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## **Female Community Health Volunteers Program in Nepal: Perceptions, Attitudes and Experiences on Volunteerism among Female Community Health Volunteers**

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### **Abstract**

Nepal has relied on volunteerism for delivery of essential health services for the past 25 years. Remuneration of Female Community Health Volunteers (FCHV) is a highly debated issue. Studies show lack of remuneration results in higher attrition. FCHV's motivation and retention are vital for the programme sustainability. The study explored the perceptions attitude and experiences on volunteerism among FCHV, their supervisors and community. The researcher conducted 15 In-depth interviews in a district of Nepal. Data Analysis was done using QSR NVivo version 7 software. Open and axial coding was done according to grounded theory approach and final conceptual framework was built. FCHVs were motivated to be volunteers either because of their personal goals or due to obligations. FCHVs were motivated to continue as a volunteer because of a sense of reciprocity, service as reward, volunteerism as a spiritual duty, social recognition and attainment of knowledge. Challenges in volunteering included insufficient incentives, expectation of a regular salary, wrong community perception regarding their work and time constraints. Consequences of volunteering were empowerment and economic security. There is conflict between ideals of volunteerism and monetary expectations among FCHV. The issue of fair compensation of volunteers should be addressed.

**Keywords:** Volunteerism, FCHV, Compensation of FCHV, Volunteer motivation

### **Introduction**

Volunteerism is one of the most basic of expressions of human behaviour.<sup>1</sup> Volunteerism is entrenched in social and cultural roots of people everywhere, an inherent tradition of mutual or self-help and trust, not expecting substantial benefit or not getting any monetary gains. It is more of a social, mental and spiritual satisfaction and self-esteem.<sup>2</sup>

Volunteerism is of immense importance in health care service delivery especially in the context of developing countries. One such example is Female Community Health Volunteers (FCHV) in Nepal.

FCHVs were introduced into Nepal's health system in 1988 AD as a part of Health for All by 2000 movement. They are community level health worker providing major contribution to public health programs. Their role has been considered vital in reducing maternal mortality rate and under-five mortality in the past years.<sup>3</sup> Their voluntary involvement in health service delivery is one of the most cost-effective strategies for addressing human resource crisis and increasing access to health care especially among the rural segment of the country.

Remuneration of FCHV is a highly debated issue and is detrimental to voluntary nature of FCHVs service. Some international guidelines suggest that "There exists virtually no evidence that volunteerism can be sustained for long periods and community health workers who are generally poor require income".<sup>4</sup> Volunteers also cite lack of remuneration as a key factor causing their attrition.<sup>2</sup> In contrast to this, a study among policy makers showed FCHVs were motivated by social respect, religious and moral duty and they also regarded the need of extrinsic incentives like

regular wages as financially unfeasible and threat to volunteer's motivation.<sup>5</sup> With the scenario of political instability the current average annual turnover rate of FCHV is 4%.<sup>6</sup>

Motivations are of two types: Intrinsic motivation which refers to doing something because it is inherently interesting and extrinsic motivation which refers to doing something because it leads to a different outcome.<sup>7</sup>

FCHVs' motivation and retention has been identified as important factors for ensuring program sustainability. So, this qualitative study was started with the objective of exploring the FCHV's perception of volunteerism, their motivations to volunteer, the challenges they face and the sustainability of this program in Nepal.

## **Materials and Methods**

The study was done using qualitative research methods. Purposive Sampling was adopted. In-depth interviews were conducted till the data saturation was reached.

A total of 15 IDI was conducted among FCHV, their supervisor and community members. Deviant sampling was used to identify 8 FCHVs from the best and the worst performing FCHVs in consultation with the Auxillary Nurse Midwife of the respective health centers. Another FCHV who represented the district level FCHV struggle committee was interviewed for additional insights. Interviews from 4 community members followed heterogeneous sampling. Two FCHV supervisors were also included in the study. Information from FCHV, supervisors and the community could be effectively triangulated to ensure validity of the information gathered.

In-depth Interview technique was used for data collection as the researcher wanted insights on volunteerism with minimum interference. An in-depth interview guideline was prepared according to the objective of the study. It was first prepared in English and then translated to Nepali. The tool was reviewed by experts and necessary corrections were made.

Objectives of the study were explained clearly to the participants and written informed consent was obtained. Interviews were audio taped with the permission of the participants. Each interview lasted for about half-an- hour to one and a half hours.

The study was approved by Institutional Review Board at the School of Public Health, SRM University.

Reflexivity journal was maintained which helped address biases of the researcher which was subsequently used during analysis

Interviews were transcribed in Nepali language and translated to English language for the purpose of analysis. Coding and analysis was done using QSR Nvivo Version 7 software. Grounded theory methodology was used for analysis of transcripts. Open codes were made to identify themes. Axial coding was done to identify interrelationship between the themes, based on which final conceptual framework was built.

## **Results**

The results were categorized into the following themes: Conception of Volunteering, Motivations to Volunteer, Challenges in Volunteering and Consequences of volunteering.

### **Conception of Volunteering**

Conception of volunteering reflects how FCHVs perceive volunteering. A volunteer has attributed volunteering as service to society and an unpaid activity .It reveals the development of altruistic feeling after being a volunteer over a period of time.

“Volunteering means to serve people and helping those who need help. It is not being greedy for money, thinking about how to save a life and how to be *generous to people*. *Before being a volunteer I didn't have this feeling but I realized that we should help people and be ready to give own lives for the sake of others.*”

Another FCHV perceived volunteerism as unpaid activity which discloses inbuilt dissatisfaction in the fact that there is no compensation for one's time and efforts.

*"Volunteerism means (thinking).... nowadays they have provided us little allowance so; volunteering only means free service, which is done willingly."*

### **Motivations in Volunteering**

Motivators can positively contribute to the spirit of volunteerism. There are two facets of motivation that have emerged during the analysis of interviews i.e. motivations to be a volunteer and motivations to continue as a volunteer.

#### **a. Motivations to be a volunteer**

##### **Personal goals**

Motivations to be a volunteer are based on their personal goals like desire to serve. These rural women are often opportunity deprived so they see volunteering as a medium to fulfill their personal goals. The work that was done during the volunteerism was perceived as useful and valuable. This helped them achieve some personal fulfillment.

*"Before I was a volunteer many children used to die, I used to feel that women didn't get proper advice during the pregnancy. So, I used to think if someone was there to teach them then maybe they didn't have to suffer the consequences."*

##### **Volunteering as obligation**

Volunteerism was also perceived as an obligatory duty by some women due to pressure from the society and other family members. This kind of 'volunteering' is not volunteering in the true sense of the word. This 'forced' volunteerism is probably the reason for dissatisfaction among many women with their FCHV work.

*"Initially no one agreed to be a volunteer. Village people then were shy. A health worker came and asked my name. Then I received a letter. I was surprised. Because my father in law insisted and because no one else agreed, I went for 15 days training."*

#### **b. Motivation to continue as a volunteer**

##### **Sense of reciprocity**

FCHV being community members and having strong connectedness with the community expressed moral obligation to pay back what the community has given to them. This represents a strong inbuilt motivation.

*"We have not done volunteer service because we wanted something back from it, when we are staying in society we have to do something towards the community."*

##### **Service as Reward**

A volunteer expressed sympathy towards the sick child and relates recovery of the child through her voluntary service as her compensation and mentions the satisfaction gained as motivator to continue volunteering.

*"If a child is ill then I don't feel good. We give advice. For e.g. if the child has diarrhea we tell them to have ORS. We give zinc tablets. If the child gets well then we become happy and we don't want to leave."*

##### **Volunteerism as spiritual duty**

Volunteerism is considered as a way to attain religious advantage. This symbolizes connections of volunteerism with deeply rooted religious beliefs as various religions promote the concept of 'selfless service'.

“Serving mother and child is a big dharma. We don't need to do anything else.”

### **Attainment of knowledge**

Volunteerism is looked upon as means of personal growth which is highly valued by FCHVs. So, FCHVs have the vision to preserve wisdom in their family through inheritance of voluntary service.

“They tell me that after my retirement they will give the post to my daughter in law. But I feel that it is right because we can transform our knowledge to another generation, in our own homes.”

### **Social recognition**

Volunteering has fulfilled FCHVs social needs of identity and belongingness which is highly treasured by women, especially in the context of patriarchal society like Nepal where their own individuality is dominated by family or husband's name.

*“We won't leave volunteering because of this we are recognized in the society and have our own identity.”*

### **Challenges in Volunteering**

Challenges can negatively contribute to the strength of volunteerism, acting as a deterrent to volunteer work. The major challenges that appeared during our analysis are:

#### **Wrong community perception regarding their work**

A FCHV recalls her experience of abuse by community member on the issue of payment. The community member thought that she is doing the work for a regular payment, while they are actually volunteering out of self interest. She accounts this behavior to widespread misconception in community that FCHVs are paid.

*“We went house to house for giving medicines for Lymphatic Filariasis when someone scolded us saying” you people earn money from the government side”. We know we are giving free services but people think that way.”*

#### **Insufficient incentives**

Volunteers complained that their incentives were insufficient. Agriculture is the main source of income in rural settings. Women who volunteer incur significant opportunity costs during their most productive time. They felt that the daily labor charges are higher than the allowance that they are given as a volunteer.

*“After so many years also amount haven't increased. If we call a hired laborer for digging our land even for a small kid also we have to pay three hundred and fifty rupees and we get only 200 as allowance.”*

Volunteers do selfless service but are denied of health services when in need, so a FCHV shows strong emotions of anger towards the management. They felt entitled to at least good quality health services when they are in need, which was often not available to them.

*“A volunteer nearby had Blood cancer. She got approval for ambulance from the district hospital but later they told they won't be giving diesel. For this much critical patient at least the staff nurses themselves should have collected the money and given to her. But they don't have a helping attitude.”*

#### **Expectation of Salary**

Expectation of salary is divergent from the ideals of volunteerism. Two schools of thought appeared: first they are entitled to get salary according to their workload and second voluntary nature of their work doesn't suit the demand for salaries.

*"We work throughout the month but won't get anything in return. If we could get little bit monthly, then at least the amount we spend on our mobile would be recovered. We walk a lot and our slippers get torn. So, at least we could buy the slippers."*

*"We know that we are volunteers and being volunteers we cannot expect salary."*

### **Time constraints**

Volunteering demands mandatory presence at certain times like during delivery thus resulting in complexity in time management. This has led to compromise in their daily family duties and responsibilities.

*"We work for 24 hours for e.g. a women is pregnant and having a delivery even at night they come searching for us and we have to go that means our work is full time."*

### **Consequences of Volunteerism**

This domain represents the perceived outcome or results of volunteerism.

#### **Empowerment**

Volunteerism emerged both as a means of self and community empowerment. A volunteer reflects upon her previous experiences and regrets her unawareness during the immunization of her own children. Now, she credits volunteers for not letting people go through same experience that she went through.

*"Initially there were not many Volunteers and we were not very well informed. When I gave B.C.G. to my daughter, V.H.W. gave vaccination he took the injection outside and the liquid spilt on the side. If I knew I would have given her another dose. But I realized only after I received the training for a volunteer. But people are aware of health information these days because of us."*

#### **Economic Insecurity**

FCHV who has alternate role of breadwinner of family has to face financial uncertainty in spite of working all day as a volunteer which infers volunteerism is unable to fulfill her physiological needs to sustain her livelihood.

*"We visit houses and counsel them spending our whole day; it is very difficult because when I return back "I don't have any money. What will I cook today?"*

### **Discussion**

Researchers have defined three common features of volunteerism namely voluntariness, not claiming remuneration and benefiting others.<sup>8</sup> These aspects have been found in our study also. Women also perceived that volunteerism can be an obligation which challenges the 'voluntariness' aspect of volunteerism. But some literature suggests that though initially voluntarism may be an obligation, whether or not it is continued depends on the individual.<sup>1</sup>

The study highlighted various intrinsic motivators like sense of reciprocity, service as reward, volunteerism as spiritual duty and extrinsic motivators like personal goals, attainment of knowledge and social recognition. A study in Ghana also showed sense of duty, altruism, and gaining community respect as major motivating factors in volunteering.<sup>9</sup> Likewise a study in Kenya showed personal development as major driver of volunteerism.<sup>10</sup> These motivators identified in the study could be possible reasons of FCHV's high performance and low attrition in past years.

Service as a spiritual duty has been repeatedly used in mass media communication channels to emphasize the importance of volunteerism that some respondents might have reported it as a reason without actually feeling so.

Volunteering emerged a means of empowerment among FCHVs which agrees with a study where ASHAs reported elevation of their family and social status and independence relating to their position of community health workers.<sup>11</sup> In our study, the empowerment factors like being able to attain their personal goals, gaining religious merit, social recognition through volunteering has also appeared to be strong motivators among FCHV.

In our study volunteers have demanded increased incentives and have expected salary. This opposes the ideals of volunteerism. 'Motivation crowding theory' attempts to explain the conflict affirming that extrinsic motivation like salaries, can crowd out or undermine intrinsic motivation.<sup>7</sup>

Economic insecurity has emerged strongly as a barrier to volunteering emphasizing the volunteer's alternate role as a breadwinner of their family. Our findings also suggest that volunteering is an activity that demands work at odd hours and is not a leisure time activity as mentioned in the study among policy makers.<sup>5</sup> These findings bring to light significant opportunity costs associated with volunteering. Supporting these findings, Task Shifting Approach suggests "Essential health services cannot be provided by people on voluntary basis if they are to be sustainable. While volunteers can make a valuable contribution on short term or part time basis trained health workers should receive adequate wages and/or appropriate and commensurate incentives".<sup>12</sup> Another WHO guideline also suggests community health workers should be paid.<sup>13</sup> Consequences of lack of remuneration can be evidently seen in a TB program which showed high attrition rates of volunteers of 22% within one year of joining and hope for paid work as the reasons for leaving.<sup>14</sup>

A study in Morogoro region where community member showed disbelief in voluntary nature of CHW's work, thereby entailing untruthfulness and failing to recognize their selfless work<sup>15</sup> is similar to our findings. Such issues discourage volunteers. Actions should be taken to sensitize community regarding the voluntary nature of FCHV's work.

The conceptual framework suggests that though FCHVs have dissatisfaction with monetary factors, but they seek a way to attain empowerment through volunteering. When related to Maslow's hierarchy of needs it suggests volunteerism is unable to fulfill physiological needs but fulfills social needs, esteem needs and self actualization needs.<sup>16</sup>

There are contrasting views and opinions emerging in this study. It is important to understand that all these opinions are present in reality. The objective of this exploration was not to arrive at one complete reality. The exploration has led to an understanding of all the possible motivators, challengers and consequences of volunteerism. The samples were selected carefully so that varied perspectives on volunteerism could be obtained. A reflexive journal was maintained to address the potential biases of the researcher. The study could not address the gender related issues which could have contributed more to the concept. Detailed quantitative study is needed for making strong policy recommendations.

## **Conclusion**

This study raises the issue of fair compensation thus supporting international guidelines and challenging the basis of the FCHV program. This topic needs to be considered seriously to maintain sustained motivation among FCHVs. Variety of intrinsic and extrinsic motivators identified could be further utilized for achieving high performance of FCHVs.

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