

Participation for Development of Health Massage Establishments Under COVID-19 Outbreak: A Case Study of Phetchabun Province

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Abstract

This study purposed to study participation to develop entrepreneurs of health massage establishments in Phetchabun Province, using the model by Cohen and Uphoff (1980) and to investigate their knowledge, attitude, and practice (KAP). 74 entrepreneurs were recruited by purposive selection. Descriptive statistics and independent sample t-test were used in analysis results. Firstly, input were relevant regulations and government announcements. Secondly, participation procedures were implemented included decision-making, implementation, benefits, and evaluation. Thirdly, output were most of the entrepreneurs completely achieved and were approved to reopen. Lastly, outcomes were they became knowledgeable and developed skills, their establishments were standardized with hygienic services. These findings found that mean of knowledge, attitude, practice, and site assessment were significantly increased (p-value <0.01). To summarize, a community development program can be succeeded through active and voluntary involvement of members in all stages. Also, carrying out a development projects using participation developed knowledge, attitude, and practice of the entrepreneurs. Community members could be promoted to raise awareness and encouraged to attend activities while regional agencies contributed intensive assistances.

Keywords: knowledge, attitude, practice, participation model, health massage establishment

Introduction

Under loosening COVID-19 restrictions in Thailand, Department of Health Service Support (DOHSS), Ministry of Public Health specified a number of practices that establishment entrepreneurs

were required to absolutely implement for disease protection. Before reopen during the situation, the establishments were inspected and approved by public health officers. In addition, participation was considered as a strategy in health engagement with

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involvement of stakeholders when formulated a 20-year strategic plan¹.

Community participation refers to involvement of community members in a particular area to take responsibly part in an activity, at various stages of projects². The community participation also facilitated increasing knowledge and skills to apply mutual efforts in order to improve well-being³. While it promotes use of local knowledge, it fosters a sense of ownership and preserve the members towards community development².

According to Cohen and Uphoff's conceptual participation⁴, there was proposed four forms of people's engagements:

Decision-making – this level people can identify needs and problems of local community. Then priority and arrangement were determined.

Implementation – This is the operation including coordination and elaboration. People voluntarily take part by thought contribution, resource supports and managements.

Benefits – This is a follow-up to the implementation involved positive benefits and obtaining negative consequence.

Evaluation – It is a success assessment concerns advantages and disadvantages that can be given input for making further improvements.

In addition, it was significantly noted that community development basically aimed to improve life quality of members and to involve them in the process⁵. While it enhances empowerment among individuals, it fosters social cohesion, by bringing people from different backgrounds and creating opportunities for interaction⁶. In order to achieve effective development, it is crucial to ensure people's participation and active contribution as a whole in design of the projects and concerned organizations⁷.

However, Kiattisak and Boadsaporn's findings interestingly reported that clients were provided services with knowledgeable practitioners/providers in improved establishments while government officials contributed useful practices as well as reinforcement⁸. This study; therefore, purposed to investigate participation to develop entrepreneurs

of health massage establishments in Phetchabun Province, using the model by Cohen and Uphoff (1980)⁴ and to examine their knowledge, attitude, and practice when participation implementation.

Materials and Methods

Design and setting

This action study was carried out on entrepreneurs of health massage establishments in Phetchabun, a province in North-Central of Thailand and was performed during October, 2021 – September, 2022. Ethical approval was obtained from the Ethics Committee of Human Research, Phetchabun Provincial Public Office, Project Number: 2/64-14-25/06/64.

Initially, the entrepreneurs logged-in <http://spa.hss.moph.go.th/Self/> and did a "Self-Assessment for Health Establishments to Prevent and Control Coronavirus Disease 2019 (COVID-19)". Before public health officers at provincial level had an assessment, they used data acquired from the self-assessment.

Research tools

This study was used the "Self-Assessment" designed and issued by DOHSS including 2 parts: demographic data and checklist questions with five categories.

A questionnaire was developed based on "Guidelines to Prevent and Control Coronavirus Disease 2019 (COVID-19) for Spa, Health, and Beauty Massage Establishments by DOHSS" to measure knowledge, attitude, and practice (KAP) of the entrepreneurs. The 60-item questionnaire was divided into three categories. Results from piloting were shown 0.741, 0.844, 0.720 reliability calculated through Alpha Coefficient.

Participants

74 entrepreneurs of health massage establishments in Phetchabun, having a license and required reopening while the situation in 2021, were recruited by purposive selection.

Statistical Analysis

Descriptive statistics were carried out to describe demographic characteristics; in the meantime,

independent sample t-test was used to examine differences before and after implementation. All statistical analysis was performed using statistical package program.

Results

As demonstrated in Table 1, the participants included 66 females (89.19%) and 8 males (10.81%).

The majority (47.30%) was married and 29.73%

was single. There was a higher number of high school / vocational certificate (36.49%), followed by bachelor degree or above (27.03%). Most of them were in age group of 45-59 years (63.51%) and had 1500-4000 ฿ monthly income (40.54%). Among them, 32.43%, 21.62%, 9.46% of the establishments were located in districts of Mueang Phetchabun, LomSak, and NongPhai with the same number of Bueng Sam Phan respectively.

Table 1: Demographic characteristics of health massage establishment entrepreneurs

Demographic characteristics		N	%
Gender	Female	66	89.19
	Male	8	10.81
Marital status	Single	22	29.73
	Married	35	47.30
	Divorced	7	9.46
	Widowed	10	13.51
Education	upper elementary school	5	6.76
	middle school	7	9.46
	high school / vocational certificate	27	36.49
	diploma / higher vocational certificate	15	20.27
	bachelor degree or above	20	27.03
Age	25-44 years	21	28.38
	45-59 years	47	63.51
	> 60 years	6	8.11
Monthly income (฿)	1500-4000 ฿	30	40.54
	4001-6500 ฿	28	37.84
	6501-9000 ฿	16	21.62
Establishment location	Mueang Phetchabun	24	32.43
	LomSak	16	21.62
	Khao Kho	3	4.05
	Chon Daen	3	4.05
	Lom Kao	3	4.05
	NongPhai	7	9.46
	Wong Pong	3	4.05
	Bueng Sam Phan	7	9.46
	WichianButi	4	5.41
	Si Thep	4	5.41
Total		74	100.00

To begin with, announcements were managed to encourage the establishment entrepreneurs (EEs) who were interested towards participation activities for development. Meeting invitation was verbally and nonverbally done then the EEs were introduced objectives, activities, advantages, schedules and relevant information. Next, a questionnaire was primarily conducted to investigate KAP of the EEs. Later, a participation process was undertaken.

Input

Firstly, a number of official letters attached regulations, and government announcements were mailed to all EEs. In the meantime a chat group through LINE application was created, provincial officials (POs), who mainly have regulated health massage establishments in all 11 districts and district officials (DOs), who have supervised them in a district area, became members in the group. When the EEs were invited to attend, they joined willingly. Next, the POs informally summarized the mailed documents using language easy understand. After that, most EEs took photos and posted to declare their receiving. In some cases, the EEs directly called the POs to make sure they exactly understood after reading. Furthermore, the POs and the DOs advised the EEs stay informed through various reliable channels such as DOHSS website, publications of public announcements.

Participation Process

1. Decision making – The POs initiated a meeting to have a discussion with the EEs, but gathering into a group during COVID-19 outbreak was prohibited. As a result, a meeting originally was arranged through video conference using Zoom Application. However, there was found some barriers, especially the EEs section. For example, Internet connection was frequently failed. They were not knowledgeable and unskilled using the Application. Therefore, chatting in a group via LINE Application and making a call were applicable ways for convenient communication. While open discussion was carried out, the EEs voluntarily expressed their needs and obstacles. The POs listened with attention and gathered data. After that, facility requirements, functions, and performances were specified. While the POs collected and examined the self-assessment

data, a site inspection schedule was identified. The EEs were allowed to know relevant information as well as next operations.

2. Implementation – Before a site examination, the EEs actively arranged their establishments with assistance of practitioners. In some cases, they were asked to present their improved establishment photos with brief descriptions while having arrangement. The POs also facilitated various essential items for COVID-19 protection such as hand sanitizers, face shields, and signs and notices with friendly environment. Besides, useful suggestions and practical actions were introduced. Especially, the EEs were given chances to consult with empathy when the POs managed supportive contribution. In addition, positive encouragement and compliments were kindly provided. After the inspection, certifications were electronically approved to whom achieved the assessment by the POs. Then the DOs assisted printing out and taking them to the establishments in their responsible area to obviously display. Moreover, the EEs were continually informed progresses through the group.
3. Benefits – The health massage establishments where were completely achieved the inspection were standardized with COVID-19 protection. The EEs also gained more essential knowledge and practices. Therefore, clients were provided hygienic services in sanitized establishments. Particularly, the EEs were enhanced pride and self-confidence; hence, they were not embarrassed to express their opinions. Community connection was also risen, so they easily exchanged constructive experiences and ideas as well as asked for assistance or collaboration. Furthermore, performances of both the POs and the Dos were fulfilled. They increasingly understood different situations so that additional and practical activities were appropriately managed. Besides, these relevant participants participated in After Action Review (AAR) activity after the performance for further development. The POs gradually reported the operations via the group.
4. Evaluation – When finishing the first inspection, the POs summarized the performances and notified without display

establishment names and locations. In addition, several establishments absolutely achieved were illustrated desirables practices. However, they were asked a permission before being displayed. While the unachieved EEs were given 2 months for improvement, they were asked to present their progress so that the POs provided advices and suggestions. Moreover, the DOs were assigned to monitor unachieved ones were always emphasized to create pleasant atmosphere and promoted sympathy encouragement. Especially, some entrepreneurs who seemed frustrated or discouraged were visited to enhance motivation. Later, another site examination was undertaken with the same procedures. In case of urgent matters, both provincial and districts officials suddenly cooperated to contribute resources and facilities. Next, performance reports were conducted every quarter of a year and at the end of fiscal year.

In addition, the POs suggested them to stay arranged their establishments and relevant objects for practical services while the EEs gave some negative and positive feedbacks concerning the implementation. The EEs were also provided space to explain all the results.

Output

After the performance, 67 out of 74 establishments (90.54%) absolutely achieved and were approved reopening during the loosening situation.

Outcome

The EEs become intensive knowledge with developed skills and their health massage establishments were standardized with disease protection as well as hygienic massage services. Furthermore, both provincial and districts performances were officially fulfilled.

Table 2: KAP scores and site examination and comparison of participation implementation

Categories	Before Implementation				After Implementation				t	p-value
	Max.	Min.	Mean	SD	Max.	Min.	Mean	SD		
1. Knowledge	7.00	12.00	9.77	1.30	12.00	19.00	15.43	1.47	30.15	0.001*
2. Attitude	2.50	4.45	3.43	0.39	3.20	4.25	3.73	0.24	8.57	0.001*
3. Practice	6.00	17.00	11.45	2.70	9.00	16.00	12.93	2.02	6.46	0.001*
4. Site Examination	15.00	28.00	22.05	3.24	18.00	37.00	35.45	4.90	21.50	0.001*

* Statistically significant at level 0.01

As shown in Table 2, it was found that knowledge mean was 9.77, but it was obviously increased to 15.43 after participation was implemented. Moreover, mean of attitude was 3.43 then it was slightly different at 3.73. Besides, mean of practice was 11.45, it was moderately risen at 12.93 then. Also, mean of site examination was 22.05, it was evidently grew up at 35.45.

When considering the participation, it was found that mean of knowledge, attitude, practice, and site assessment were significantly increased (p-value<0.01).

Discussion

The study investigated participation process following Cohen & Uphoff approach. The present process of community participation was parallel Promrit, 2022⁹ and Wahyudi, 2023¹⁰.

To start the procedures, the public health officers at provincial level introduced goals, activities, advantages, functions, and schedules. Generally, people participate when they were informed about the programs and potential benefits affected their welfare¹¹. Hermawan & Hutagalung, 2019 also asserted their interests would be a determinant of people's attitude and behavior in deciding to participate¹².

Decision making - the findings revealed a reachable space was provided for discussion through the chat group which relevant parties including public health officers at both levels and the EEs voluntarily joined the group created. This was given a chance the EEs to freely convey their demands and interests. It could be also assumed the members are more aware of needs and problems for community development. Accordingly, Rasoolimanesh & Jaafar, 2016 stated

that local members will actively participate in when government willingly listens to community ideas and allow to be involved in decision making stage¹³. Moreover, a sense of ownership can emerge when activities were designed with mutual agreements¹⁴.

Implementation – It was found when the EEs engaged in various activities such as establishment arrangement, deliberation, and socialization, they were empowered in enthusiastically to prepare required items and sites for accomplishment. Their confidence and ability were strengthened to independently solve problems¹⁴. While working together, trust between the EEs and the officers was developed through a creation of friendly atmosphere. Furthermore, the EEs were completely provided chances for kind consultation. Correspondingly, active and voluntary community involvement as well as growth of participation in development process require trust and opportunities given by government¹⁵.

Benefit – It was appeared that the EEs were promoted their confidence; as a result, they proudly and confidently explicit opinions which Bappi et al., 2018 mentioned that fear of participants towards development programs will be removed for effective participation⁷. Furthermore, while a community connection was built, a social cohesion was arisen. This was supposed to lead boosting relationship between the officers and the EEs. Moreover, authorized performances were executed which their visibility and efficiency of public health officers at both level were encouraged, particularly when being in charge of overcoming community troubles¹⁶.

Evaluation – While the EEs prepared and refined their establishments, collaboration of the POs and the DOs contributed supportive materials, useful advices and positive encouragements. These findings affirmed that local government supports were crucial to achieve sustainable development through community participation¹⁷. The EEs were provided available space to explain all the performance and give feedbacks on their different experiences. It was implied that the voices of community members were heard and their insights were considered when designing future programs, leading to increased transparency¹⁸.

Additionally, the study examined KAP of the establishment entrepreneurs. It was figured out KAP scores and site assessment when participation implemented were certainly higher which were line with^{19,20}. Correspondingly, Edward & Ofili, 2023 revealed that community participation was utilized as a method to improve knowledge, attitude, and practice of household heads²¹. Likewise, when people take part in making new decision and solving problems, learning is produced which it assisted to change in attitude, behavior, confidence, and leadership²². During the implementation, the POs educated in utilization of available resource as well as motivated to increase their awareness; meantime, the EEs were promoted to use local wisdom to improve establishment. This was consistent with Li et al., 2015 that suggested people could receive appropriate knowledge to generate correct beliefs, adopt positive attitudes, and form healthy behaviors²³.

Conclusion

A productive community development program can be succeeded through active and voluntary involvement of members in all stages from decision-making, implementation, benefit receiving, and evaluation. Besides, collaboration between residents and government organizations to perform meaningful activities was enhanced to response ongoing problems by utilizing available local resources. Also, carrying out effective development projects using participation developed knowledge, attitude, and practice of the entrepreneurs then they became more knowledgeable and skillful; as a result, they arranged and improved their establishment for achievement as well as sanitized health massage services.

Recommendation

Members in a particular area could be provided a variety of communication channels especially social media so that people could reach correct and useful information to raise awareness towards community development. To develop people's participation, the members could be encouraged to regularly attend feasible activities, training programs, and group membership. Regional government agencies could be required to enlighten constructive knowledge and provide intensive assistances.

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