



# Positive Health Outcome is Directly Proportional to the Community Participation

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## Authors' contributions

This work was carried out in collaboration between both authors. Author SA and FA drafted the concept. Author SA did the literature research and manuscript writing. While author FA critically reviewed and approved the drafted document. Both authors read and approved the final manuscript.

## Article Information

DOI: 10.9734/AJARR/2021/v15i430385

Editor(s):

(1) Dr. Rachid Masrou, University of Cadi Ayyad, Morocco.

Reviewers:

(1) Maria Grazia Criscuolo, University of Campania Luigi Vanvitelli Caserta, Italy.

(2) Hajir Husam Eldin Al-Ridhwany, Nineveh Health Directorate, Iraq.

(3) Arsalan Khan, Veterinary Research and Disease Investigation Center, Pakistan.

Complete Peer review History: <http://www.sdiarticle4.com/review-history/70110>

**Received 19 April 2021**

**Accepted 29 June 2021**

**Published 01 July 2021**

Review Article

## ABSTRACT

Community participation has been a crucial part of health agenda. It has captured the attention and has especially gained its acceptance by health policy makers' since Alma Ata Conference. Declaration of 1978 which had a significant impact on public health.

This review article comprised the studies and focused on the development of community participation and creating awareness among. And eventually bridge them with the healthcare service providers which will ease the burden from the healthcare setups and help solve the deeply rooted problems.

Information regarding community approaches and participation were retrieved through Google Scholar, PubMed, Medline and other authentic search engines.

**Keywords:** Community health's; community developments; community participations; community projects.

## 1. INTRODUCTION

Community participation is the people's involvement in community projects. Projects

should be designed in way that would facilitate them and should be presented as an opportunity which they can participate on their feasibility [1]. Alma Ata declaration in 1978 high-lightened and

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brought in front the participation from the community to plan, organize and help control primary healthcare [2]. Healthcare globally was focused on helping people to survive and prosper with help of professionals only, but a powerful strategy was planned that could help transform a community [3]. As it is the responsibility and participation of the community members for improving health in addition to achieve a sustainable society and a thriving life [3]. The movement from the local government for the development of the community wanted to encourage better living conditions by active involvement of members within the community [4]. This was helpful way to create a link between healthcare providers and community members primarily in rural areas [5].

It is essential for communities to involve, contribute and work together with health services to achieve a health goal [6]. Community participation is globally promoted as vital human right based approached to health which is tackling of rudimentary social determinants of health and ensure delivery of proper health services and their use by public [6]. Which not only signifies the provision and use of health services by general population but it also aid to tackle the underlying social determinants of health [6].

For several decade inspection, investigation and expansion has been with an approach to explicate purposeful community participation in health services [7]. Other than promoting communities to carry out health programs, enrolling communities is believed influential on social capital which lead the way to community empowerment, decreased health inequality and eventually improve health status [8]. Encourage people and help them change their own living conditions, dietary habits, educate and provide awareness to health, this perspective to primary healthcare will contemplate for lasting social development [9]. The concept of community participation is a part of community welfare that has found significance worldwide especially third world countries as it provides comprehensive solution to address public health issues and obstacles in a cost effective way [10].

Intersectoral strategy of embracing community participation and involvement in implementation of health prevention and promotion had played a major role with decrease in widespread fleeting increase in chronic diseases [11]. Low and middle income countries had most of the center

of attention on community participation research despite the corroboration of its universal utility in improving health[1 2].

Using this study we aim to seek the gap with evidence on the healthcare with respect to community involvement, the reported studies will highlight the systematic community participation approach outcome being planned, developed, implemented, monitored and evaluated. This study will enable us to better respond to future health services collaborated with community efforts.

## 2. METHODOLOGY

Information from 25 articles was collected and analyzed that were in congruence with positive outcomes in healthcare sector due to community's diligent involvement to develop and implement strategies to prevent and nurture healthy living. The following database were used; Google Scholar, PubMed, Medline, Global Health and Scopus.

## 3. DISCUSSION

Studies on community involvement showed the diversity and advancement in the members of the community's knowledge, behaviors and over all attitude towards health [13]. It also included the aftermath on social capital, environmental advancement, development of the community in respective to their socio-cultural norm, eventually positive changes were noticed in the health status of the members in the community [13]. Multiple studies also reflected the outcomes that dealt with sociopolitical influences along with the discernment of stakeholders. Further exploration reported community empowerment that created optimistic changes that were self-sustained and acted as a bridge to transfer among different members of the community and collectively they were able to address and identify community issues with possible strategy for betterment of the society [13].

To build up a strong relationship with community some studies reflected on organizational processes which were combine effort of intra and inter organizational negotiation that established trust among organization and community participants [4]. Few studies revealed the outcome of the initiatives taken by community processes which highlighted the community participants as active members, as the figures showed escalated outreach and voluntary acts

[14]. These fact findings were very important in the development of contextually, appropriate interventions and to invest in program establishment with trusted partnership among community and monitory bodies [15].

### **3.1 Community Participation and Approach**

Previously conducted study brought in light the health related problems in the rural areas of Philippines, which aid in developmental of integrated program with the existing health workers in the village to identify the problems related to family planning, sanitation and diets and integrated these activities into the healthcare delivery system that operates within the primary health care [16]. Local government representatives with the help of local primary health care committee established a health van which provided educational awareness on dietary habits and emphasized on sanitation with visuals. Through this movement community members' visit to hospital decreased drastically, but due to funding issues this project was brought to an end [16].

Public health campaigns conducted in rural China in 1950s provoked people to embrace personal and environmental sanitation, pest control, and primary health education. Organizations operated by youth leagues and women's federation encouraged community to use services such as family planning, immunization, screening for female diseases and emphasized on sanitation [17]. That multisectoral collaboration among public and government officials assisted in the flow of information between two sectors with positive end result and lead to mobilization of the community resources in replacement of government workers by village personals was carried out [17].

Another program was conducted rural Panchkhal area of Nepal in 1980 as a parasite control project which initiated low cost toilets construction especially with in the premises of school in different villages of Panchayats. This program was directed to generate participation of the community in using bathrooms and take part in construction of the lavatory [18]. With positive response from the community, UNICEF got involved and financed for latrines construction and people of the villages themselves acknowledged that their health was improved with this sanitary effort.

Another integrated outreach program was done in Asian counties for parasite control which had a positive psychological impact on the locals with improved sense of wellbeing and developed awareness and interest in healthcare with determination to get rid of the worms from their environment [19].

Bangladesh on the other hand launched a campaign for development of their rural areas with help of establishment a strong community organization [17]. While other health professionals gave guidance and supervision on the village health workers, responsible for community participation on health activities and more emphasis was made on community education prevailing health problems to the families at village and other who visited hospitals for primary healthcare purpose, as stated in Alma Ata Declaration package of primary healthcare service [17]. A review on health efforts at village level that was supported by the village volunteers who educated the families about concerning health problems exhibited in Thailand as they have trained their 20,000 village healthcare volunteers and 200,000 village healthcare communicators [17].

Another study which unfolded the importance of community participation in Indonesia, where government officials achieved Millennium Development Goals (MDGs) with help of community- based sanitation (CBS) which was involved in installation of technologies for water and sanitation planning in less developed countries [20].

An Enhanced Development Governance (EDG) model was introduced using existing governance structured by the villagers [21]. And results showed promising effects as there was significant reduction in the prevalence of parasitic infection of schistosomiasis and diarrhea in Tanzania [21]. It was expected that other districts with similar health and social issue may use this model and empower their community for fruitful results [21].

One of the study conducted in Norway presented the struggle they faced with the cervical screening for the cancer awareness program, in the immigrants due to cultural difference, immigrants were mostly from Pakistan and Somalia, but with community outreach programs and by promoting awareness from the people of their own sector, Norway was able to handle the challenges and good amount of immigrants participated and attended the meeting [22].

Another study conducted regarding community support to an autistic child. Its literature revealed that the community awareness and education on health, especially on heredity issues and its acceptance would reduce the burden on the families and state [23]. As the adaptive behavior of the community were create more sense of empathy and increases the acceptability of the person despite any medical condition in due course would help the children to adapt to the society and its norms [23].

Support services is very important for community participation promotion and it is more of a skill that must be taught to community health workers prior to their task [24]. Motivation is short lived within the community if the incentives like payments and materials offered are not fulfilled as promised [24]. For the community participation activities to be successful it should be comprehend with community members' culture and with their own ideas to address any subject matter such as; sanitation, pollution and wellness [24].

#### 4. CONCLUSION

Building of the health awareness is the key for community to work together with the healthcare providers. As everything is interrelated this community participation will eventually help achieve the health for all and will decrease the burden from the healthcare setups.

#### COMPETING INTERESTS

Authors have declared that no competing interests exist.

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