

Thesis Title Community Participation in Sanitation
Activities among Self - Managed Primary
Health Care Villages in Rayong Province
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Abstract

The objectives of this study were to identify patterns of community participation in selected sanitation activities in terms of needs assessment, planning, implementation and evaluation and to determine correlated factors affecting their levels of participation. Sex, age, education, socio-economic status, position in community, information accessibility, knowledge of sanitation and attitudes were chosen as independent variables for the study. A cross-sectional survey using questionnaires was designed to interview 189 village committees and 217 heads of households in 34 self - managed primary health care villages in Rayong Province. Percentage, mean, chi-square, analysis of variance and multiple classification analysis were

employed to analyse the data. Major findings are as follows.

The patterns of community participation in sanitation activities of village committees and heads of households were varied in relation to their levels of participation, 51.1 percent, 58.9 percent, 54.2 percent and 49.9 percent for needs assessment, planning, implementation and evaluation respectively.

Village development funds was commonly established to handle the village sanitation activities. Each funds was mainly administered by selected committees (83.1%) who met 1-2 times per month (93.3%). However, about 72.5 percent of them mentioned that the number of responsible persons in each village was ranging from 1 to 3. The most persistent activity for the village development funds was the provision of loans to their members.

Major problems encountered were lacks of coordination and enthusiasm among villagers and village committees, and insufficient supervision from health personnel.

Factors found to be significantly difference at 0.05 level concerning community participation in sanitation activities of village committees and heads of households were sex, position in community, socio-economic status, information accessibility, knowledge of sanitation and attitudes, except age and education.