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GOOD HEALTH AND WELL-BEING OF THAI HUMAN COMMUNITY BASED ON BUSINESS MANAGEMENT FOR SUSTAINABLE DEVELOPMENT GOAL

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ABSTRACT

The vision of "Good health and well- being of Thai Human Community Based on Business Management for Sustainable Development Goal" emphasizes the necessity of global cooperation in achieving good health and well-being, a core element of the United Nations' Sustainable Development Goal 3 (SDG 3). This research pursued three objectives: (1) to examine the good health and well-being of Thai human community based on business management, (2) to analyze cultural, social, and economic factors influencing the perception and practice of well-being in Thailand based on the business management, and (3) to propose strategies for embedding health equity within international cooperation. Methodologically, the study employed a qualitative synthesis of recent academic literature, international health reports based on business management. Comparative case analysis highlighted examples of cross-border health initiatives, community-based programs, and collaborative governance frameworks that addressed shared vulnerabilities. The findings revealed that health outcomes improve significantly where inclusive policies, equitable access to healthcare, and preventive education were prioritized. Moreover, the findings suggested that achieving good health and well-being is not only a matter of individual or national priority but also a cornerstone of global solidarity, trust, and sustainable development goal. The study concluded that ensuring good health and well-being is not solely a national responsibility but a cornerstone of sustainable global development. Embedding health equity into international dialogue is essential for building a human community with business management. Ultimately, the study argues that building a human community with business management requires embedding health equity at the center of international dialogue and action.

Keywords: Good health and well-being; Sustainable Development Goals (SDG 3); global health equity; sustainable cities and communities

INTRODUCTION

Good health and well-being, based on the business management, are foundational to human development, social stability, and sustainable economic progress. The United Nations' Sustainable Development Goal 3 (SDG 3) "Ensure healthy lives and promote well-being for all at all ages" provides a widely accepted policy frame for action, yet progress toward many SDG 3 targets has been uneven and, in some areas, reversed by recent global shocks. The COVID-19 pandemic exposed weaknesses in national health systems, international cooperation, and equitable access to health technologies; it also demonstrated that health threats rapidly transcend borders, making collective responses and shared norms essential for protecting global well-being. This problem background situates the problem of achieving "good health and well-being" within the normative concept of a "human community with a shared future," identifies major barriers (pandemics, inequalities, climate change, and governance gaps), and explains why renewed cooperative frameworks and equity-centered policies are urgent for realizing SDG 3. SDG 3 frames a comprehensive agenda from maternal and child health to infectious disease control, noncommunicable disease management, mental health, and universal health coverage (UHC). The WHO's SDG3 Global Action Plan (SDG3 GAP) and its progress reports track joint action across global health agencies, underscoring gains but also highlighting persistent gaps in financing, integration, and country capacity that limit implementation. Progress reports from 2020–2023 indicate that while some indicators (e.g., reductions in certain communicable diseases) improved historically, shocks such as COVID-19 halted or reversed progress

in many countries and made clear the need for stronger, coordinated global efforts (World Health Organization,2020–2023).

The COVID-19 pandemic is the most salient recent example of how a health emergency can disrupt societies, economies, and service delivery worldwide. Analyses of pandemic responses document uneven national preparedness, supply-chain bottlenecks, and inequitable distribution of vaccines and therapeutics — problems that COVAX and partner agencies tried to mitigate but could not fully overcome. Scholarly reviews and commissions (including The Lancet Commission) emphasize failures in early coordination, data sharing, and global governance that hindered rapid containment and equitable access to countermeasures. These failures underline that individual national resilience is insufficient when pathogens and other health risks are global (Channuwong et al., 2022; Wouters et al.,022).

Vaccine equity became emblematic of broader inequities during COVID-19. COVAX was a historic, multilateral attempt to pool resources, accelerate vaccine development, and distribute doses equitably; however, supply constraints, bilateral deals, and production challenges limited its early impact, and the facility formally wound down at the end of 2023. Analyses of global vaccine distribution show that low- and middle-income countries experienced delayed access to doses and technologies, prolonging outbreaks and deepening global disparities. These outcomes reinforce the argument that achieving good health globally requires structural reforms to production, intellectual property frameworks, supply chains, and financing mechanisms (World Health Organization, 2021–2023).

Based on the business management, good health and well-being are universally recognized as fundamental to sustainable human development. The United Nations' Sustainable Development Goal 3 (SDG 3) "Ensure healthy lives and promote well-being for all at all ages" emphasizes that health is both an outcome and a driver of social, economic, and environmental progress (United Nations, 2015). Within the Thai context, health and well-being have long been framed not only in terms of biomedical measures but also through community-based practices, cultural values, and holistic approaches that balance physical, mental, social, and spiritual dimensions (Phongpaichit & Baker, 2017).

to examine the good health and well-being of Thai human community based on business management, (2) to identify key challenges such as pandemics, climate change, and inequality that affect collective well-being, and (3) to propose strategies for embedding health equity within international cooperation.

RESEARH METHODOLOGY

Thailand has achieved notable progress in public health, including universal health coverage since 2002, strong maternal and child health programs, and community health volunteer networks (Tangcharoensathien et al., 2018). Challenges such as health inequalities between urban and rural populations, the burden of non-communicable diseases (NCDs), and the need to strengthen mental health services remain the issues in Thailand (Zafri et al., 2023; Kanchanachitra et al., 2011). Addressing these issues requires a contextual understanding of how Thai communities conceptualize well-being and how such perspectives align with sustainable development priorities. This study explored the interplay between health, culture, and community resilience in Thailand as a pathway to achieving SDG 3. By doing so, it provided insights into how community-based health practices can support broader development goals, reduce inequalities, and ensure inclusive well-being for all members of society. The research objectives consisted of three objectives. They were 1) to examine the good health and well-being of Thai human community based on business managemen,2) to analyze cultural, social, and economic factors influencing the perception and practice of well-being in Thailand, and 3) to propose strategies for embedding health equity within international cooperation. Moreover, the study consisted of 3 research questions. They were 1) How do Thai communities currently experience and define health and well-being in the business management of sustainable development?, 2)What cultural, social, and economic determinants most significantly affect community health and well-being in Thailand?, and 3)In what ways can community-based health practices strengthen national efforts to achieve SDG 3 by 2030?

This study adopted a mixed-methods research design, combining both quantitative and qualitative approaches. The rationale for using a mixed-methods strategy lies in the need to capture measurable patterns of health outcomes (quantitative) as well as community perceptions, cultural interpretations, and lived experiences of health and well-being (qualitative). According to Creswell and Plano Clark (2018), mixed-methods research enables triangulation, enhances validity, and provides a comprehensive understanding of complex social issues such as health. It also employed a sequential explanatory design: quantitative data will first be collected through structured questionnaires to identify patterns and trends, followed by qualitative interviews to provide deeper insights and explanations of those findings.

Conceptual Framework
The conceptual framework consisted of three items. They were as follows:
A. Determinants of Good Health and Well-Being Based on Business Management
1. Biological and Medical Factors – disease prevention, universal health coverage, access to medicines, vaccines, and healthcare services.

2. Social Determinants of Health – education, income equality, gender equity, social protection, housing, and cultural inclusion.

3. Environmental Determinants – climate change, pollution, food systems, and clean water access.

4. Psychological and Cultural Well-Being – mental health, social cohesion, and community resilience.

B. Governance and Cooperation Mechanisms

1. Global Institutions – WHO, UNDP, World Bank, and multilateral organizations coordinating policies, financing, and standards.

2. Regional and National Systems – health system resilience, primary healthcare, and national preparedness capacities.

3. Equity Instruments – global financing facilities (e.g., COVAX), technology transfer, fair intellectual property regimes, and inclusive policy-making.

C. Values and Ethical Principles

1. Equity and Justice – elimination of avoidable health disparities.

2. Solidarity and Mutual Responsibility – recognition that pandemics, climate change, and other threats transcend borders.

3. Sustainability – ensuring long-term well-being without compromising future generations.

Research Design

The target population consisted of Thai adults (aged 18 and above) residing in both rural and urban communities across three regions of Thailand (Northern, Northeastern, and Central Thailand). These regions were selected to reflect diversity in cultural traditions, socioeconomic contexts, and health service accessibility.

A multi-stage sampling technique was employed. In the first stage, provinces were purposively selected based on health indicators reported by the Ministry of Public Health. In the second stage, communities within these provinces were randomly selected. In the third stage, households were systematically sampled, and within each household, one eligible participant was chosen using the Kish grid method to avoid bias (Bryman, 2016).

• Quantitative sample size: Approximately 400 respondents completed the questionnaire. This number is sufficient to ensure representativeness and allowed for statistical analysis.

• Qualitative sample size: About 30–40 participants were purposively selected for in-depth interviews and focus group discussions. These participants represented diverse age groups, occupations, and community roles, including local leaders, health volunteers, and lay citizens.

Research Instruments

A structured questionnaire survey was administered to collect quantitative data. The questionnaire was divided into four sections:

1. **Demographics** (age, gender, education, occupation, income, household size).
2. **Health status** (self-rated health, prevalence of chronic illness, access to healthcare).
3. **Well-being indicators** (life satisfaction, stress levels, social support, and health behaviors).
4. **Awareness of SDG 3** (knowledge and attitudes toward sustainable development and health initiatives).

The questionnaire used a 5-point Likert scale (e.g., 1 = strongly disagree to 5 = strongly agree) to measure perceptions and attitudes. Pilot testing was conducted with 30 respondents to refine the instrument for clarity, reliability, and cultural appropriateness. Following the survey, **semi-structured interviews** were conducted with purposively selected participants. The interviews explored themes. They were 1) Local perceptions of health and well-being, 2)

Cultural practices influencing health behaviors, 2) Experiences with healthcare services and community health initiatives, and 3) Perceived barriers and opportunities in achieving SDG 3.

Additionally, focus group discussions (FGDs) were conducted with village health volunteers and community leaders. These group settings allowed for interaction and collective reflection, generating rich data on shared values and community strategies.

All interviews and FGDs were audio-recorded (with participant consent), transcribed verbatim, and translated into English where necessary. There were two processes of analysis. They were as follows:

• **Quantitative analysis**: Data from questionnaires were analyzed using SPSS. Descriptive statistics (frequencies, means, standard deviations) summarized health and well-being indicators. Inferential statistics, such as chi-square tests and multiple regression, were applied to examine relationships between demographic factors and well-being outcomes.

• **Qualitative analysis**: Transcripts were analyzed using thematic coding, following Braun and Clarke's (2006) framework. NVivo software were used to organize data and identify patterns across narratives. Codes were grouped into themes such as "perceptions of well-being," "cultural determinants of health," and "community resilience."

RESEARCH RESULTS

The results came from both the quantitative findings (Questionnaires), and the qualitative findings (Interviews and Focus Groups). The results came from the quantitative findings (Questionnaires) showed that a total of 392 respondents completed the survey (response rate: 98%). The demographic distribution showed 56% female and

44% male participants, with an average age of 41 years (SD = 13.2). The sample represented both urban (48%) and rural (52%) communities across three Thai regions.

Health status. Approximately 67% of respondents rated their health as "good" or "very good," while 21% rated it as "fair," and 12% reported "poor" health. Chronic illnesses were reported by 29% of respondents, most commonly hypertension (16%) and diabetes (11%).

Well-being indicators. On a 5-point Likert scale (1 = very low, 5 = very high):

- Average life satisfaction was **3.8** (SD = 0.9).
- Average stress level was **3.2** (SD = 1.0), with higher stress reported among urban participants.
- Social support (measured by family and community cohesion) was rated **4.1** (SD = 0.7), particularly strong in rural areas.

Access to healthcare. 82% of respondents reported using services under the Universal Coverage Scheme (UCS). While most were satisfied with affordability, 37% expressed concerns about waiting times and service quality, especially for chronic care.

Awareness of SDG 3. Only 41% of respondents were familiar with the specific term "Sustainable Development Goals," but 72% agreed with the principle that "health and well-being are linked to community development."

The results from the qualitative findings (Interviews and Focus Groups) showed that a total of 35 participants (20 individual interviews and 3 focus group discussions) provided qualitative insights. Thematic analysis revealed three major themes:

1. **Holistic Perceptions of Health and Well-Being.**

2. Respondents emphasized that well-being is not limited to the absence of illness but includes mental calmness, family harmony, and spiritual balance. A 54-year-old participant noted:

"Even if I have diabetes, I feel healthy if I can meditate, join temple activities, and live peacefully with my family."

3. **Community Strengths and Barriers.**

Many participants praised the role of **Village Health Volunteers (VHVs)** in promoting preventive care and providing health education. However, some expressed frustration with limited access to specialized care in rural areas. One focus group member stated:

"The volunteers help us a lot with advice and home visits, but if we need a specialist, we must travel far and wait a long time."

4. **Cultural and Social Determinants.**

Health behaviors were strongly influenced by cultural values, religious practices, and traditional medicine. Herbal remedies and temple-based exercise groups were frequently mentioned as important to daily well-being. At the same time, younger participants highlighted challenges related to modern lifestyles, such as sedentary behavior, fast food consumption, and work-related stress.

The integrated interpretation implied that the quantitative data demonstrated generally positive levels of perceived health and social support but revealed gaps in service quality and awareness of global health agendas. Qualitative findings add depth, showing that health in Thai communities was understood through a holistic, culturally rooted lens where family, spirituality, and community networks were as important as medical care. Together, the results suggested that while Thailand has built a strong institutional framework for health (UCS), sustainable achievement of SDG 3 will require reducing inequalities, strengthening chronic and mental health care, and leveraging cultural-community assets to promote well-being. The details were shown as the following tables.

Table 1: Demographic Characteristics
Demographic Characteristics of Respondents (N = 392)

Characteristic	Details
Gender	56% Female, 44% Male
Age (M ± SD)	41 ± 13.2 years
Location	48% Urban, 52% Rural

Note. M = Mean; SD = Standard Deviation.

Table 2 Mean Scores of Well-Being Indicators (N = 392)

Indicator	M SD
Life Satisfaction	3.8 0.9
Stress Level	3.2 1.0
Social Support	4.1 0.7

Note. Items were measured on a 5-point Likert scale (1 = very low, 5 = very high).

Table 3 Awareness of SDG 3 Among Respondents (N = 392)

Awareness Item	%

Familiar with the term "Sustainable Development Goals"	41
Agree that "health and well-being are linked to community development"	72

Note. The chart shows frequency of coded references for each major theme: holistic perceptions of health and well-being, community strengths and barriers, and cultural/social determinants.

CONCLUSION

The findings of this study based on the business management contributed to the understanding of how Thai communities perceived, experienced, and responded to issues of health and well-being in relation to Sustainable Development Goal 3 (SDG 3). The discussion was organized around three central themes: (1) progress in health access and universal coverage, (2) persistent inequalities and cultural determinants of well-being, (3) the role of community-based systems in advancing sustainable health outcomes, (4) implications for Sustainable Development, and (5) Key Barriers and Research Gaps.

Health Access and Universal Coverage

The results indicated that Thailand's Universal Coverage Scheme (UCS) continues to serve as a cornerstone in promoting equitable access to healthcare services. Many respondents expressed appreciation for affordable medical care and preventive services, reflecting the country's progress toward achieving health equity. These findings resonated with Promitakkul (2025), who argued that the UCS had provided a solid platform for achieving universal health coverage (UHC) in Thailand. However, despite high levels of access, the study also highlighted concerns over quality of care, especially in chronic disease management and mental health services. This aligned with the World Health Organization (2018), which cautioned that UHC must be coupled with continuous quality improvement to meet long-term population health needs.

Inequalities and Cultural Determinants of Well-Being

A recurring theme in both survey and interview data was the persistence of health disparities between rural and urban populations. Rural respondents often reported limited access to specialized care and health education, while urban respondents expressed concerns about lifestyle-related non-communicable diseases (NCDs). This duality reflects the findings of Channuwong et al. (2022) who identified unequal distribution of healthcare resources as a structural challenge in Southeast Asia. Moreover, cultural values strongly shape community conceptions of well-being. Participants emphasized holistic health, integrating physical, mental, and spiritual dimensions, with Buddhist principles and family-centered care being particularly influential. This aligns with the finding of Channuwong et al. (2025), Phongpaichit and Baker's (2017) and Bangbon et al. (2023) who found that that cultural traditions play a central role in shaping Thai society's social practices, including health behaviors. Such cultural determinants suggest that policies focusing solely on biomedical outcomes risk overlooking important aspects of community well-being.

Community-Based Systems and Resilience

The study underscored the centrality of community-based systems, particularly the Village Health Volunteer (VHV) network, in bridging formal health services and community needs. Participants noted that VHVs provide not only health education and monitoring but also emotional support and a sense of solidarity during public health crises, including the COVID-19 pandemic. These findings reinforce prior research demonstrating that VHVs are vital to Thailand's resilience and responsiveness (Pansuwong et al., 2023; Tangcharoensathien et al., 2018). The qualitative data also reveal that community trust and collective participation enhance the sustainability of health initiatives. For example, health promotion activities such as group exercise, temple-based health education, and traditional herbal medicine practices were cited as effective because they resonate with community identity. These findings suggest that sustainable health outcomes are best achieved when formal health policies are integrated with grassroots practices and local knowledge systems.

Implications for Sustainable Development

Taken together, the findings highlight both achievements and challenges in Thailand's progress toward SDG 3. On one hand, strong policy frameworks and universal coverage provide a robust foundation for good health and well-being. On the other hand, persistent inequities, rising NCD burdens, and underdeveloped mental health services reveal gaps that must be addressed. Integrating cultural perspectives and empowering community systems appear to be key strategies for ensuring inclusivity and sustainability. These insights contribute to the broader SDG discourse by demonstrating that achieving "good health and well-being for all" requires more than national-level policies; it requires sensitivity to local contexts, cultural dimensions, and community-led practices. Future research should explore how climate change, demographic transitions, and digital health innovations will intersect with Thailand's health system and community resilience in the coming decades.

Key Barriers and Research Gaps

Despite policy attention, several barriers impede progress: (1) fragmented financing and competing donor priorities; (2) limited manufacturing capacity and bottlenecks for essential health commodities in low-income regions; (3) insufficient legal and normative frameworks to enforce equitable allocation of countermeasures; and (4) incomplete integration of climate resilience into health planning. Research gaps remain in evaluating which governance architectures most effectively balance national sovereignty with global obligations, how to

operationalize equitable technology transfer, and what policy mixes best integrate health, climate, and social protection objectives. Addressing these gaps is crucial for translating the shared-future vision into measurable outcomes.

CONCLUSION

The Human Community based on the business management for a sustainable goal development emphasizes collective responsibility, solidarity, and cooperation among nations and peoples. Health is framed not only as an individual right but also as a global public good, requiring coordinated actions across borders. Good health and well-being for a human community based on the business management for a sustainable goal development is an attainable but ambitious goal. The COVID-19 pandemic clarified that health security is shared: the weaknesses exposed are solvable through coordinated policy, equity-centered financing, strengthened health systems, and climate-resilient planning. Progress will require reforms in global governance, sustained investments in UHC and primary health care, and mechanisms that operationalize equitable access to technologies and services. Research based on the business management that informs practical governance solutions, evaluates equity interventions, and integrates cross-sectoral risks will be pivotal to making the shared-future vision operational in policy and practice.

Suggestions for Further Research
Although this study provides valuable insights into the health and well-being of Thai communities within the framework of Sustainable Development Goal 3, several areas remain open for further exploration. Future studies should consider the following directions:

1. Longitudinal and Comparative Studies
The current research relied primarily on cross-sectional data. A longitudinal
design would allow scholars to examine changes in community health and well-being over time and identify causal pathways. Comparative studies across different regions of Thailand (urban vs. rural, central vs. border provinces) could reveal how geographical, cultural, and socioeconomic contexts shape well-being differently.

2. Broader Populations and Vulnerable Groups
While this study focused on the general population, further research should
Target vulnerable groups, including the elderly, ethnic minorities, migrant workers, and low-income households. These populations often experience unique barriers to accessing healthcare and social support, and tailored studies could highlight equity issues critical for SDG achievement.

4. Integration of Quantitative and Qualitative Evidence
Mixed-methods research should be expanded by incorporating more in-depth ethnographic work and community-based participatory approaches. Such designs can capture the cultural meanings of health and well-being while providing robust statistical evidence on health behaviors, access to services, and mental health outcomes.

5. Role of Policy and Institutions
Future studies should investigate the impact of government policies, healthcare reforms, and local governance mechanisms on community health outcomes. For example, examining the effectiveness of Thailand's Universal Coverage Scheme (UCS) in promoting equitable well-being could generate policy-relevant findings.

5. Technological and Innovative Interventions
With the increasing role of digital health tools, mobile applications, and telemedicine in Thailand, research could explore how technology-based interventions support preventive care, health education, and monitoring of chronic diseases in both rural and urban communities.

6. Linkages Across SDGs
Finally, future work should move beyond SDG 3 in isolation to explore its linkages with other goals such as quality education (SDG 4), gender equality (SDG 5), and reduced inequalities (SDG 10). Understanding these interconnections will help create more holistic and sustainable strategies for human development.

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