

X-Ray of Community Health Programs (CHPs) in Sudan

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ABSTRACT

This research x-rays community health programs (CHPs) in Sudan. The study included 48 students from second class, 43 from third class and 45 from fourth class. They selected by systemic random sampling and interviewed to collect required data using a questionnaire. The proportion of participation in community health services among public health students was 28.7%. Most of participation (97.3%) was voluntary while the rest (2.7%) was remunerative participation. Community services was the main reason of participation 25(64.1%) followed by training 13(33.3%) and only 1(2.6%) was for money. The percentage of participation among second class was 8.3%, third class 41.9% and fourth class 37.8% ($X^2 = 15.189$, P value = 0.001). Participation in community health programs among males was 51.5% and among females was 21.4%. The participation of public health students in community health services was so limited and should be encouraged.

Keywords: participation, health, students, services, voluntary, Sudan.

Introduction

Community participation' is commonly understood as "the collective involvement of local people in assessing their needs and organizing strategies to meet those needs" (Nkwake, A. M., Trandafil, H., Hughey J. (2013). Community participation is considered important in primary health care development and there is some evidence to suggest it results in positive health outcomes, Preston R., Waugh H., Larkins S., Taylor J. (2010). Although health is a human right, its care and protection is a shared responsibility among all people, Luis I. P., Martínez S., Alvarez A., (2012). Public participation in health programs is most advocated for providing a mechanism for potential beneficiaries of health services to get involved in the design, implementation and evaluation of activities, with the overall aim of increasing the responsiveness, sustainability and efficiency of health services, Mubyazi G. M., Hutton G., (2012).

The idea of citizen involvement in planning health programs is supported in various national and international documents and people have the right to participate in planning, implementing, and evaluating their health system, Frankisha, C. J., Kwanb B., Ratner P. A., Higgins J. W., Larsen C., (2002). Students, particularly university students, are active segment in the community. Hence, they have a great role in this

participation in various health care programs. According to the World Health Organization (WHO) this involvement can take many forms, including assessment of the situation, definition of problems and setting of priorities. The community can then help to plan PHC activities and can co-operate fully when these activities have been carried out, Mchunu, G. G., (2009).

Materials and Methods

The study was carried out among students in faculty of Public Health, Alzaiem Alazhari University, Sudan. The target population was students of second, third and fourth classes. The sample size was 136 students determined by a statistical formula and distributed on classes proportionally. Accordingly, 48 students from second class, 43 from third class and 45 from fourth class were selected using systemic random sample. First class students were excluded because they have no skills yet in health field. Relevant data were collected by designed questionnaire and analyzed using Statistical Package for Social Sciences (SPSS). Chi square (X^2), p value and odds ratio (RR) were calculated to determine whether there was statistical significance or not.

Results

Table 1 shows that 39(28.7%) of public health students participated in community health programs. About 38 (97.3%) of participation was voluntary while 1(2.7%) was remunerative participation as shown in table 2. In table 3, community services was the main reason of participation 25 (64.1%) while training was 13(33.3%) and only 1(2.6%) was for money. Table 4 reflects the relation between the participation and the class of student, percentage of participation among second class was 8.3%, third class 41.9% and fourth class 37.8% ($X^2 = 15.189$, P value = 0.001). Participation in community health programs among males was 51.5% and among females was 21.4% as shown in tables 3 (Odds Ratio = 3.912, Confidence Interval from 1.7 to 8.97).

Table 1: Proportion of participation in health programs among public health students (n = 136)

Participation	No	%
Participate	39	28.7%
Not participate	97	71.3%
Total	136	100%

Table 2: Type of participation in health programs among public health students (n = 39)z

Type of participation	No	%
Voluntary	38	97.3%
Remunerative	1	2.7%
Total	39	100%

Table 3: Motive of participation in health programs among public health students (n = 30)

Motive of participation	No	%
Community service	25	64.1%
Training	13	33.3%
Money	1	2.6%
Total	39	100

Table 4: Relationship between class of student and participation in health programs

Student's class	Participate		Not participate		Total	
	No	%	No	%	No	%
Second class	4	8.3	44	91.7	48	35.3
Third class	18	41.9	25	58.1	43	31.6
Fourth class	17	37.8	28	62.2	45	33.1
Total	39	28.7	97	71.3	136	100

$\chi^2 = 15.189$ p value = 0.001

Table 5: Relationship between sex of student and participation in health programs (n = 136)

Sex	Participate		Not participate		Total	
	No	%	No	%	No	%
Male	17	51.5	16	48.5	33	24.3
Female	22	21.4	81	78.6	103	75.7
Total	39	28.7	97	71.3	136	100

Odds Ratio (OR) = 3.912, 95% Confidence Interval = 1.71-8.97

Discussion

Community participation in primary health care is one of 1978 Alma Ata declaration principles, Vos P. D., Malaise G., Ceukelaire W. D., Perez D., Lefèvre P., Stuyft P. V., (2009). This participation could be in all phases from planning of program to evaluation process. Youth and adolescents are active group; they have ability to contribute to health status by different means. In the findings of present study, 39 (28.7%) of public health students participated in community health programs willingly. Although this percentage was low, it is a positive practice to involve the students segment in health achievement particularly in developing countries where the budget for health is usually insufficient compared to the need. Administrative factors could play a significant role in increasing the people's participation, Islam M. S., Woli Ullah M., (2009). Peter et al (2013) reported a number of benefits of this participation such as better identification of community needs and priorities, increased knowledge of the community representatives about priority setting, increased transparency and accountability, promoted trust among health systems and communities, and perceived improved quality and accessibility of health services.

The study revealed that the participation was done voluntary except 1(2.7%) which was remunerative participation. Voluntary participation means no monetary

benefit is earned. Community service was the main reason of participation 25(64.1%). In our study, most participant students were enrolled in fourth class compared to other classes. This may give the evidence that the participation needs a proportion of competence ($X^2 = 15.189$, P value = 0.001). There was no difference between males and females in participation process. They could find various types of programs and activities that suitable to participate. Generally, the community participation is a complex and it needs more study to deal with all its aspects.

Conclusion

The proportion of participation in community health programs among public health students was limited. This participation should be encouraged because one of the high education objectives in Sudan is community participation.

References

- Frankisha C. J., Kwanb B., Ratner P. A., Higgins J. W., Larsen C., (2002). "Challenges of citizen participation in regional health Authorities," *Social Science & Medicine*, 54, pp 1471–1480, 2002.
- Islam M. S., Woli Ullah M., (2009). "People's Participation in Health Services: A Study of Bangladesh's Rural Health Complex" *Bangladesh Development Research Center (BDRC).U.S.A*, 2009.
- Luis I. P., Martínez S., Alvarez A., (2012). "Community Engagement, Personal Responsibility and Self Help in Cuba's Health System Reform," *MEDICC Review*, October, 14(4), pp 44-47, 2012.
- Mchunu G. G, (2009). "The levels of Community Involvement in Health (CIH): a case of rural and urban communities in KwaZulu-Natal," *Curationis* 32(1), pp 4-13, 2009.
- Mubyazi G. M., Hutton G., (2012). "Rhetoric and Reality of Community Participation in Health Planning, Resource Allocation and Service Delivery: a Review of the Reviews Primary Publications and Grey Literature," *Rwanda Journal of Health Sciences*, 1(1), pp 51-65, 2012.
- Nkwake A. M., Trandafili H., Hughey J., (2013). "Examining the Relationship between Community participation and Program Outcomes in a Meta-evaluation," *Journal of Multi-Disciplinary Evaluation*, 9(20), 2013.
- Peter Kamuzora, Maluka S., Ndawi B., Byskov J., Hurtig A., (2013). "Promoting community participation in priority.
- Preston R., Waugh H., Larkins S., Taylor J., (2010). "Community participation in rural primary health care: intervention or approach," *Australian Journal of Primary Health*, 16, pp 4-16, 2010.

Vos P. D., Malaise G., Ceukelaire W. D., Perez D., Lefèvre P., Stuyft P. V., (2009).
"Participation and empowerment in Primary Health Care: from Alma Ata to the
era of Globalization," *Social Medicine*, 4(2), pp 121-127, 2009.