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Factor Effecting to Participation of Public Health Volunteers in Education Institution

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Abstract
The survey research was aimed to explore the factors associated and effected to the participation of Public Health Volunteers (PPHV) in the area of Kasetsart University Chalermphrakiat Sakon Nakhon Province Campus. The simples were 45 people, data were collected with questionnaires, between July to November 2019. The data analyzed by descriptive and inferential statistics: Pearson's correlation coefficient for a relationship, and Multiple Regression for analyzed the factors effected PPHV.
The result showed that most of the samples were females of 91.1%, an average of age 19.84± 0.67 years. PPHV were the low level of 57.8% (58.00 ± 10.90), but high level of support on the herbs promotion 51.1% (15.90 ± 3.30). In addition, the factors related to PPHV were knowledge, qualification, roles and responsibilities, decision-making, receiving benefits, evaluation, Social support, and motivation factor ($P < 0.05$). Furthermore, the factors affected to PPHV were decision-making, receiving benefits, and evaluation factor, that could predict together 100.0% ($R^2 = 1.00$, $P < .0001$).

Keywords**:** *Participation, Health Volunteer, Education Institution , Herb.*

I. INTRODUCTION

Nowadays, developing countries around the world have changed a lot of in technology, economy. This changing has a positive and negative impact, such as health problems on the communicable diseases and non communicable diseases [1],[2].

The World Health Organization(WHO) has a public policy: Health For All by The year 2000, to drive the primary health care [3]. Then, Thailand supported WHO by adopted strategies of primary health care to solve health problems, and stake-holder participated in health care. In 1987, beginning with the 4-6 national health development plan, there will be the appointment of Village Health Volunteers (VPV). Therefore, the 7th- 11th national development plan of Thailand has been a health volunteer, to support and change the primary health care system, and increase the role of them to take care, and have a strategy for health development, strengthening health partners, including health self-reliance [4]-[7].

Currently, the 12th health development plan, that can be implemented into concrete actions, adhering to support the principles of sufficiency economy philosophy, and good health for people [8].

Thailand entered the ASEAN community in 2015, that is change in advances technology, transportation throughout communication. So, it is a cause of the disease without borders, and people can not able to provide service. Therefore, Thailand has established a Village Public Health Volunteer(VPHV) [2],[9].

VPHV is very important and outstanding social capital of the community to participate in development on the Thai public health. Because, they have a role to develop in the primary health system, and to be accepted internationally.

They are an important role in leading change agents in hygiene behavior, a liaison between government officials and citizens. In which, the VPHV is responsible people in 8-15 households, collaborate with the network of health partners. [5]

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In addition, VPHV has a role in supporting, educating, and supporting the use of herbs, traditional Thai medicine from folk wisdom. The factors affecting the participation of VPHV are the personal characteristics Motivation factor Social support factors, etc. [10]-[12],[4],[13],[14]. The important motivation factors in supporting VPHV to work include knowledge gained, recognized and respected by the community, praise, financial support, and participation or good relationships with communities, which are important factors [15]. In addition to, research on voluntary association participation in adulthood, there is another body of scholarship on civic development in youth, asserting that youth is a critical period for developing lifelong patterns of participation in civil society. This scholarship has identified the school as a primary social from the study above, it shows the importance of public health volunteers or volunteers. In participating in an institution that influences youth's civic participation driving primary health care [16].

The study of the above information makes it aware of the importance of VPHV in participating in driving primary health care. Therefore, in order to and solutions and develop there has been a study to the level of participation of VPHV including factors that are related and affecting the participation of VPHV in educational institutions. To develop a model for the participation of VPHV in sustainable schools.

II. METHODOLOGY

Survey research by studying in a group VPHV in an educational institution of Kasetsart University Chalermphrakiat Sakon Nakhon Province Campus. A total of 45 people from July - November 2019 collected the data by questionnaire. The confidence of the tool is 0.973. Data were analyzed using descriptive statistics, including mean, median, as well as inferential statistics, including correlation for analyze factors related to the participation of public health volunteers in educational institutions (PPHV), and multiple regression to analyze the factors that affect to PPHV in educational institutions.

III. RESULTS AND DISCUSSION

III.I. General information

The most of subjects were female of 91.1%, average of age 19.84 years (SD = 0.67), Buddhist of 86.7%, second year education level of 62.2%. They had VPHV experience average of 1.36 years (SD = 0.48), low level of participation on the VPHV of 57.8% (58.00 ± 10.90), but a high level of supporting herb work of 51.1% (15.90 ± 3.30), such as planting, processing, and public relations.

III.II. Factors related to the participation of public health volunteers in educational institutions (PPHV).

The factors related to PPHV were qualifications knowledge ($r = .536$, $p < .0001$), knowledge about the roles of PPHV ($r = .724$, $p < .0001$), participation in decision making ($r = .914$, $p < .0001$), participation in operations ($r = .942$, $p < .0001$), participation in receiving results benefits ($r = .832$, $p < .0001$), participation in evaluation ($r = .939$, $p < .0001$), motivation ($r = .751$, $p < .0001$) and social support factor ($r = .337$, $p < .05$) (Table 1).

Table 1. Factors related to the participation of public health volunteers in educational institutions (PPHV) (N=45)

Variable name	Pearson's Correlation Coefficient	
	r	p-value
-Age	-0.076	0.62
-Years of experience as a volunteer	-0.29	0.054
-Knowledge of Qualifications/Property	.536**	<.0001
- Knowledge of Role	.724**	<.0001
- Participation in Decision making	.914**	<.0001
- Participation in Operations	.942**	<.0001
- Participation in receiving results Benefit	.832**	<.0001
- Participation in Evaluation	.939**	<.0001
- Motivation	.337*	0.024
- Social Support	.751**	<.0001

**** P < .001, *P < .05**

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III.III Factors affecting the participation of public health volunteers in educational institutions.

When controlling other variables by stepwise multiple regression, the results showed that participation in decision making, Operations, receiving results Benefit, and evaluation factors can affect the PPHV in educational institutions. They can predicted the PPHV in educational institutions of 100.0% (R^2= 1.00, P <.0001). That can write a formula for predicted the PPHV in educational institutions as follows.

$\hat{y}$ = a x bX1 + bX2 + bX3 + bX4, or $\hat{y}$=8.88x1.0 (Participation in Decision making) +1.0 (Participation in Operations) +1.0 (Participation in receiving results Benefit) +1.0 (Participation in Evaluation)

The formula standard was Z=a x Beta X1 +Beta X2+Beta X3+Beta X4, or Z=8.88x.303 (Participation in Decision making) +.314 (Participation in Operations) +.230 (Participation in receiving results Benefit) +.251 (Participation in Evaluation) (Table 2)

Table 2. Multiple regression analysis results(N=45)

Forecasting variables	b	SEb	Beta	t
Participation in Decision making (X1)	1.000	2.753	.303	42186601.41**
Participation in Operations (X2)	1.000	3.319	.314	45583271.11**
Participation in receiving results Benefit (X3)	1.000	2.521	.230	46401649.36**
Participation in Evaluation (X4)	1.000	3.440	.251	37029897.47**
R =1.000; R^2 =1.000; SE= .0001; a =8.88 *(**p< .0001)*				

Clearly, the important information of this research found that the participation level of the volunteers in the participation level was at a low level of 57.8 percent. (58.00 ± 10.90). That corresponds to Extracurricular Involvement in High School and Later-Life Participation in Voluntary Associations. Found on average, voluntary association participation peaked in midlife and declined into the 60s and early 70s. And the rate of decline in participation from midlife to young-old age [17].

Factors related to PPHV were knowledge about qualifications, roles, participation in decision-making, operations, receiving results benefits, evaluation, motivation, and social support factors, significantly at p <.05. This data is corresponding to Volunteering for Health Services in the Middle Part of Ghana: In Whose Interest. Found that community-based volunteers' motivation and retention were influenced by their personal interest in the form of recognition by community members and health workers, community leaders' selection and other nonmonetary incentives [18].

Finally, participating in decision making, operations, receiving results benefits, and evaluation have a significant effect on the participation of public health volunteers which can be predicted 100.0%. It does not comply with the study on the Factors Affecting the Standard of Primary Health Care Performance among Village Health Volunteers in Sukhothai Province. Found that Factors affecting the performance of village health volunteers, as follows: 1) motivation had positive effect 48.7 % (R2 = 0.487) 2) the perception of roles had positive effect 54.7 % (R2= 0.547), and 3) the social support had positive effect of 57.0% (R2= 0.570). These factors could predict the performances at 52.8 %, the multiple correlation coefficient (R) of 0.755 [19].

CONCLUSIONS

The main points of this paper were four predictive factors, such as participating in decision making, operations, receiving results benefits, and evaluation to drive the participation of public health volunteers in educational institutions. So, all stakeholders should be inviting healthy volunteers to participate in decision-making, participate in operations, mutual benefit and participate in the evaluation to summarize the results of the volunteer activities together. In addition, must also provide social support. In order to create incentives to motivate volunteers to perform their duties vigorously.

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