

The Development of Village Health Volunteers (VHVs) Model with a Participatory Process

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Abstract

The research on the Development of Village Health Volunteers (VHV) Model with a Participatory Process aimed to (1) study village health volunteers' participation, (2) study roles, duties as well as responsibility of village health volunteers, (3) study village health volunteers' attributes, and (4) propose the strategies of village health volunteer development which conformed to changing Thai social contexts. Quantitative research by in-depth interview was conducted with ten outstanding village health volunteers of Year 2016 in Pathum Thani whom were selected from Department of Health Service Support, Ministry of Public Health, and also public health personnel from 7 districts (2 persons in each district) and also Five public service recipients from each of the 7 districts in Pathum Thani. The results revealed that (1) the majority of recruited village health volunteers were well screened and accepted by their value of common interests, generosity, and service mind, (2) the village health volunteers were competent and took a role according to village health volunteers' duties and responsibility to complete all time-consuming, non-scheduled activities successfully within a short time; their knowledge and competency were potentially developed, (3) support, encouragement, participatory process as well as network development for common interests should be implemented, and (4) the roles of village health volunteers should be altered into health volunteer concept supporters.

Keywords: *citizen participation, village health volunteers, a participatory process*

1. Introduction

At present, there is a tendency that the number and ratio of elderly Thai people are increasing every year. This can be shown in a census of The National Statistical Office of Thailand (TNSO) in 2010 to 2020. Office of The National Economic and Social Development Board (NESDB) has anticipated that the number of elderly Thai citizens will increase from 8,411,000 in 2010 to 12,622,000 in 2020. (Sources: Population and Housing census 2010-2040, TNSO). For almost a decade, the Thai population has been decreasing due to lowering fertility rates, causing a smaller youth population and labor force whereas the number of elderly population keeps increasing due to longer life expectancy.

A health plan is considered as a crucial factor for community development and also a planning procedure which gives people physical, mental, and emotional well-being. To make this happen, everyone in a community should initially learn how to take care of his family and himself and subsequently his community and society. Health promotion is; therefore, a process, a set of activities, as well as a guideline for a health care operation. This assists people to improve their living condition, family's well-being, a community holistically and systematically.

Community health care is a participatory operational process which can be accessed by every individual in a community. Undoubtedly, health volunteers are regarded as significant social capitals. To strengthen health volunteers' roles and enhance their achievement nationwide, people in a community are asked to work collaboratively as a volunteer; this campaign is so called "village health volunteers (VHVs)". One village health volunteer is available for 15 households. Thus, there are approximately 20,000-30,000 village health volunteers in a province; in other words, there are around 80,000-100,000 village health volunteers around Thailand. Surprisingly, there are more than 1.1 million VHVs in Thailand at the moment and this implies that our country has gained highly valuable social capitals for further national development. Simply put, for more than three decades, village health volunteers' participation, duties, and responsibility have been considered as one of the most crucial factors for health care development in the country.

Village health volunteers' participation and health care operation have brought a great number of benefits to community health care development around the country; however, there are several problems, especially in a health volunteering operational process. The problems normally stem from fixed operational methods which are inflexible and impractical for some community contexts, low motivation, unsatisfactory wages and benefits, or political unfairness among village health volunteers.

With all problems mentioned above, it is essential to have effective assessment criteria and analysis to find out village health volunteers' authentic working conditions and competency to correspond to a changing social situation. Village health volunteers themselves and other stakeholders should consider how to set strategic plans, objectives, and operational directions which are consistent with the current world situation. To sum up, everything which has been mentioned in this section is relevant to a new context of village health volunteers' health care operation which needs to be reviewed, reconsidered and revised for clearer and more effective strategies, particularly in the changing Thai social context.

2. Objectives

The objectives of the study are to

1. study village health volunteers' participation,
2. study roles, duties as well as responsibility of village health volunteers,
3. study village health volunteers' attributes, and
4. propose the strategies of village health volunteer development which conform to the change in Thai social contexts.

3. Materials and methods

This study mainly applied a qualitative research method consisting of literature review and analysis of secondary data sources as well as in-depth interview. The details regarding research methodology, research instruments together with research procedures are briefly described as follows.

3.1 Population

Village health volunteers, public health personnel from 7 districts in Pathum Thani Province and public service recipients from each of the 7 districts in Pathum Thani

3.2 Sample group

The sample group of this study was purposively selected including ten outstanding village health volunteers of Year 2016 in Pathum Thani whom were selected from Primary Health Care Division, Department of Health Service Support, Ministry of Public Health, two public health personnel, and also Five public service recipients from each of the 7 districts in Pathum Thani

3.3 Setting

Pathum Thani Province, Thailand

3.4 Duration

The study was conducted for data collection in April 2016 to August 2016

The researchers carried out the analysis of the data obtained from the in-depth interview by applying content analysis methods. Generally, the descriptive research is aimed at finding out facts of any scenario or situations and discovering inferences or causal relationships. In other words, descriptive research is aimed at casting light on current issues or problems through a process of data collection that enables them to describe the situation more completely than was possible without employing this method (Fox & Bayat, 2007:45). To simply put, the descriptive research methods in the current study were used to describe all aspects of the phenomenon as well as behavior and characteristics of the sample group. The results would then be used for revision, analysis, modification, presentation of the study for further improvement.

4. Results

Up to this part, the results of the study, followed by discussion are presented below.

4.1 Village health volunteers' participation

The results revealed that the sample group had various reasons to be village health volunteers; some of them had close connection with community leaders or were motivated by some incentives. Nevertheless, the majority of selected village health volunteers were normally screened and accepted by their willingness for the sake of common good, generosity, kind assistance, and sufficient health care knowledge. Moreover, the village health volunteers appeared to have a strong relationship and bond with health care work. They had trust, full understanding, and readiness to participate in any upcoming duties. Therefore, it would not be exaggerating to claim that these village health volunteers connected national health care system with communities. Having such ideal village health volunteers was regarded as effective working mechanism and potential social capital which would help create benefits to Thai communities and public health in the future.

Apparently, village health volunteers were not any kind of production factors themselves in a community but regarded as coordinators for community production factors. This was corresponding to Putman (1993) that civic engagement by a civic community was a major factor behind both successful strong economic development and effective governance in the society. Subsequently, a strong society led to a strong state. He added that social capital was created by trust, norms and networks; all of these worked collaboratively to facilitate effective governance as well as community well-being. Putman (ibid.) stated that social capital stemmed from civic sophistication, norms and networks of cooperation which were the evidence of civic engagement. Volunteering and membership in associations indicated the well-being of the community by:

- increasing work efficiency and lower more work cost than working individually,
- creating interdependence norms which strengthened a community as a whole,
- creating trust among networks and facilitating communication of information, and
- utilizing mutual past success for future effective cooperation.

This was supported by the study of Lapjit (2007) on factors affecting people's decision to participate in the Tambon administration organization in Ubonratchathani. The significant points of this study regarding volunteering participation factors were listed below:

- Individual factors included citizen duty and responsibilities, willingness, knowledge, competency, confidence, community acceptance, skills and experience for individual and community benefits,
- Community factors included support and an opportunity for participation given by a community, community unity, and community encouragement for volunteering participation,
- Organizational factors included transparent operation by Subdistrict Administration Organization (SAO), service mind as well as village public hearing.

4.2 Roles, duties as well as responsibility of village health volunteers

According to roles, duties as well as responsibility of village health volunteers, it was evident that the current village health volunteers had satisfactory competency and played their roles effectively in doing all activities with success within a short time. For instance, they were able to give knowledge, inform news to the villagers, conduct village survey regarding quality of live indicators, health data, census, poultry vaccination, etc. as well as organize a campaign for seasonal communicable disease control.

Nevertheless, village health volunteers had some limitations which hindered their success as well. The majority of them was farmers and had to work hard to support their families; therefore, they could neither contribute fully nor work full time as ideal volunteers.

Ideally, village health volunteers' roles, duties as well as responsibility should be continual and their work schedule must be flexible. They had to be available when they were called for help by the villagers. Normally, their duties included a patient referral management system, a health care service for community members, first aid & safety services, environmental health responsibilities. For this reason, it became harder for most of village health volunteers to work with their full competency, particularly in a case of chronic illness in the villages.

Despite some of the constraints, village health volunteers possibly improved their knowledge, competency as well as sense of social obligation by having sufficient training, seminars or study trips. As Coleman (1988) claimed that individuals in social structures with high levels of obligations outstanding at any time have more social capital on which they can draw. In other words, the density of outstanding obligations symbolized the overall usefulness of the tangible resources of that social structure and this was amplified by their availability to others when needed (ibid.).

Up to this point, the researchers undeniably agreed with the theory of human capital that all human beings were born with innate abilities and subsequently were able to improve their quality of life by being educated. By being educated and trained, people were empowered to advance their interests, learning and resist exploitation and also became more aware of how to avoid health risks, live longer, exhibit better consumption/savings habits as well as more comfortable live (Bassel 2008; Eyben, 2004). All of these led to community growth, organizational success, and development of the country.

4.3 Village health volunteers' attributes

With the changing social contexts nowadays, good leaders' attributes should include not only challenging the process but also inspiring a shared vision, enabling others to act, modeling the way as well as encouraging the heart. To put another way, the good leaders needed to possess some other attributes such as honesty, a sense of fairness, generosity, willingness to sacrifice, motivation skills, and coordinating skills between government offices and a local community (Kouzes & Posner, 1995).

As the leaders of a community, village health volunteers should have a sort of charisma so that they were able to encourage local people to pay attention to health care effectively. Furthermore, they must play a crucial role in a community or in villagers' participatory process in order to persuade the villagers to participate in a community activity fully. In a nutshell, village health volunteers appeared to have a very significant role as a facilitator, a supporter, and a coordinator who created interaction, relation as well as connection within a society and a community.

According to the researchers' viewpoints, a person who would like to be a village health volunteer should possess the following attributes:

- *Wholeheartedness*: A village health volunteer should wholeheartedly work for others, not being forced or threatened by anyone; love his job; and wish others to be happy.
- *Determination*: A village health volunteer should be determined to wholeheartedly work for others and achieve a goal. In other words, he should not be discouraged by any obstacles or hardship but did the best with full determination.
- *Satisfaction*: A village health volunteer should be satisfied with himself that he was able to work for others wholeheartedly and determinedly and bring them understanding, happiness, success, well-being as a whole.
- *Happiness*: A village health volunteer should be happy that he had satisfaction to work wholeheartedly and determinedly for others. He should be pleased that his performance was recognized by the public and met the public interest.
- *Pride*: A village health volunteer should certainly be proud of himself and his contribution to the public and community benefits. It might not be exaggerating to say that this was considered as a pride of a village health volunteer himself, a family, and even a community.

The above viewpoints; however, seemed inconsistent with an initial intention to set up a health volunteering project in that local villagers participated as volunteers by themselves. They subsequently became village representatives who offered help and worked for local people in any specific sub-district as

well as facilitated working relationship between the local people and a government. Corresponding to the study on Community Development Volunteers' Roles and Mission by Kanchanawong (2010), it was found that community development volunteers' roles in practice differed from what was defined by Community Development Department, Ministry of Interior. The factors which affected community development volunteers' performance included age, education, and support by government officers as well as community leaders. To make it clear, most of the constraints resulted from little support by staffs, lack of sufficient budget for community development volunteers' projects, inadequate reward and compensation, insufficient knowledge provision for community development volunteers, and also ineffective communication between a government and community development volunteers.

Before ending this part, the researchers would like to state that Herzberg's Two-Factor Theory of Motivation (Herzberg, 1959), which primarily dealt with stimulating and rewarding at workplace should be applied in the current case of village health volunteers. The positive satisfaction in work environment, social and economic conditions, and working systems helped motivate the staff to work and perform harder and better. To put it in short, enhancing motivation in all aspects of working systems directly affected work-quality.

Nonetheless, since this two-factor theory overlooked situational variables, any leaders must be cautious when applying it in reality. The natural reaction of staff when they were enquired the sources of satisfaction and dissatisfaction at work should be taken into account. The appropriate strategies would then lead to staff satisfaction, maximum competencies, cooperation, and ultimately achievement of the organization (Herzberg, 1959).

4.4 The strategies of village health volunteer development conforming to the change in Thai social contexts

According to the revision and analysis of village health volunteers' circumstances, SWOT analysis was applied with experience as well as their changing work contexts, their strengths, weaknesses, opportunities and also threats were described below:

4.4.1 Strengths

- The village health volunteers who had continual professional improvement were regarded as a crucial social capital of public health development and a community participatory model.
- The village health volunteers appeared to have a high competency in achieving temporary duties such as a survey, a disease control campaign, and public relations in a community.
- The village health volunteers generally used to be community leaders who had been highly respected and accepted by the local people in a community. Thus, their roles were possibly involved with the work which was not directly relevant to health care, for instance, dealing with other community service, being in charge of community board committees or the representatives of Local Administrative Organization.
- More young generation preferred voluntary work and most of them appeared to be female. This reflected positive potential of future village health volunteers.

4.4.2 Weaknesses

- A good number of village health volunteers adhered to relationship-oriented working styles, personal connection as well as a patronage system when they would like to motivate their team. This resulted in lack of ideal volunteers' true spirit in a long term.
- The model of village health volunteers was suitable only for rural areas. It was not practical in urban areas where people were independent from the community leaders.
- In general, there were some limitations in mobilizing public health volunteers since it was inconvenient to mobilize volunteers from various social groups as expected. Apparently, the majority of village health volunteers came from a lower middle class with less education, more economic burden as well as family responsibilities. Despite their good intention, they were not able to contribute to the society fully due to these constraints. In addition, it was quite impossible for a public health system to mobilize any volunteers from middle class or upper class even though these people had more potential to contribute to a community as a whole.
- A support system for village health volunteer projects by Ministry of Public Health and other stakeholders was inefficient. In other words, there were not enough new working concepts or strategic

plans for future improvement since other potential organizational units were rarely asked to participate in policy planning or any health volunteer project development plan.

4.4.3 Opportunities

- A village health volunteer model had growth opportunities if it was carried out with more participation of a private or civil society.

- Since the overall situation regarding community health problems kept changing with new chronic diseases and more health risks, this would be a significant opportunity to improve village health volunteer organizations to suit any upcoming circumstances.

- More supportive mechanisms for health volunteer projects would be initiated in the future such as Thai Health Promotion Foundation, National Health Security Office, Ministry of Social Development and Human Security and so on.

- In the current social situation, some other voluntary work units such as natural disaster rescue crew, community counselors for social issues, social welfare, etc. were more needed than before.

- Due to the more popularity of civil society as well as advanced information technology, an access to volunteering staffs became easier and more convenient. This would lead to more demand of voluntary service by the community people.

4.4.4 Threats

- Civil state policy seemed to contradict Village Health Volunteers Model since it emphasized on the distribution of benefits and welfare to community members by the government. The community members were not involved with any participatory process in finding solution to the problems in the community.

- There were some interest groups within village health volunteers either locally or nationally. This was regarded as political intervention or a deceitful action and would consequently weaken village health volunteers' participation in the long run.

- Globalization and social change in a few decades had made health problems more complicated and at the same time people dramatically had higher education. As a result, village health volunteers were required to have wider knowledge as well as higher competency.

With the threats mentioned above, village health volunteer operational development appeared to require more variety of volunteers. Simply put, the ideal volunteers should be able to effectively share responsibility and work with other village health volunteers. Their achievement should be extended from just only in the rural areas to all other areas in the Kingdom. In short, the ideal volunteers should be self-motivated to sacrifice themselves for others' happiness and well-being.

5. Discussion

In accordance with the revision and analysis of strengths, weaknesses, opportunities as well as threats of village health volunteers' operation and their changing work contexts, the researchers would like to discuss and propose some attributes of ideal village health volunteers as follows:

- The role of Ministry of Public Health as a controller of village health volunteers should be altered to become a supporter for potential health volunteer concepts. Recently, the financial support and budgeting for village health volunteers' operations have been adjusted and allocated via a local administrative organization; therefore, the role of Ministry of Public Health has dramatically changed to be a village health volunteers' mentor and a supporter for knowledge and consultation.

- All departments and units of Ministry of Public Health should have their own local volunteer network. Each network can develop its volunteer system which has expertise and interest in a specific area of work such as Consumer Protection Volunteers, Herbs and Spices Promotion Volunteer Group, Volunteer Physicians, Volunteer Masseurs, HIV Prevention Volunteers, Eldercare Volunteers, Red Cross Volunteers, Smoking-Alcohol Awareness Volunteers and so on. All of these will subsequently help share village health volunteers' burden and responsibility since they are sharing the common philosophy of volunteerism by working voluntarily for the benefits of people and the society.

- More public health units should be opened so that there will be more volunteers to participate and assist in each unit. The new comers can work voluntarily in the office, give service in a hospital, take care of destitute patients, and take care of a baby for a mother who has to receive medical care.

- Village health volunteer database should be developed effectively so that all public health units can access all needed information easily. This includes matching, placement service, and also training for any potential volunteers. In addition, there should be a future action plan for a volunteer organization to work collaboratively as a network with a hospital since this is considered as a crucial element for standardizing a hospital in Thailand.

- More variety of community volunteer projects should be initiated to support the current public health volunteer projects. As mentioned earlier, most of the village health volunteers have some limitations and are not be able to work full time or contribute fully to the community. In other words, it is hard for them to be available for time-consuming duties such as a health care service for community members with a case of chronic illness. Therefore, other types of voluntary organizations should be developed to support the village health volunteer units. These include self-help groups, family caregiver groups, child patient family groups as well as Red Cross volunteers and boy scouts in schools.

- Public health officers should be groomed and trained as a role model of other types of volunteers. Generally, a number of government sectors have gained a lot of benefits from public health volunteers. Hence, the government should promote volunteer spirits among all other government officers and create voluntary culture for an organizational vision and a management system.

- A new support system and mechanism should be developed so that village health volunteers can have more freedom to participate in any health volunteer projects. This should not be involved with any political issues or interest groups. To make it happen, the support system must be operated by an independent entity instead of by a local administrative organization as before. Since the latter can create long-term problems in terms of political division and subsequently demotivate village health volunteers as a whole.

Before ending this section, the researchers would like to suggest that to strengthen village health volunteers' competency inevitably requires both human capital and social capital development in a community. Undoubtedly, the human capital has been regarded as holistic skills necessary for national development and also associated with a country's competitive advantage. To develop the human capital, it requires an emphasis on the value of people, social network, and interrelationship among social norms, social rules, social values as well as expectation among the members in the society. In other words, these help maintain the social norms of collaboration within the social network. The collaboration is then considered as a social structure and a social condition of which all members trust one another and voluntarily participate in all activities for the community benefits and well-being.

6. Conclusion

Up to this section, the development of village health volunteers' roles in medicine and health service can certainly be regarded as an essential process in enhancing the competency of Thai public health system and also strengthening the participation in Thai society as a whole. It is evident that public health volunteers have possessed their own process and objectives. Simply to say, the citizens who voluntarily and collaboratively work for a community not only can create the benefits to the public but also improve themselves simultaneously. This ultimately results in the more efficient human capital of the nation. With the change of human condition in a society, the village health volunteers should encourage local people to learn, solve the problems, think critically by empowering a community, establishing network, enhancing local people's competency with more variety of methods and procedures. If possible, the village health volunteers should change their traditional roles which mainly focus on medical treatment to be holistic health care and support. As ideal health volunteers, they should integrate medical knowledge with the local wisdom, collaborate more with the local community as well as create mutual trust among the local people and the volunteers. Most importantly, the village health volunteers should take the community benefits as a priority for effective problem-solving and sustainable community development.

7. References

- Bassel, L. (2008). Citizenship as interpellation: refugee women and the state. *Government and Opposition*, *Canadian Public Policy*, *43*(2), 293–314.
- Coleman, S. J. (1988). Social capital in the creation of human capital. *American Journal of Sociology*, *94*, s95-s120.
- Eyben, R. (2004). Who owns a poverty reduction strategy? A case study of power, instruments and relationships in Bolivia. In *Inclusive Aid: Changing Power and Relationships in International Development*, eds. L. Groves and R. Hinton. London: Earthscan.
- Fox, W., & Bayat, M. S. (2007). *A Guide to Managing Research*. Juta Publications.
- Herzberg, F. (1959). *The Motivation to Work* (2nd Ed.). New York: John Wiley.
- Kanchanawong, S. (2010). *Community Development Volunteers' Roles*. Community Development Department, Ministry of Interior.
- Kouzes, J. M., & Posner, B. Z. (1995). *The Leadership Challenge* (2nd Ed.). San Francisco: Jossey-Bass.
- Lapjit, S. (2003). *Affecting People's Decision to Participation in Tambol Administration Organizations in Warinchumrab District, Ubonratchathani Province*. A thesis for the degree of Master of Public Administration Program in Public Administration. Faculty of Political Science, Chulalongkorn University.
- National Statistic Office of Thailand. Population and Housing census 2010-2040. Retrieved May 5, 2017, from http://web.nso.go.th/en/census/poph/spc_e.htm.
- Putnam, R. D. (1993). *Making Democracy Work: Civic Traditions in Modern Italy*. Princeton University Press.