COMMUNITY PARTICIPATION IN HEALTH CARE: ISSUES AND CHALLENGES IN NIGERIA

Article Review by Adeola Efuntoye, Nigeria
(MBBS, Master of Public Health, Texila American University)
Email: - efunt@yahoo.com

ABSTRACT

Since the Alma Ata declaration of 1978, Community participation (CP) has been recognized as one of the core strategies of achieving the goals of Health for All (HFA). The benefits of CP are numerous to the communities, the health systems and Governments, This review article described the nature and dimensions of Community Participation (CP) and its role and scope in successful implementation of different components of Primary Health Care. With the near collapse of PHC system in Nigeria, health care systems had suffered with most emphasis on curative health care that does not involve inputs from the local communities. Community participation is not without challenges but most are surmountable, thus it is important to appreciate the various levels in Nigeria in order to be able to operationalize CP towards realizing of set goals and objective.

INTRODUCTION

The rationale for community participation in health care delivery, health promotion and interventions has been clearly articulated. According to the national goal of HFA towards building sustainable and formidable health systems for all citizens of the world, a minimum level of health that would permit every citizen to lead an economically productive and socially useful life could be achieved by 2000 AD through Primary Health Care approach. Communities shape behavior through a system of exchange and influence while they themselves may be engaged or mobilized to act as change agents to achieve social and behavioral outcomes. Also, early and sustained participation by community members and leaders is needed to realize community ownership and sustain programs. The general experience of practitioners and limited evidence from participatory evaluations suggest that, when organizers and researchers seek out and involve community members in their efforts, health outcomes are better realized, and maintenance of programs is enhanced[1].

Involving a community is like a process evaluation. This encourages refinement of constructs during implementation and focuses on program operations and how outcomes are achieved, as opposed to outcome evaluation, which studies the program's influence on health outcomes. Notably, community participation has been measured both as a process (who, how, when, why,

how many, and how much community members participate in an initiative) and as a program outcome.

RATIONALE FOR COMMUNITY PARTICIPATION

Government-community partnerships are central to developing effective, sustainable models of primary health care in low-income countries; however, evidence about the nature of partnerships lacks the perspective of community members [2].Several factors which have led to community participation include; Recognition of right and duty of people to participate in community affairs, including health. Recognition of inability of health system to provide all health needs. Recognition that planned social change is achievable only through focus on community as locus of attention. Rising health expectations. Diminished confidence in policies enunciated by health experts alone. Concerns about health care costs. Perceived untapped resources at community level. However, different communities, participants had different, albeit complementary, understanding of the term 'Community Involvement in Health[1].

WHAT IS COMMUNITY PARTICIPATION?

Although this may appear to be a simple question, there is no single definition of participation by communities because definitions vary mostly by the degree of participation. "Participation" ranges from negligible or "co-opted"—in which community members serve as token representatives with no part in making decisions—to "collective action"—in which local people initiate action, set the agenda, and work towards a commonly defined goal. Youth from Burkina Faso offer a practical definition of community participation. In an example of collective action (see chart below), these youth work with organizations in their communities to improve adolescent reproductive and sexual health. It is one of the principles of primary health care, a way in which members of a community are organized, sensitized and mobilized towards participating in health programmes affecting their health and existence. It is a very important component of the health and development of every community[3].

FRAMEWORK FOR COMMUNITY PARTICIPATION

The genesis of the idea and its conceptual development are primarily attributed to large multinational organizations particularly the World Health Organization (WHO)[4].

This framework integrates models and types of community participation.

Mode of Participation	**Type of Participation**	**Outsider Control**	**Potential for Sustainability, Local Action & Ownership**

Co-opted	Tokenism and/or manipulation; representatives are chosen but have no real power or input.	*****	
Cooperating	Tasks are assigned, with incentives. Outsiders decide agenda and direct the process.	****	*
Consulted	Local opinions are sought. Outsiders analyze data and decide on course of action.	***	**
Collaborating	Local people work together with outsiders to determine priorities. Responsibility remains with outsiders for directing the process.	**	***
Co-learning	Local people and outsiders share their knowledge to create new understanding and work together to form action plans with outside facilitation.	*	****
Collective Action	Local people set the agenda and mobilize to carry it out, utilizing outsiders, NOT as initiators or facilitators, but as required by local		*****

	people.		

Community involvement in health is a contribution of community members to health by fulfilling given responsibilities, which have been broadened or narrowed from a situation to another or from a country to another. In some cases, the community assumes only social responsibilities by setting up structures to support the implementation of health programs. In some others, communities have both social and technical responsibilities[2]. Community involvement in health means that communities take responsibility for their own health through:

- Adoption of behavior to prevent and treat diseases
- Effective participation in disease control activities
- Contribution to the design, implementation and monitoring of health programmes
- Provision of resources for health

Community participation thus occurs when a community organizes itself and takes responsibility for managing its problems. Taking responsibility includes identifying the problems, developing actions, putting them into place, and following through those actions

WHO BENEFITS FROM A COMMUNITY PARTICIPATION APPROACH?

Community participation has many direct beneficiaries when carried out with a high degree of community input and responsibility. Everyone benefits when participating in the activities. For example, adults and youth might participate in village committees to improve services. Everyone might watch a play or video and learn from presentations about local programs. Youth benefit from improved knowledge about contraception and HIV/AIDS or from increased skill in negotiating condom use, and other community members' benefit too. A truly participatory program involves and benefits the entire community, including youth, young children, parents, teachers and schools, community leaders, health care providers, local government officials, and agency administrators. Programs also benefit because trends in many nations towards decentralization and democratization also require increased decision making at the community level. Community participation is considered important in primary health care development and there is some evidence to suggest it results in positive health outcomes[5].

APPLICATION, ROLE AND SCOPE OF COMMUNITY PARTICIPATION

Community participation is a foundational principle of primary health care, with widely reputed benefits including improved health outcomes, equity, service access, relevance, acceptability, quality and responsiveness.

EDUCATING PEOPLE ABOUT HEALTH MATTERS

Appropriate educational programmes are to be organized for different groups of people. Health education to the community should be a prime function of the health workers and village level functionaries. In this endeavor, functionaries of other sectors such as social and women's welfare, education, agriculture and animal husbandry, voluntary agencies and youth clubs can contribute very significantly. Health education in schools and adult education sessions should incorporate various health problems. The members of the community, both individually and collectively can play a very important role in the promotion of these activities.

PROMOTING FOOD SUPPLY AND PROPER NUTRITION

The poor nutritional status of the people particularly of the pregnant and nursing mother, and the infants and children can be substantially improved by organizing and conducting nutrition education programmes in the community and in the schools by encouraging people to make kitchen gardens and community gardens, and by educating the people on food hygiene.

Steps also need to be taken to encourage growing locally more foods such as cereals, pulses, vegetables, fruits, milk, fish and poultry products through cooperative and other efforts to make these easily accessible and affordable to the people. Simultaneously, the purchasing capacity of the families might be improved through a variety of income generating schemes. In addition, for the moderately and severely malnourished groups, special nutrition programmes are to be organized.

In these endeavors, functionaries from other sectors such as agriculture, animal husbandry, irrigation, banks and cooperatives, social and women's welfare, voluntary organizations and other community can play a very significant role.

SUPPLY OF SAFE WATER AND BASIC SANITATION MEASURES

Systematic approach should be made to survey and identify resources of safe water and to carry out analysis of water. Arrangements should be made for regular purification of water through chlorination etc., before using for drinking and other household purpose. People at all levels, including village leaders, women and school children should be educated on continuous basis about the importance of proper maintenance of water and the use of safe water. Observation of personal hygienic practices should be emphasized.

It would be important to organize the people and resources for constructing household and community latrines, and making arrangements for collection and disposal of human and animal waste. Proper and imaginative disposal of waste water is also of human and animal waste. Proper and imaginative disposal of waste water is also very important. Construction of composting facilities, soakage pits and the use of some of the waste resources in kitchen gardens would be

helpful. Proper educational programmes on all these aspects for the children, youths and adults and the mothers should be organized in a systematic manner

In these programmes cooperation of the workers of other sectors such as Irrigation, Engineering Department, Village Industries, Agriculture, Education, Social and Women's Welfare, and Cooperatives would be most vital. Active community participation in organizing all the above activities and programmes would be the key to success.

MATERNAL AND CHILD HEALTH CARE

Maternal care**:** Systematic efforts are to be made increase progressively with ante-natal registration and care of pregnant women. It is also to be ensured that trained health personnel conduct all deliveries under aseptic conditions.

Pregnant and nursing mothers should get prophylactically two to three doses of tetanus toxoid, iron and folic acid supplement for nutritional anemia. During post-natal check-ups, mothers are to be educated on breast feeding, growth monitoring, proper weaning practice and immunization of the child; and on personal hygiene, proper diet and family planning. For proper implementation of these programmes people are to be educated and utilized for active involvement.

Infant care; Effective intervention adopting a high-risk approach by the properly trained health workers and health assistants would be important. Proper facilities for referrals to the secondary and tertiary levels are also to be developed and organized[3].

People's awareness and orientation about the problems and their genuine interest and efforts in solving them would go a long way, in improving intent care and in decreasing the mortality and morbidity among the infants.

Care of Young children; For curing malnutrition in pre-school children the strategy would be:
(a) To provide nutrition education to mothers

(b) To detect cases of malnutrition and grade them

(c) To rehabilitate grades I and II by supplementary feeding from home resources

(d) Supplementary feeding of grade III case at sub-centers

(e) Referral of grade III cases with diarrhea and infection to the secondary level of care.

For fighting against infant mortality the strategy should be: (a) to educate the mothers on how to prevent and treat diarrheal and respiratory disease; (b) to train the health functionaries about how to recognize and treat these disorders and to judge which patients should be referred to higher levels of health services; (c) to create facilities for secondary level care of referred cases; and (d) to provide drugs ORS and other supportive measures [3].

All children preferably at the age of under one year must be immunized against tuberculosis, poliomyelitis, diphtheria, whooping cough and measles. For all these activities, the people have to be educated and their involvement in community welfare activities are to be promoted. People must recognize that health programmes are in their own interest and they should take part in the implementation and monitoring of these programmes.

Family Planning; The acceptance and continued use of contraceptives are influenced by several factors such as the method of contraception, including its advantages and disadvantages, individual and social acceptability, provider's knowledge, skill and attitude; effective communication, motivation and counseling the nature and quality of delivery services including supply logistics and follow up care and the cost. Small family norm has to become a way of life; for this purpose, organization of population education in the schools and colleges, for the out-of-school youth and in adult education programmes would be most vital.

There is increasing evidence that programmes based on the participation of the people have drawn much better response. It is evident that people do participate in family planning whenever they are mobilized by an agency or organization close to them. Therefore, there is a need for conscious and deliberate mobilization of the people for promotion of family planning.

PREVENTION AND CONTROL OF LOCALLY ENDEMIC DISEASES

Some endemic diseases and disorders in the country are known to have caused major public health problems. With differences in degree of prevalence and geographic distribution, the major disease are tuberculosis, leprosy, malaria, filarial, iodine-deficiency goiter, blindness, diarrheal disease particularly among the infants. Several national programmes are simultaneously in operation for their eradication or control.

The health functionaries are to be trained for their early detection and treatment, and the services and follow-up care are to be organized. People's participation is to be promoted in implementing measures for prevention, early diagnosis and proper treatment of these diseases.

Diseases like leprosy and tuberculosis continue to be associated with high degree of ignorance, prejudice and social stigma. These can only be removed with proper education of the people and with their full cooperation.

PROVISION OF ESSENTIAL DRUGS

Utilization of locally available remedies and use of indigenous systems of medicines should be considered. Considering the financial constraints from the government sources, community's participation through for example, cooperative funding may be explored.

ORGANIZATION OF REFERRAL SERVICES SUPPORT

For proper implementation of the referral services support programmes, proper orientation, involvement and cooperation of the community would be most vital.

CHALLENGES TO COMMUNITY PARTICIPATION

EVALUATING PARTICIPATION

One challenge for program planners is how to evaluate community participation. In particular, what should be evaluated—health outcomes, participation levels, improved capacities, or some combination of these—and how will they be evaluated? While measuring health outcomes—such as birth rates or sexual health knowledge, attitudes, and behaviors in a particular age group—may be fairly straight forward, it will be important for community participation programs also to identify and measure indicators of *participation*. One of the goals is *to achieve participation*. Whether planners want to measure changes in community self-efficacy or changes in local capacity to identify and solve problems, it is important to define these objectives clearly and to develop appropriate tools for measuring progress toward the objectives. Qualitative tools (or some combination of qualitative and quantitative) may be most appropriate to assess the subjective quality of "participation," but the community should define indicators of participation and ways of assessing it, and community members should decide and carry out the evaluation[6].

SCALING UP PARTICIPATORY MODELS

Increasingly, funding sources express interest in programs that have potential for "scaling up." Community participation programs present some obstacles to "scaling up" due to their deliberately and intensely local nature. As a program develops and matures, program planners may face the challenge of "scaling down" the intensity of community participation in order to "scale up" the project without compromising its participatory nature and results[4].

DESIRE FOR REMUNERATION

A major hindrance to community participation in developing countries is the desire for remuneration by the lay volunteers. There is evidence to suggest that in the absence of appropriate incentives, attrition rates in lay worker programmes tend to be high after the initial novelty wears off[2, 7]. Whenever incentives are not for the coming, several community members suspends participation, not minding that continuity of services and sustainability of programmes may be hampered

OPERATIONAL LEVELS OF COMMUNITY PARTICIPATION IN NIGERIA

There are about eight levels of CP in Nigeria.

1. Informing: in which case communities are just informed that a project or programme is ongoing for their utilization
2. Manipulation: Citizens are being manipulated, and not yet in control
3. Tokenism: The community takes token control, implementers are still in full control
4. Delegated powers: in this case, a certain section of decision making about the programme is vested in the community so that they can also take part towards sustainability of the programme and its utilization
5. Citizens' control: here, the community takes full control of the programme right from planning through implementation to the evaluation stage.

Having become familiar with various aspects of community participation, it would be appropriate to know how to operationalize the participatory approach in the delivery of primary health care Steps towards operational issues would involve the following in Nigeria:

1. Studying the structure and status of health system and the community setting.
2. Sensitizing and reorienting health personnel and functionaries.
3. Sensitizing and orienting the community.
4. Setting the goals and objectives for participatory approach.
5. Mobilization and utilization of resources.
6. Developing a system for implementation, monitoring and evaluation.

CONCLUSION

Designing participation processes cannot be just confined to the health sector. When we think about the social determinants of health, most of them are outside the direct control of the health sector. Participation processes must be multi-sectoral and designed to open up meaningful discussion across a range of sectors.

Quoting from the WHO report on the social determinants of health, [4] 'In countries at all levels of income, health and illness follow a social gradient; the lower the socioeconomic position, the worse the health'. Putting right inequities between and within countries is a matter of social justice, it is an ethical imperative but most importantly, it is all of our responsibility.

Community participation is a vitally important strategy in efforts to work with youth to improve their sexual and reproductive health. Community participation is a strategy that respects the rights and ability of youth and other community members to design and implement programs within their community. Community participation opens the way for community members—

including youth—to act responsibly. Whether a participatory approach is the primary strategy or a complementary one, it will greatly enrich and strengthen programs and help achieve more sustainable, appropriate, and effective programs in the field.

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