



CHAPTER V

CONCLUSION DISCUSSION AND RECOMMENDATIONS

This research was cross sectional descriptive study, which focused on the assessment of performance of Monk Health Volunteers and monks toward PHC activities in Nahon Ratchasima province.

5.1 Conclusion

In carrying out activities particularly in the part of PHC, HCCSC, MHV' performance and monks' were quite different, and there were statistically significant differences toward importance and participation at p-value <0.05

MHV' status, age range, and knowing temple passed criteria's have affected to the importance of PHC activities in MHV' respondents.

Educational background, duration of being monk, and frequency of training have affected to the importance of carrying out activities in monks' group.

Age range, educational background, and local community support in MHV' respondents have affected to the importance of HCCSC.

Knowing temple passed criteria's and people's reaction about being MHV in MHV' respondents have affected to the importance of community concern.

Age range, MHV' status, knowing temple passed criteria's, and people's reaction about being MHV have influenced to participation in PHC activities in MHV' respondents.

Duration of being monks, MHV' status , and people's reaction about being MHV have influenced to the satisfaction of HCCSC in MHV' respondents.

Duration of being monks was the only factor which influenced to the satisfaction of community concern in monk's respondents.

5.2 Discussion

1) In implementing any program in order to achieve goals and targets for better situation, integrating all of levels of people to be one part of the system is really needed. As Nakhon Ratchasima province has been through the process of reforming and innovating for the better health status of people by launching “ Sustainable Health For All” by the year 2000 and had involved all crucial sectors in community to take responsibilities altogether namely, house, school, and temple. It is therefore needed to increase community participation by empowering people to realize in their abilities and potential in carrying out activities.

As WHO (1979) has mentioned that the principle approach of participation needed four processes as follows:

1. Planing: People must be involved in problem analysis, prioritize problems, set up the goal, plan to consume resources, follow up and evaluate, and the last important is making decision.

2. Implementation: People in community must take parts in managing and administering resources, having responsibility in allocating , managing monastery and service.

3. Utilization: people must have ability in term of applying activities to be useful in society, which increases self-reliance and social control.

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5.3 Recommendations

The concept of “Sustainable Health For All” could be sustainable and strengthen self-reliance in each of component particularly in monastery if there are routine evaluation and promotion in the role of MHV.

For Provincial Health Office in Nakhon Ratchasima province

1. Stipulate the age range of being MHV.
2. Incentive is sometimes needed. such as providing health care services for MHV
3. Authorized MHV to take responsibility for certain population.
4. Training program should be more provided and continued.
5. Health care officers are needed to be supervisor for new MHV.
6. To get cooperation from ecclesiastical levels of monks, the role of layman or key performance needs to be enhanced for a better communication approach
7. In term of health care personal shortages, MHV could be integrated

For further research

1. The qualitative research, in depth interview MHV’ coordinators in difference levels.
2. The assessment of MHV toward mental health activities.
3. Assessment the performance of temple health care center in Nakhon Ratchasima province.
4. The same study in other provinces and comparing with Nakhon Ratchasima province.