community	1.7	3.8	26.7	39.7	28.1	3.89 (423)	2.4	5.3	23.3	48.5	20.4	3.79 (206)
6	34	Everyone in family is healthy	0.7	2.1	27.1	49.6	20.5	3.87 (424)	1.0	3.9	40.3	37.4	17.5	3.67 (206)
7	39	Unemployed people are supported by community	1.4	4.0	26.6	41.6	26.4	3.87 (421)	3.0	6.5	27.1	41.7	21.6	3.72 (199)
8	42	Local people are empowered to develop their potentials	1.7	3.5	26.2	43.3	25.3	3.87 (423)	2.5	2.9	35.3	42.2	17.2	3.69 (204)
9	38	Poor children have a chance to study in schools	3.6	4.1	24.6	41.8	26.0	3.83 (419)	2.0	4.5	32.0	39.0	22.5	3.79 (200)
10	33	Family is filled with warmth and love	1.2	3.5	29.2	44.3	21.7	3.82 (424)	1.5	4.9	41.3	35.0	17.5	3.62 (206)
11	41	There are certain organizations in community supporting the needs of people	1.9	4.8	28.0	39.7	25.7	3.82 (421)	3.9	4.4	33.0	40.9	17.7	3.64 (203)
12	35	People in community have sense of self-care	2.4	7.3	36.3	38.9	15.1	3.57 (424)	3.9	6.4	27.0	45.1	17.6	3.66 (204)
Sum up mean score of satisfaction with CC								3.91 (390)						3.74 (193)

The 44 questions of the importance and participation in PHC activities, importance and satisfaction of HCCSC and CC in the table 4.10 –4.13 were tested for statistically significant differences between the mean score of MHV and monks. Besides, unpaired t-test was used for this purpose .

As table 4.10 shows the comparison of mean score of importance toward PHC activities between MHV and monks, it was found that there were statistically significant differences at p-value <0.05 in most of activities except 7 of PHC activities namely,

Item 1, Provide consulting about mental issues to community , school, and sick people

Item 2, Apply mental knowledge with moral principle in order to give advice to people who have mental problems

Item 3, Lecture/talk on unhealthy effect of alcohol and nicotine

Item 4, Lecture/talk on the harmful effect of substance abuse

Item 5, Establish temple as a restricted area from drug abuse

Item 6, Establish temple as a place of rehabilitation for drug abused

Item 8, Advice and refer drug addicted people for proper treatment

Consider to the mean score of importance toward PHC activities as whole component, it was also found that there was statistically significant difference between two groups of respondents in carrying out PHC activities.

Regarding the comparison of mean score of participation in PHC activities between two group of MHV and monks, there were statistically significant differences at p-value < 0.05 in 15 of activities besides the activities namely,

Item number 1, Provide consulting about mental issues to community , school, and sick people

Item number 2, Apply mental knowledge with moral principle in order to give

Advice to people who have mental problems

Item number 3, Lecture/talk on unhealthy effect of alcohol and nicotine

Item number 7, Establish park in the temple

Item number 8, Advice and refer drug addicted people for proper treatment

It was also shown that there was statistically significant difference at $p < 0.05$ in the whole component of participation in PHC activities

From the table 4.12 shown the comparison of mean score of importance of HCCSC between two groups of respondents, it was found that there were statistically significant differences in the majority of importance of HCCSC except the only 4 items namely,

Item number 21, Abbot has a clearly policy in the process of being dependent for people

Item number 22, Abbot and layman pay attention to the importance of and supporting all PHC activities

Item number 24, Monks in the temple fully cooperate in planning and setting up objectives and solving problem

Item number 27, Temple has a plan to evaluate policy and aiming at serving the need of people

In the part of satisfaction with HCCSC from table 4.13, there were only 4 items shown statistically significant differences namely,

Item number 21, Abbot has a clearly policy in the process of being dependent for people

Item number 22, Abbot and layman pay attention to the importance of and supporting all PHC activities

Item number 28, Temple has a plan to serve people's needs regarding PHC

Item number 31, Temple gets cooperation from local organization

Additionally, it was found statistically significant difference at $p\text{-value} < 0.05$ in the sum up mean score of importance and satisfaction with HCCSC.

The table 4.14 -4.15 display the comparison of mean score of importance and satisfaction with community concern. There was only one item, 36—The surrounding in community is clean, that was statistically significant difference at $p\text{-value} < 0.05$, but the sum up of mean score of CC no statistically significant difference between two groups. As it was shown in table 4.15, most items of satisfaction with community concern were statistically differences at $p\text{-value} < 0.05$ except the only 5 items namely,

Item 35, People in community have sense of self-care

Item 37, There is no air pollution and water pollution in community

Item 38, Poor children have a chance to study in schools

Item 39, Unemployed people are supported by community

Item 43, There is unity among people in community

And there was statistically significant difference between two groups of respondents in the sum up mean score of satisfaction with community concern.

Table 4.10 The comparison of mean score of MHV' performance and monks' toward importance of PHC activities.

Rank	Code	Item	Primary Health Care activities (process)	Mean score of importance		d	p-value (t- test)
				MHV	Monks (not MHV)		
1	P	17	Provide simple treatment to monks and sick people who come to the temple	3.95	3.69	0.26	< 0.01**
2	P	7	Establish park in the temple	3.94	3.76	0.18	< 0.01**
3	P	20	Implement herbal medicine and Thai traditional medicine in community	3.90	3.59	0.31	< 0.01**
4	P	4	Lecture/talk on the harmful effect of substance abuse	3.88	3.82	0.06	0.468
5	P	11	Be a role model in health care practice by not smoking and drinking	3.88	3.63	0.25	< 0.01**
6	P	3	Lecture/talk on unhealthy effect of alcohol and nicotine	3.83	3.74	0.19	0.281
7	P	5	Establish temple as a restricted area from drug abuse	3.83	3.67	0.16	0.055
8	P	18	Maintain the public information center in the temple	3.83	3.59	0.16	< 0.01**
9	P	9	Provide consulting about mental issues for elderly people	3.81	3.46	0.24	< 0.01**
10	P	8	Advice and refer drug addicted people for proper treatment	3.79	3.65	0.14	0.102

Note: Unpaired t-test, * statistically significant at p-value < 0.05, ** statistically highly significant at p-value < 0.01

P = Process, I = In put, O = Out put

Table 4.10 The comparison of mean score of MHV' performance and monks' toward importance of PHC activities (cont.)

Rank	Code	Item	Primary Health Care activities (process)	Mean score of importance		d	p-value (t-test)
				MHV	Monks (not MHV)		
11	P	2	Apply mental knowledge with moral principle in order to give advice to people who have mental problems	3.76	3.60	0.16	0.064
12	P	13	Arrange health information displays in the temple	3.76	3.38	0.38	< 0.01**
13	P	19	Cooperate with health care officers every two months	3.75	3.41	0.34	< 0.01**
14	P	12	Disseminate health care information on 8 communicable diseases	3.73	3.41	0.32	< 0.01**
15	P	10	Implement health care activities for elderly people	3.71	3.40	0.31	< 0.01**
16	P	15	Participate in village assembly	3.71	3.37	0.34	< 0.01**
17	P	16	Share work experience and work development to other people	3.71	3.42	0.29	< 0.01**
18	P	14	Disseminate mental health knowledge through public information center in the temple	3.68	3.47	0.21	0.020*
19	P	1	Provide consulting about mental issues to community , school, and sick people	3.67	3.57	0.10	0.224
20	P	6	Establish temple as a place of rehabilitation for drug abused	3.60	3.42	0.18	0.054
Sum up mean score of importance of Primary health care activities				3.80	3.56	0.24	< 0.01**

Note: Unpaired 't-test, * statistically significant at p-value < 0.05, ** statistically highly significant at p-value < 0.01, P = process

Table 4.11 The comparison of mean score of MHV' performance and monks' toward participation in PHC activities

Rank	Code	Item	Primary Health Care activities (process)	Mean score of participation		d	p-value (t-test)
				MHV	Monks (not MHV)		
1	P	17	Provide simple treatment to monks and sick people who come to the temple	3.80	3.57	0.23	0.011*
2	P	4	Lecture/talk on the harmful effect of substance abuse	3.79	3.59	0.20	0.037*
3	P	7	Establish park in the temple	3.78	3.65	0.13	0.126
4	P	11	Be a role model in health practice by not smoking and drinking	3.77	3.56	0.21	0.020*
5	P	3	Lecture/talk on unhealthy effect of alcohol and nicotine	3.74	3.87	0.13	0.500
6	P	18	Maintain the public information center in the temple	3.70	3.38	0.32	< 0.01**
7	P	2	Apply mental knowledge with moral principle in order to give advice to people who have mental problems	3.69	3.54	0.35	0.340
8	P	5	Establish temple as a restricted area from drug abuse	3.69	3.42	0.27	< 0.01**
9	P	20	Implement herbal medicine and Thai traditional medicine in community	3.68	3.43	0.25	< 0.01**
10	P	9	Provide consulting about mental issues for elderly people	3.64	3.32	0.32	< 0.01**

Note: Unpaired t-test, * statistically significant at p-value < 0.05, ** statistically highly significant at p-value < 0.01

P = Process, I = In put, O = Out put

Table 4.11 The comparison of mean score of MHV' performance and monks' participation in PHC activities (cont.)

Rank	Code	Item	Primary Health Care activities (process)	Mean score of participation		d	p-value (t-test)
				MHV	Monks (not MHV)		
11	P	12	Disseminate health care information on 8 communicable diseases	3.58	3.24	0.34	< 0.01**
12	P	16	Share work experience and work development to other people	3.58	3.23	0.35	< 0.01**
13	P	8	Advice and refer drug addicted people for proper treatment	3.57	3.44	0.13	0.166
14	P	19	Cooperate with health care officers every two months	3.53	3.14	0.39	< 0.01**
15	P	13	Arrange health information displays in the temple	3.51	3.17	0.34	< 0.01**
16	P	14	Disseminate mental health knowledge through public information center in the temple	3.51	3.20	0.31	< 0.01**
17	P	1	Provide consulting about mental issues to community , school, and sick people	3.50	3.36	0.24	0.134
18	P	10	Implement health care activities for elderly people	3.48	3.18	0.30	< 0.01**
19	P	15	Participated in village assembly	3.46	3.13	0.33	< 0.01**
20	P	6	Establish temple as a place of rehabilitation for drug abused	3.37	3.24	0.13	0.196
Sum up mean score of participation				3.63	3.41	0.22	0.011*

Unpaired t-test, * statistically significant at p-value < 0.05, ** statistically highly significant at p-value < 0.01

Table 4.12 The comparison of mean score of MHV' performance and monks' toward importance of HCCSC

Rank	Code	Item	Health Care Critical Success Criteria (Input)	Mean score of importance		d	p-value (t- test)
				MHV	Monks		
1	I	23	Provincial Health Care Office apparently has policy & strategies to support MHV' work	3.72	3.49	0.23	0.014*
2	I	21	Abbot has a clearly policy in the process of being dependent for people	3.69	3.60	0.09	0.256
3	I	25	Temple has useful information to define the roles and MHV' work in PHC activities	3.67	3.40	0.27	< 0.01**
4	I	22	Abbot and layman pay attention to the importance of and supporting all PHC activities	3.64	3.58	0.06	0.513
5	I	24	Monks in the temple fully cooperate in planning and setting up objectives and solving problem	3.60	3.47	0.13	0.145
6	I	32	There is internal and external supervisor, from PHO	3.60	3.38	0.22	0.013*
7	I	30	Human resource is fulfilled by related organizations	3.55	3.30	0.25	< 0.01**
8	I	28	Temple has a plan to serve people's needs regarding PHC	3.53	3.33	0.20	0.040*
9	I	27	Temple has a plan to evaluate policy and aiming at serving the need of people	3.52	3.38	0.14	0.117
10	I	29	PHO provides training courses regularly to MHV	3.52	3.21	0.31	< 0.01**
11	I	31	Temple gets cooperation from local organization	3.43	3.22	0.21	0.024*
12	I	26	The abbot and MHV have evaluation program for the outcome of work	3.39	3.21	0.18	0.032*
Sum up the importance of HCCSC				3.58	3.39	0.19	< 0.01**

Note: Unpaired t-test, ** statistically significant at p-value < 0.05, *** statistically highly significant at p-value < 0.01, I = Input

Table 4.13 The comparison of mean score of MHV' performance and monks' toward satisfaction with HCCSC

Rank	Code	Item	Health Care Critical Success Criteria (Input)	Mean score of satisfaction		d	p-value (t-test)
				MHV	Monks		
1	I	22	Abbot and layman pay attention on importance of and supporting for all activities	3.76	3.52	0.24	< 0.01**
2	I	21	Abbot has a clearly policy in the process of being dependent for people	3.72	3.57	0.15	0.048*
3	I	23	PHO apparently has policy & strategies to support MHV' work	3.66	3.51	0.15	0.066
4	I	24	Monks in the temple fully cooperate in planning and setting up objectives and solving problem	3.66	3.61	0.05	0.509
5	I	25	Temple has useful information to define the roles and MHV' work in PHC activities	3.65	3.52	0.13	0.152
6	I	32	There is internal and external supervision from PHO	3.60	3.50	0.10	0.285
7	I	27	Temple has a plan to evaluate policy and aiming at serving the need of people	3.58	3.44	0.14	0.117
8	I	26	The abbot and MHV have evaluation program for the outcome of work	3.57	3.31	0.26	0.127
9	I	31	Temple gets cooperation from local organization	3.57	3.36	0.21	0.017*
10	I	28	Temple has a plan to serve people's needs regarding PHC	3.55	3.34	0.21	0.024*
11	I	29	PHO provides training courses regularly to MHV	3.53	3.36	0.17	0.079
12	I	30	Human resource is fulfilled by related organizations	3.53	3.44	0.09	0.269
Sum up the satisfaction with HCCSC				3.63	3.45	0.18	0.028*

Note: Unpaired t-test, * statistically significant at p-value < 0.05, ** statistically significant at p-value < 0.01

Table 4.14 The comparison of mean score of MHV' performance and monks' toward importance of Community Concern

Rank	Code	Item	Community Concern (Out put)	Mean score of importance		d	p-value (t-test)
				MHV	Monks		
1	O	44	You feel happy and proud to be in this community	3.95	3.84	0.11	0.153
2	O	43	There is unity among people in community	3.81	3.74	0.07	0.392
3	O	37	There is no air pollution and water pollution in community	3.79	3.64	0.15	0.348
4	O	36	The surrounding in community is clean	3.70	3.53	0.17	0.030*
5	O	34	Everyone in family is healthy	3.69	3.59	0.10	0.155
6	O	33	Family is filled with warmth and love	3.67	3.62	0.05	0.436
7	O	39	Unemployed people are supported by community	3.59	3.54	0.05	0.571
8	O	35	People in community have sense of self-care	3.57	3.47	0.10	0.223
9	O	42	Local people are empowered to develop their potentials	3.57	3.46	0.11	0.285
10	O	40	No substance abuse found in community	3.55	3.45	0.10	0.769
11	O	41	There are certain organizations in community supporting the needs of people	3.55	3.45	0.10	0.258
12	O	38	Poor children have a chance to study in schools	3.36	3.45	0.09	0.323
Sum up the importance of community concern				3.66	3.58	0.12	0.225

Note: Unpaired t-test, * statistically significant at p-value < 0.05, ** statistically highly significant at p-value < 0.001

Table 4.15 The comparison of mean score of MHV' performance and monks' toward satisfaction with Community Concern

Rank	Code	Item	Community Concern (Out put)	Mean score of satisfaction		d	p-value (t-test)
				MHV	Monks)		
1	O	44	You feel happy and proud to be in this community	4.07	3.92	0.15	0.046*
2	O	36	The surrounding in community is clean	4.01	3.66	0.35	0.025*
3	O	43	There is unity among people in community	3.99	3.85	0.14	0.084
4	O	40	No substance abuse found in community	3.93	3.73	0.20	0.016*
5	U	37	There is no air pollution and water pollution in community	3.89	3.79	0.10	0.209
6	O	34	Everyone in family is healthy	3.87	3.67	0.20	< 0.01**
7	O	39	Unemployed people are supported by community	3.87	3.72	0.15	0.058
8	O	42	Local people are empowered to develop their potentials	3.87	3.69	0.18	0.015*
9	O	38	Poor children have a chance to study in schools	3.83	3.76	0.07	0.392
10	O	33	Family is filled with warmth and love	3.82	3.62	0.20	< 0.01**
11	O	41	There are certain organizations in community supporting the needs of people	3.82	3.64	0.18	0.022*
12	O	35	People in community have sense of self-care	3.81	3.66	0.15	0.054
Sum up the satisfaction of community concern				3.91	3.74	0.17	< 0.01**

Note: Unpaired t-test, * statistically significant at p-value < 0.05, ** statistically significant at p-value < 0.01

Part 4 Compare the differences between MHV' performance and monks' to influenced factors

The data in table 4.16 shows the results of the comparison mean score of the importance of PHC activities (process), HCCSC (input), and community concern (output) between MHV and monks to personal factors. Regarding age groups, it was found that there were statistically highly significant differences ($p\text{-value} < 0.05$) between HCCSC (input) and carrying out PHC activities (process), the mean score were moderate to nearly high, but no statistically significant differences in community concern. Compared with monks to age groups, there were no statistically significant differences among PHC activities, HCCSC, and community concern, but considering to the mean score it was shown that monks moderate concerned on the three components of importance (3.27-3.73).

Besides, comparing the mean score of importance of three components to duration of being monks and monks' status, in MHV' group the statistically significant difference were not found. However, in monks' group, it was found statistically significant difference ($p\text{-value} < 0.05$) between PHC activities and duration of being monks.

The table 4.17 shows the comparison mean score of importance of PHC activities, HCCSC, and community concern to knowledge factors. In MHV' group, there was statistically significant differences ($p\text{-value} < 0.05$) between education background and importance of HCCSC, but importance of PHC and CC, the $p\text{-value} < 0.05$ criterion were not met. In monks' group, there was statistically significant differences ($p\text{-value} < 0.05$) between educational background and importance of PHC activities. For ecclesiastical education, there were no statistically significant difference in both respondents.

Regarding the support of PHO toward the importance of three components of, the statistically significant differences($p\text{-value} < 0.05$) were met between the importance of PHC activities and MHV' status in MHV' group and the mean score were high (3.76-4.01).

According to the comparison of mean score of both respondents in receiving training from PHO, it was presented that there was statistically significant differences ($p\text{-value} < 0.05$) in importance of community concern in monks' group. Moreover, it was found that there was statistically significant differences ($p\text{-value} < 0.05$) between the importance of PHC activities and frequency of training .in monks' group as well, but the $p\text{-value} < 0.05$ criterion was not met in MHV' group. Considered to the comparison of mean score of importance of the three components, the statistically significant differences ($p < 0.05$) between knowing temple passed criteria and importance of PHC activities and community concern were found in MHV. Additionally, in MHV' group, it was found that there were statistically highly significant differences between Local community support(people's reaction about being MHV and the importance of HCCSC and CC.

As the table 4.19 shows the comparison of mean score of MHV' performance and monks' toward participation and satisfaction with personal factors. In MHV' group, it was shown that there was statistically significant differences ($p\text{-value} < 0.05$) among age group , monk's status, know temple passed criteria , and people's reaction about being MHV' to the mean score of participation in PHC activities However, in monks' group the $p < 0.05$ criterion were not found in age group, duration of being monk, monk's status, knowledge factors, PHO supports, and local community support to the mean score of participation in PHC activities.

Regarding the mean score of satisfaction with HCCSC and CC to those influenced factors in both respondents, there were statistically significant differences among duration of being monk, MHV' status, and people's reaction about being MHV to the satisfaction of HCCSC in MHV' group, but in monks' group the p-value <0.05 were not met in any of the satisfaction of HCCSC to those factors.

Considered to the mean score of satisfaction with community concern to those influenced factors in MHV' group, the statistically significant differences were not met, but in monks' group there was only statistically significant differences ($p < 0.05$) between duration of being monk and the mean score of satisfaction with community concern.

Table 4.16 The comparison of mean score of MHV' performance and monks' toward importance of activities to personal factors

Personal Factors	MHV			Monks		
	Mean score of importance			Mean score of importance		
	HCCSC (Input)	PHC (Process)	CC (Output)	HCCSC (Input)	PHC (Process)	CC (Output)
Age (year)						
≤ 30	3.36	3.69	3.52	3.37	3.73	3.58
31-40	3.46	3.74	3.63	3.32	3.62	3.58
41-50	3.66	3.92	3.73	3.27	3.45	3.51
51-60	3.69	3.95	3.60	3.63	3.54	3.66
> 60	3.66	3.70	3.75	3.49	3.39	3.64
p-value ^b	0.011*	0.017*	0.262	0.438	0.184	0.915
Duration of being monk						
5	3.54	3.78	3.53	3.90	3.68	3.58
6-10	3.57	3.82	3.68	3.44	3.71	3.63
11-15	3.41	3.66	3.62	3.32	3.54	3.62
16-20	3.52	3.77	3.67	3.28	3.24	3.48
21-25	3.70	3.91	3.70	3.06	3.17	3.10
26	3.74	3.87	3.74	3.61	3.41	3.75
p-value ^b	0.106	0.466	0.511	0.438	0.019*	0.112
Monk's status						
Abbot	3.54	3.82	3.66	3.41	3.58	3.65
Vice abbot	3.35	3.49	3.71	3.21	3.77	3.58
General monks and other positions	3.59	3.87	3.59	3.13	3.31	3.41
p-value ^b	0.631	0.334	0.901	0.459	0.305	0.550

^a Unpaired t-test, ^b One-Way ANOVA, * statistically significant at p-value < 0.05

Table 4.17 The comparison of mean score of MHV' performance and monks' toward importance of activities to knowledge factors and Provincial Health Office support

Knowledge Factors	MHV			Monks		
	Mean score of importance			Mean score of importance		
	HCCSC (Input)	PHC (Process)	CC (Output)	HCCSC (Input)	PHC (Process)	CC (Output)
Educational background						
Non-elementary school	3.68	3.75	3.71	3.42	3.41	3.58
High school	3.52	3.67	3.65	3.40	3.67	3.52
Higher than diploma	3.39	3.83	3.50	3.28	3.77	3.72
p-value ^b	< 0.001 ^{**}	0.256	0.700	0.750	0.016 [*]	0.467
Ecclesiastical education						
Lower-ecclesiastical gr. 3	3.57	3.83	3.63	3.38	3.57	3.57
Ecclesiastical gr. 2	3.63	3.70	3.73	3.36	3.48	3.57
Ecclesiastical gr.1	3.58	3.75	3.71	3.58	3.67	3.66
p-value ^b	0.803	0.342	0.490	0.572	0.705	0.870
Provincial Health Office support						
MHV' status						
MHV coordinator in different levels	3.70	4.01	3.59	-	-	-
General MHV	3.55	3.76	3.67	-	-	-
P-value ^a	0.093	< 0.001 ^{**}	0.440	-	-	-
Training						
No	3.64	3.78	3.57	3.31	3.50	3.51
Yes	3.55	3.81	3.69	3.51	3.69	3.73
p-value ^a	0.253	0.702	0.140	0.106	0.073	0.046 [*]

^a Unpaired t-test, ^b One-Way ANOVA, ^{*} statistically significant at p-value < 0.05, ^{**} statistically highly significant at p-value < 0.001

Table 4.18 The comparison of mean score of MHV' performance and monks' toward importance of activities to Provincial Health Office support and Local community support

Provincial Health Office support	MHV Mean score of importance			Monks Mean score of importance		
	HCCSC (Input)	PHC (Process)	CC (Output)	HCCSC (Input)	PHC (Process)	CC (Output)
Frequency of training						
1	3.57	3.80	3.69	3.47	3.65	3.66
2	3.56	3.85	3.63	3.86	4.21	4.11
3	3.53	3.79	3.79	2.98	2.78	3.33
p-value ^b	0.927	0.798	0.431	0.153	0.026*	0.099
Known temple passed criteria				-	-	-
No	3.54	3.69	3.53	3.43	3.52	3.64
Yes	3.58	3.84	3.72	3.34	3.62	3.53
p-value ^a	0.617	0.027*	0.017*	0.415	0.307	0.286
Local community support						
People's reaction about being MHV						
Indifferent	3.26	3.65	3.29	-	-	-
Agree	3.61	3.80	3.71	-	-	-
p-value ^a	< 0.001**	0.131	< 0.001**	-	-	-

^a Unpaired t-test, ^b One-Way ANOVA, * statistically significant at p-value < 0.05, ** statistically highly significant at p-value < 0.001

Table 4.19 The comparison of mean score of MHV' performance and monks' toward participation and satisfaction with personal factors

Personal Factors	MHV	Monks	MHV	Monks	MHV	Monks
	Mean score of participation in PHC (Process)	PHC (Process)	HCCSC (input)	Mean score of satisfaction with HCCSC (input))	CC (Output)	CC (Output)
Age (year)						
≤ 30	3.23	3.44	3.41	3.59	4.02	3.85
31-40	3.64	3.33	3.59	3.49	3.77	3.82
41-50	3.80	3.53	3.73	3.27	3.96	3.48
51-60	3.81	3.49	3.66	3.65	3.91	3.73
>60	3.58	3.31	3.69	3.49	3.90	3.73
p-value ^b	< 0.001**	0.713	0.073	0.332	0.251	0.155
Duration of being monk						
5	3.45	3.53	3.57	3.62	3.91	3.87
6-10	3.66	3.50	3.62	3.53	3.94	3.75
11-15	3.59	3.24	3.57	3.49	3.86	3.84
16-20	3.57	3.38	3.48	3.25	4.01	3.56
21-25	3.77	3.06	3.94	3.04	3.78	3.11
26	3.86	3.26	3.74	3.54	3.86	3.76
p-value ^b	0.058	0.271	0.048*	0.116	0.704	0.010*
Monk's status						
Abbot	3.70	3.43	3.64	3.51	3.83	3.77
Vice abbot	3.03	3.45	3.44	3.59	4.00	3.99
General monks and other positions	3.49	3.26	3.63	3.05	3.84	3.62
p-value ^b	0.011*	0.776	0.651	0.149	0.747	0.469

^a Unpaired t-test, ^b One-Way ANOVA, * statistically significant at p-value < 0.05, ** statistically highly significant at p-value < 0.001

Table 4.20 The comparison of mean score of MHV' performance and monks' toward participation and satisfaction with PHC, HCCSC, and CC to Knowledge factors and Provincial Health Office support

Knowledge factors	MHV	Monks	MHV	Monks	MHV	Monks
	Mean score of participation in PHC (Process)	Mean score of participation in PHC (Process)	Mean score of satisfaction with HCCSC (in put)	Mean score of satisfaction with HCCSC (in put)	Mean score of satisfaction with CC (Out put)	Mean score of satisfaction with CC (Out put)
Educational background						
Non-elementary school	3.63	3.37	3.67	3.44	3.91	3.68
High school	3.66	3.42	3.62	3.50	3.90	3.75
Higher than diploma	3.59	3.54	3.53	3.67	3.92	3.90
p-value ^b	0.808	0.594	0.312	0.424	0.978	0.430
Ecclesiastical education						
Lower-ecclesiastical gr.3	3.65	3.35	3.64	3.48	3.88	3.72
Ecclesiastical gr.2	3.55	3.53	3.61	3.45	3.97	3.80
Ecclesiastical gr.1	3.64	3.67	3.64	3.64	3.96	3.79
p-value ^b	0.643	0.175	0.973	0.685	0.551	0.794
Provincial Health Office support						
MHV' status						
MHV coordinator in different levels	3.79	-	3.80	-	3.93	-
General MHV	3.59	-	3.59	-	3.90	-
P-value ^a	0.083	-	< 0.001 ^{**}	-	0.808	-
Training						
No	3.52	3.36	3.62	3.44	3.94	3.71
Yes	3.67	3.50	3.63	3.57	3.89	3.78
p-value ^a	0.070	0.242	0.922	0.253	0.536	0.477

^a Unpaired t-test, ^b One-Way ANOVA, * statistically significant at p-value < 0.05, ** statistically highly significant at p-value < 0.001

Table 4.21 The comparison of mean score of MHV¹ performance and monks toward participation and satisfaction with PHC, HCCSC, and CC To Provincial Health Office Support and local community support

Provincial Health Office support	MHV	Monks	MHV	Monks	MHV	Monks
	Mean score of participation in PHC (Process)	PHC (Process)	HCCSC (input)	Mean score of satisfaction with HCCSC (input)	CC (Output)	CC (Output)
Frequency of training						
1	3.66	3.45	3.63	3.57	3.91	3.76
2	3.76	3.98	3.61	3.89	3.85	4.18
3	3.59	3.06	3.68	2.98	3.91	3.60
p-value ^b	0.424	0.077	0.821	0.094	0.759	0.196
Known temple passed criteria						
No	3.45	3.41	3.58	3.54	3.85	3.82
Yes	3.71	3.42	3.64	3.43	3.93	3.64
p-value ^a	< 0.001**	0.921	0.441	0.291	0.335	0.084
Local community support						
People's reaction about being MHV						
Neutral	3.10	-	3.36	-	3.91	-
Agree	3.68	-	3.65	-	3.90	-
p-value ^a	< 0.001**	-	< 0.001**	-	0.938	-

Note: ^a Unpaired t-test, ^b One-Way ANOVA, * statistically significant at p-value < 0.05, statistically highly significant at p-value < 0.001**

PHC = Primary Health Care

HCCSC = Health Care Critical Success Criteria

CC = Community Concern

Part 5 Analyzed open-ended questions

5.1 MHV' opinion and monks' toward Temple health care center

Statement	MHV		Monks	
	No. (427)	%	No. (210)	%
Agree				
-Not mention any reason	268	65.5	126	60.0
-Provide simple treatment to monks and people in community	58	14.2	37	17.6
-It is useful to people in community	53	13.0	15	7.1
-Temple is a center in community and is easier in order to disseminate health care information	30	7.3	32	15.2
Disagree	-	-	-	-
Neutral	-	-	-	-
No answer	(18)	(4.4)	-	-
Total	409	100.0	210	100.0

According to the open-ended questions toward temple health care center as table 5.1 shows, the majority of MHV (65.5 percent) and monks (60 percent) were agreed with having temple health care center in community but have not addressed any reasons. The major reason which was mentioned in both MHV (14.2 percent) and monks (17.6 percent) was “ temple health care center provides simple treatment to monks and people in the community”. In both groups have not responded for neutral and disagree.

Table 5.2 shows MHV' opinion and monks' toward the role of being MHV, most of both groups (64.7 percent of MHV and 47.6 percent of monks) agreed with being MHV but have not mentioned any reason. 18.2 percent of MHV and 14.3 percent of monks agreed with the reason that “MHV can be a health care coordinator between temple and community. Nevertheless, 14.3 percent of monks' respondents also felt neutral toward the role of being MHV. Besides, 8 percent and 4.8 percent of

monks' respondents was disagreed with this role because no program to evaluate MHV' work and monks shortage, respectively.

5.2 MHV' opinion and monks' toward the role of being MHV

Statement	MHV		Monks	
	No. (427)	%	No. (210)	%
Agree				
-Not mention any reason	260	64.9	100	47.6
-Be an health care coordinator between temple and community	73	17.1	30	14.3
-Enhance monks' knowledge regarding basic health care treatment and drug administration	57	18.2	23	11.0
-Be admitted from local people and proud to be MHV	6	1.5	-	-
Neutral				
-Not mention any reason	6	1.5	-	-
-No work appraisal	-	-	30	14.3
Disagree				
-No program to evaluate MHV' work	-	-	17	8.0
- Monks shortage	-	-	10	4.8
No answer	(25)	(5.9)	-	-
Total	402	100.0	210	100.0

The table 5.3 shows MHV' opinion and monks' toward participation in temple health care center. The results revealed that in both group of MHV (67.4 percent) and monks (47.6 percent) wanted to participated in temple health care center but have not mentioned any reason. 13.8 percent of MHV and 10.5 of monks wanted to participate in temple health care center due to the reason that they wanted to receive training regarding first aid care. The reasons that most of monks' group (7.6 percent

and 4.8 percent) ignored to get involved in temple health care center arise from it is an over-loaded job and unproductive program, respectively.

5.3 MHV' opinion and monks toward participation in temple health care center

Statement	MHV		Monks	
	No. (427)	%	No. (210)	%
Agree				
-Not mention any reason	273	67.4	100	47.6
-Want to receive training regarding first aid care	56	13.8	22	10.5
-It is useful to community	45	11.1	30	14.7
-Want to be a health care provider	20	4.9	32	15.2
Disagree				
It is an over-loaded job	4	1.0	16	7.6
Unproductive program	7	1.6	-	-
Not monks' responsibility	-	-	10	4.8
No answer	(22)	(5.2)	-	-
Total	427	100.0	210	100.0

Table 5.4 – 5.6 shows suggestions of both respondents. As table 5.4 presents the urgent problems/obstacles that need to be solved, 37.9 percent of MHV and 42.4 percent of monks addressed that “Coordination with Provincial Health Office is not continue working(lack of work appraisal”. Regarding the strengthen factors that will help MHV' work sustainability, 51 percent of MHV and 37.2 percent proposed that Provincial Health office needed to distributed equipments such as medicines, health education media, and sound amplifiers. Furthermore, other suggestions from both respondents were mentioned as follows:

1. Promote MHV' work (53.2 percent of MHV and 28.5 percent of monks)
2. Name list of MHV yearly record (17 percent of MHV)
3. Work check list record (34.2 percent of monks)

4. Provide more training program (12.6 percent of MHV and 39.3 percent of monks)
5. Temple competitive (17 percent of MHV)

5.4 Urgent problems/obstacles that need to be solved

Statement	MHV		Monks	
	No. (427)	%	No. (210)	%
1. Coordination with PHO is not continuous working (Lack of work appraisal)	102	37.9	56	39.4
2. MHV' rotation and resignation	70	26.0	35	24.6
3. MHV lack of problem solving skill	53	19.7	33	23.2
4. Community lacks of concerning	44	16.4	18	12.3
5. No answer	(158)	(37.0)	(68)	(32.4)
Total	269	100.0	142	100.0

5.5 Strengthening factors that will help MHV' work sustainability

Statement	MHV		Monks	
	No. (427)	%	No. (210)	%
1. Equipment - Medicine - Health education media - Sound amplifier	110	51.0	55	37.2
2. Community participation	56	25.9	53	35.8
3. Budget (money)	50	23.1	40	27.0
4. No answer	(211)	(49.4)	(62)	(30.0)
Total	216	100.0	148	100.0

5.6 Suggestion

Statement	MHV		Monks	
	No. (427)	%	No. (210)	%
1. Promote MHV' work	156	53.2	31	26.5
2. MHV yearly record	50	17.0	-	-
3. Work check list	-	-	40	34.2
4. Provide more training	37	12.6	46	39.3
5. Temple competitive	50	17.0	-	-
No answer	(134)	(31.4)	(93)	(44.3)
Total	293	100.0	117	100.0