

Thammanoon Krongboonruang 2010: Health Care Behavior of the Elderly Buddhist Monks in Bangkok Noi District, Bangkok Metropolis. Master of Arts (Social Development), Major Field: Social Development, Interdisciplinary Graduate Program. Thesis Advisor: Associate Professor Nath Bhunthumnavin, Ph.D. 204 pages.

The objectives of research were 1) to study the basic factors in personal characteristics, health status, cognizance in elderly person health and elderly person health care, health belief model and health care behavior of elderly buddhist monks and 2) to investigate the independent variables which affected the elderly buddhist monks' health care behavior. The sample consisted of 161 elderly buddhist monks in Bangkok Noi District, Bangkok Metropolis . They were selected by accidental sampling. The data were collected by questionnaires and were analyzed by using descriptive statistics and stepwise multiple regression analysis with the level of statistical significance at .05.

The study result showed that the elderly buddhist monks had high level of cognizance in elderly person health and elderly person health care. They also had high level of perception totally in health belief model and considering each issue showed that high level of the health belief model 3 issues which were the perceived susceptibility, the perceived severity and the perceived benefits. And besides the perceived barriers to implementation was in the middle level. The health behaviors were at high level in totally and considering each issue showed that high level of the health behaviors had 2 issues which were the prevention health behavior and illness behavior. For the sick – role behavior was in the middle level.

The independent variables testing indicated of 19 independent variables and there were 4 of them shared the prediction of overall health care behavior of 44.00%. They were perceived susceptibility (30.00%), perceived barriers to implementation (7.00%) ordained years (4.00%) and the monks' title (3.00%). According to the prevention health care behavior, there were 3 independent variables shared the prediction of 37.00%. They were perceived susceptibility (27.00%), perceived barriers to implementation (7.00%) and total income (2.00%). As a result of self – care in illness behavior, there was 1 independent variable could the prediction of 16.00%. It was the perceived susceptibility (16.00%). In addition to the sick – role behavior, there were 3 independent variables shared the prediction of 21.00%. They were the perceived benefits (13.00%), perceived barriers to implementation (4.00%) and the ordained years (4.00%)

In conclusion, good health behavior as the elderly buddhist monks required the acknowledge in perceived susceptibility and they must eliminate any barrier in health behavior. Including supplementing in cognizance in elderly person health and elderly person health care to the any elderly buddhist monks for the purpose of elderly buddhist monks have the good health abiding.

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Thesis Advisor's signature