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Research Article

Role Performance of Community Health Volunteers and Its Associated Factors in Kuching District, Sarawak

Melvin Hsien Liang Chung, Helmy Hazmi, and Whye Lian Cheah

Department of Community Medicine and Public Health, Faculty of Medicine and Health Sciences, Universiti Malaysia Sarawak, 94300 Kota Samarahan, Sarawak, Malaysia

Correspondence should be addressed to Whye Lian Cheah; wlcheah@unimas.my

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The objective of this study was to assess the role performance among KOSPEN community health volunteer in Kuching district and its associated factors. This was a cross-sectional study, conducted in 21 localities in Kuching with a total of 210 respondents. Data were collected using validated interviewer-administered questionnaires and analyzed using SPSS version 22.0. The respondents comprised 55.2% females, 81.9% married, and 41.4% aged above 45 and above and 72.4% completed their education up to secondary school. The result revealed that 59.0% of the respondents agreed and understood their role performances. Multiple Logistics analysis revealed that factors associated with role performance were age group ($p = 0.003$), education level ($p < 0.001$), marital status ($p = 0.025$), prestige and respect ($p = 0.012$), being seen as "doctor" in community ($p = 0.003$), job aids ($p = 0.009$), training location ($p = 0.001$), and supervision by community ($p < 0.001$). To increase and maintain the work performance of CHVs, commitment from the government, policy makers, stakeholders, and the communities is required.

1. Introduction

The concept of community-based health volunteer system has gained its popularity in developing countries to overcome the increasing demand for health care services and the shortage of formal health care providers [1]. In line with the Alma Ata declaration of Primary Health Care Concept (PHC), all community health strategies designed must address community needs at the local level and be led by the community members themselves, with the belief that health problems cannot be solved by distance policymakers and health planners but require the involvement of communities to mobilize local resources for optimal health [2].

WHO had demonstrated the important role of CHVs in achieving goals related to health indicators in Millennium Development Goals (MDG), for example, in MDG 4 to reduce child mortality, MDG 5 to improve maternal health, and MDG 6 to combat HIV/AIDS, malaria, and other diseases. Research has shown that CHVs tend to be actively involved in communicable disease control programmes such as HIV awareness campaign, dengue control, malaria, dehydration resulting from diarrhoea, and also increased immunization coverage [3, 4]. In low- and middle-income countries, CHVs have been found to be effective in reducing neonatal mortality [5] child mortality attributable to pneumonia and mortality caused by malaria [6, 7]. Meanwhile, in eastern Uganda, CHV had performed reasonably well in vertical programmes targeting single diseases, mainly for treatment of malaria [8, 9] and in pilot studies for treatment of pneumonia of childhood illness [10, 11]. Similarly in South Africa, CHVs are actively involved in the programmes that target infectious conditions such as HIV/AIDS and Tuberculosis (TB) as well as maternal and child health. According to Singh, their roles in such programmes are clearly defined and are established based on evidence illustrating the benefits and success [12].

In Malaysia, Ministry of Health has recently launched a health programme named KOSPEN (Komuniti Sihat, Perkasa Negara) which means a healthy community is the strength of a country, in 2013. This programme has the objective to transform public health services through an aggressive approach to the establishment of functional units consisting