

AN INTERCOUNTRY STUDY OF EXPECTATIONS ROLES, ATTITUDES, AND BEHAVIORS OF COMMUNITY-BASED REHABILITATION VOLUNTEERS

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ABSTRACT

World Health Organisation (WHO) recommends community-based rehabilitation (CBR) as the chosen approach for meeting the needs of persons with disabilities (PWD), in developing countries. A key element in the implementation of this approach is the CBR worker at community level, a role often played by community volunteers. Often, CBR projects involving volunteers face the problem of high turn over of volunteers. However, the profile of the community volunteer has not been studied enough. Therefore, this study gathered information from CBR volunteers in Eritrea, Egypt, India, Mongolia, Papua New Guinea, Pakistan, and Vietnam (n=176) regarding their expectations, roles, attitudes and behaviors pertaining to CBR work. The survey revealed that majority of CBR volunteers volunteered their time as a personal decision (63%) and were not personally disabled (84%). It was found that satisfaction from CBR work was directly related to self-efficacy or behaviour specific confidence in their ability to perform CBR-related tasks, while inverse and significant relationships were found with barriers and outcome expectations. Thus, for retaining volunteers, CBR projects need to provide educational activities that build self-efficacy of volunteers to fulfill CBR-related tasks and reduce barriers.

INTRODUCTION

In 1976, World Health Organisation (WHO) estimated that 90% of persons with disabilities were totally neglected in developing countries and introduced the community-based rehabilitation (CBR) strategy as part of its goal to accomplish "Health for All by the year 2000" (1). Whilst the year 2000 has gone by, yet the needs of persons with disabilities (PWD) remain largely unmet in developing nations, even though there has been a large increase in the number of countries, which have decided to adopt the CBR approach. However, often such projects remain limited to "pilot" areas and in spite of national policies for implementing CBR, a lack of resources hinder their actual implementation (2).

The Joint Position Paper of United Nations agencies defines the main objectives of CBR, "to ensure that people with disabilities are empowered to maximise their physical and mental abilities, have access to regular services and opportunities and become active, contributing members of their communities and their societies. Thus, CBR promotes the human rights of people with disabilities through changes within the community. CBR aims to include people who have disabilities from all types of impairments, including difficulty hearing, speaking, moving, learning or behaving. CBR also includes all age groups: children, youth, adults and older people" (3).

The five basic principles of CBR strategy include (4)

- Active participation of disabled persons, their families and communities in all aspects of CBR with utilization of available resources in the community.
- Transfer of knowledge about disabilities and skills in rehabilitation, to people with disabilities, families and communities.
- Community involvement in planning, decision making, and evaluation.
- Utilisation and strengthening of referral services that are able to perform skilled assessments with increasing sophistication, at district, provincial, and national levels and make rehabilitation plans, participate in training, and supervision.
- Utilisation of a co-ordinated, multisectoral approach.

In performing all the above activities, the lynchpin is the CBR worker at community level, a role often played by community volunteers. It is the community CBR worker who provides information to disabled people and their families, e.g. advice about basic functional rehabilitation activities, construction of simple assistive devices to improve independence in daily activities, use of sign language, or use of a walking cane by a person who is blind. The community CBR worker also acts as an advocate for people with disabilities, by making contacts with schools, training centres, work places and organisations, to promote accessibility and inclusion of community members with disabilities (3).

Despite being an important element in the delivery of services, the CBR volunteer still remains least studied and largely misunderstood by national CBR managers, planners, trainers and donors. In industrialised countries volunteers are usually people who have a good job or business and in their free time of their free will, devote their time, money and energy on an issue that interests them. However, this is not the case with CBR volunteers working in developing countries where this term covers a wide spectrum of identities and roles (5). Therefore, the purpose of this study was to explicate the expectations, roles, attitudes, and behaviors of community-based rehabilitation volunteers from a subsection of CBR projects across a section of developing nations.

METHODOLOGY

The eight countries chosen for this study were Eritrea, Egypt, India, Mongolia, Papua New Guinea, Pakistan, and Vietnam. These countries were chosen because the CBR projects established there had been in existence for over five years, utilising the services of volunteers. The eight projects varied greatly in terms of management, coverage and multisectoral nature of activities. Thus, Eritrea, Mongolia and Vietnam represented projects covering large areas and managed by Governments (in Eritrea by Ministry of Labour and Human Development, in the other two, by Ministries of Health). On the other hand, Egypt, India, Papua New Guinea and Pakistan covered more limited geographical areas and were managed by non-governmental organisations. While the projects in India and Papua New Guinea operated only in rural areas, the remaining projects covered both rural and urban areas.

Volunteers for this study were defined as those people who were: (a) local residents; (b) involved in some aspect of community-based rehabilitation work, which meant working for persons with disability in a geographically defined area; (c) not employed as regular employees of the organisation; and (d) provided services or time to the organisation for which either they were not paid by the organisation/ government as part of their regular duty, or were paid a token amount which was lower than the locally prevalent wages, or, what could be considered less than what was commensurate with their qualifications, experience or expertise. Current volunteers were defined as those who met all the criteria and former volunteers were defined as those individuals, who had met these criteria at any time within the past three years. A sixty item questionnaire was validated by three international experts, in a two round process. The attitudes chosen in the questionnaire were based on the constructs of Social Cognitive Theory (6, 7). The final instrument had 14 questions pertaining to demographics, 15 questions pertaining to outcome expectations (anticipated benefits of volunteering), 15 questions on outcome expectancies (value placed on anticipated benefits of volunteering), 10 questions about self-efficacy (behaviour specific confidence) in performing CBR-related tasks, 5 questions on barriers encountered in performing CBR work, and 1 question on overall satisfaction. Data collection was facilitated by country programme managers. Fixed quota cluster sampling was utilised. One main project in each country was identified as the cluster. Cluster projects that had less than 25 current and former volunteers, were asked to get information from all the volunteers who consented to answer the questions. Cluster projects that had more than 25 current and former volunteers, were asked to put all the names in a hat or a basket and pick out names of 25 volunteers and elicit information from them (random selection within the cluster).

Permission to carry out this survey was provided by Associazione Italiana Amici di Raoul Follereau (AIFO) and while the programme manager collected the information from the volunteers individual identity was kept confidential. The questionnaire was developed in the

English language and translation in local language/dialect was done by the programme managers, if needed. A total of 176 questionnaires were completed and returned. The projects from Eritrea, Egypt, Mongolia, Pakistan, and Vietnam returned all 25 questionnaires. The project from Papua New Guinea returned 16 and the project from India returned 10.

All data were analysed using SPSS (Statistical Package for Social Sciences), Version 10.0. (8). For modelling predictors of satisfaction, stepwise multiple regression was used. The apriori criteria of probability of F to enter the predictor, in the model was chosen as less than and equal to 0.05, and for removing the predictor as greater than and equal to 0.10. The predictors used were age, decision to become a volunteer, disability status, education, gender, hours per week, in-kind incentives, length of time as volunteer, marital status, monetary compensation, profession, religion, total outcome expectations score, total self-efficacy score, and total barriers score.

RESULTS

As indicated earlier a total of 176 completed questionnaires were returned. The age of the respondent CBR volunteers ranged from 16 years to 68 years with a mean age of 34.9 years (sd. = 12.8).

Table 1: Summary of demographic characteristics of CBR workers working in eight countries (n=176) depicting description of frequencies and percentages

Variable	Subgroups	n	Frequency	Percentage
Gender	Males	171	78	45.6
	Females		93	54.4
Education	None	170	5	2.9
	Primary School or less (up to 5 years of schooling)		18	10.6
	Middle school or less (between 6-8 years of schooling)		32	18.8
	High school or less (between 9-12 years of schooling)		53	31.2
	Professional training (12+ years of schooling)		26	15.3
	College or University education (12+ years of schooling)		36	21.2

Variable	Subgroups	n	Frequency	Percentage
Marital status	Single, never married	174	56	32.2
	Single, divorced or separated		4	2.3
	Single, widowed		8	4.6
	Married		106	60.9
Religion	Muslim	172	64	37.2
	Christian		39	22.7
	Hindu		19	11.0
	Buddhist		16	9.3
	Atheist		31	18.1
	Others		3	1.7
	Profession		Unemployed	174
	Retired	8	4.6	
	Student	13	7.5	
	Home maker (housewife)	50	28.7	
	Health worker	22	12.6	
	Teacher	14	8.0	
	Others	51	29.4	
Status as CBR worker	Current and regular	171	99	
	Current but irregular		28	16.4
	Former		44	25.7

Table 1 depicts other demographic characteristics including gender, education, marital status, religion, profession, and current status as CBR worker. From Table 1 it is noted that women were almost ten percent more than males in this sample. Almost seventy-four (74) percent of the respondents had an education less than high school and a majority (60.9%) were married. CBR volunteers belonged to all major religions in the world in this sample. Only 9 percent of the respondents from the CBR volunteers reported themselves to be unemployed. Almost fifty-eight (58) percent of the sample comprised of current and regular CBR workers and a fourth (25.7%) were former with the remaining (16.4%) were current but irregular.

Table 2: Summary of disability status of CBR workers working in eight countries (n=176) depicting description of frequencies and percentages

Variable	Subgroups	n	Frequency	Percentage
Disability status	None	166	139	83.7
	Visual disability		3	1.8
	Hearing and speech disability		2	1.2
	Mobility-related disability		17	10.3
	Other disabilities (incl. multiple disabilities)		5	3.0
Type of disability in family member	None	137	78	56.9
	Visual disability		5	3.7
	Hearing and speech disability		11	8.0
	Mobility-related disability		19	13.9
	Other disabilities (incl. multiple disabilities)		24	17.5
Relationship of worker with PWD in family	Not applicable	136	79	58.1
	Spouse		8	5.9
	Child (son or daughter)		14	10.3
	Sibling (brother or sister)		16	11.8
	Other		19	13.9

Table 2 depicts the distribution of disability status in the CBR volunteer and his/her family. A clear majority (83.7%) of the volunteers were found not to be disabled and more than half (57%) did not have a family member who was disabled. Among the disabilities reported, mobility-related disability was the most common among both categories of volunteers (10.3%) and their family members (13.9%).

Table 3: Summary of distribution of compensation profiles of CBR workers working in eight countries (n=176) depicting description of frequencies and percentages

Variable	Subgroups	n	Frequency	Percentage
Monetary Compensation	None	135	75	55.6
	Stipend		35	25.9
	Other forms (incl. salary, honorarium)		25	18.5

Variable	Subgroups	n	Frequency	Percentage
Reimbursement	None	135	25	18.5
	Travel and/or meals		85	63.0
	Others		25	18.5
In-kind incentives	Community recognition	110	25	22.7
	Periodic awards		10	9.1
	Multiple incentives		75	68.2

Table 3 depicts the distribution of compensation profiles of CBR workers in the eight countries. It is evident that the majority reported receiving no compensation (56%). It is also interesting to note that almost one fourth (25%) of the sample did not answer this question. Reimbursement for travel and meals was found to be quite a common practice across all the projects, with less than a fifth (18.5%) reporting that they did not receive reimbursement of any kind.

Table 4: Summary of volunteering experience (n=176)

Variable	Subgroups	n	Frequency	Percentage
Decision to become a volunteer	Personal decision	170	111	65.3
	Family decision		4	2.4
	Community decision		52	30.6
	Other		3	1.7
Profile of CBR related activities performed	None	169	1	0.6
	One type		8	4.7
	Multiple		160	94.7
Profile of other than CBR-related activities	No other activity	163	46	28.2
	Health-related		28	17.2
	Family planning-related		1	0.6
	Youth-issues related		3	1.8
	Religion-related		2	1.2
	Political work-related		5	3.1
	Agriculture-related		7	4.3
	Other		3	1.8
	Multiple activities from above categories		68	41.8

Variable	Subgroups	n	Frequency	Percentage
Reasons for quitting in former volunteers	Permanent job	43	6	14.0
	Lack of time		11	25.6
	Moved away		4	9.3
	Too much work load		0	0.0
	Further study		4	9.3
	Marriage		2	4.6
	Personal		2	4.6
	Other		6	14.0
	Multiple reasons		8	18.6

Table 4 summarises dimensions of the volunteering experience. It is evident from Table 4 that a majority of volunteers (65%) indicated that personal decision led them toward volunteering. However, being traditional community-oriented societies, community decision also played a role in the case of at least 30 percent of the CBR volunteers. An overwhelming majority (94%) was involved in multiple CBR-related tasks. Further, more than two-thirds (72%) were involved in one or more tasks besides CBR work. Among the volunteers who quit volunteering, lack of time (25%) was reported as the most common reason.

Table 5: Summary of means and standard deviations of attitudinal variables of CBR workers (n=176)

Variable	Number of responses	Possible range	Observed range	Mean	Standard Deviation
Total score of expectations from volunteering	136	0-225	41-197	118.26	33.97
Self-efficacy in Volunteering	167	0-40	0-39	23.75	8.40
Perception of barriers in volunteering	169	0-20	0-19	8.60	4.23
Overall satisfaction from volunteering	169	0-4	0-4	2.95	1.00

Table 5 depicts the means and standard deviations of the Social Cognitive Theory based attitudes related to volunteering. These are, expectations, self-efficacy, perception of barriers, and overall satisfaction.

Table 6: Final regression model for overall satisfaction scores for barriers, self-efficacy (SE) and outcome expectations (OE) as predictors

Source	df	SS	MS	F	p-value	Adjusted R Squared
Regression (Barriers, OE, SE)	3	12.383	4.128	9.895	0.001	0.39
Residual	39	16.268	0.417			
Total	42	28.651				

Table 7: Parameter estimates from final regression model

Parameter	Coefficient	Std. error	t-statistic	p-value
Intercept	3.423	0.425	8.051	0.0001
Barriers score	-0.382	0.022	-3.119	0.003
Self-efficacy score	0.619	0.017	4.000	0.0001
Outcome expectations score	-0.395	0.004	-2.539	0.01

Tables 6 and 7 depict the results from regression modelling. From all the predictors, only outcome expectations score, self-efficacy score, and barriers score were found to be significant predictors and retained in the model. Thirty nine percent of the variance in satisfaction was predicted by these three variables.

DISCUSSION

The present study is among the few studies that have been undertaken to understand the profile of CBR volunteers. The purpose of this study was to paint a detailed profile of community-based rehabilitation volunteers from a subsection of CBR project across a section of developing nations, primarily aiming to understand the predictors of satisfaction. In deriving satisfaction from CBR-related work, from all the possible predictors three predictors stood out as statistically significant. The advantage of these predictors is that these are educationally modifiable. The first of these predictors was self-efficacy or behaviour specific confidence

in one's ability to perform CBR-related tasks. The relationship between this variable and satisfaction, was found to be significant ($p < 0.0001$) and direct, meaning that higher the self-efficacy score higher would be the satisfaction. Self-efficacy can be modified educationally by having credible role models, having observational and participatory learning activities, breaking down the task into smaller steps and practising these small steps (9).

The other two predictors were found to have significant but inverse relationships with satisfaction. These were barriers ($p < 0.003$) and outcome expectations ($p < 0.01$). Projects can work at reducing barriers that confront volunteering. Some of these barriers related to insufficiency of time and resources, are amenable to managerial solutions; while some of the barriers pertaining to limitations with regard to knowledge and skills, can be easily modified by educational means through programs geared toward capacity building. This way the lesser the perceived barriers become, greater will be the satisfaction and retention of CBR volunteers. Recruiting volunteers who are "less ambitious" will also lead to outcome expectations being less. In community-based rehabilitation work results may often come very slowly and more so for the volunteer. If a person who volunteers, has high ambitions exhibited by higher outcome expectancy scores, the likelihood of his or her being satisfied will be less.

The study also clarified some misperceptions regarding the identity of the CBR volunteer. It is generally believed that volunteers in traditional, agrarian societies of the developing world are appointed by community leaders. However, this study found that this is not the case and a majority of volunteers indicated personal decision (65%) as the key factor for volunteering. Another finding was that majority (84%) of volunteers were not disabled. The data in this sample, shows that in these projects only a limited number of persons with disabilities or their family members, were involved as volunteers, which may depend upon the kind of volunteer recruitment strategies used by these projects. Disabled persons, even with limited formal education, often make excellent rehabilitation workers and community health workers (10). It has also been proposed, that parents of disabled children make more motivated and committed CBR volunteers and have less problems of turnover (11). Further, this study asked for relationship of the worker as spouse, child and sibling but not as a parent, which was clubbed under the category of "other." Future researchers need to rectify this measurement error.

It was also interesting to note that only a small proportion of CBR volunteers were unemployed (9%) and only a small proportion were exclusively working for CBR (26%). Reasons for quitting mostly related to time (26%), securing a job (14%) or moving away (9%). It is also interesting to note that a minority of volunteers were paid some token form of financial remuneration. Financial compensation to volunteers has implications for sustainability and continuity of CBR programmes. Hence, it would have been interesting to also analyse the sources of funding for this compensation and the participation of communities in this area. However, this information was not collected in this study, but future researchers can probably do so.

RECOMMENDATIONS

The project sample included in this study represents different countries, geographical coverage, rural/urban settings, and governmental/non-governmental settings. At the same time, all the projects are supported by the same international partner namely, Associazione Italiana Amici di Raoul Follereau (AIFO). This could have influenced similar strategies in terms of volunteer selection, training and management. Despite some limitations pertaining to sample selection, measurement error, and data collection, the findings of this survey lend themselves to several useful programmatic, policy and funding implications. Firstly, each programme can build capacity of their volunteers by careful recruitment, and design tailored educational programmes. These educational programmes must be conducted on a regular basis and must build capacity of the volunteers in performing CBR-related tasks by enhancing self-efficacy. Secondly, programmes must aim at reducing barriers of time and resources, by implementing effectual managerial changes. Thirdly, it would be important to ensure mechanisms for acknowledging the role of volunteers and reimbursement of expenses. Finally, adequate training programmes for volunteers must receive priority attention. A more in-depth educational needs assessment can be a future research study as well.

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REFERENCES

1. World Health Organization (WHO). *Resolution On Disability. Prevention And Rehabilitation* (A29.68). Geneva: WHO, 1976.
2. World Health Organization (WHO). *Status of Rehabilitation in 26 Countries of Africa. Geneva: WHO, 2001.*
3. ILO, UNESCO, UNICEF, UNHCR & WHO. *Joint Position Paper on CBR with and for People with Disability.* Geneva: WHO, 2002.
4. Helander E, Mendis P, Nelson G, Goerdts A. *Training in the Community for People with Disabilities.* Geneva: WHO, 1989.
5. Deepak S, Sharma M. Volunteers And Community-Based Rehabilitation. *Asia Pacific Disability Rehabilitation Journal* 2001; 12(2): 141-148.
6. Bandura A. *Social Foundations of Thought And Action: A Social Cognitive Theory.* Englewood Cliffs, N.J.: Prentice Hall, 1986.
7. Bandura A. *Self-Efficacy. The Exercise Of Control.* New York: W.H. Freeman and Company, 1997.
8. Statistical Package for Social Sciences (SPSS), Version 10.0. Chicago, IL, 1999.
9. Baranowski T, Perry CL, Parcel G. *How Individuals, Environments, And Health Behavior Interact. Social Cognitive Theory.* In: Glanz K,imer BK, Lewis, FM eds. Health Behavior And Health Education. Theory, Research, And Practice. (3rd ed.). San Francisco, CA: Jossey-Bass, 2002: 165-184.
10. Werner D. *Strengthening The Role Of Disabled People In Community-Based Rehabilitation Programmes.* In: O'Toole B. & McConkey R., eds. Innovations in Developing Countries For People With Disabilities, Chorley UK, AIFO & Lisieux Hall Publications, 1995.
11. Mcglade B., Aquino R. *Mothers Of Disabled Children As CBR Workers.* In: O'Toole B. & McConkey R., eds. Innovations in Developing Countries For People With Disabilities, Chorley UK, AIFO & Lisieux Hall Publications, 1995.