

Factors Affecting the Sense of Community for Women in Community Participatory Health Services

Mi-Young Chon¹ and Myoung-Hee Kim^{*2}

¹Professor, Department of Nursing, Konkuk University, South Korea
mychon@kku.ac.kr

^{*2}Professor, Department of Nursing, Semyung University, South Korea
Corresponding Author*
mh1352@semyung.ac.kr

Received: 14-September-2022

Revised: 16-November-2022

Accepted: 18-December-2022

Abstract

By identifying the variables impacting feeling of community in resident participatory health service, this study aims to create ways to improve community participation. Users of public health centres can benefit from secondary data analysis utilising the Health Status and Needs Survey (2019). The final 237 subjects with original data were examined. According to the findings of this study, sense of community was confirmed as a factor influencing participation in a community participatory health programme, and it was discovered that the feeling of community was influenced by social networks, the social physical environment, and self-efficacy. In order to promote community empowerment and increase sense of community, efforts should be made to increase community engagement in health promotion.

Keywords: Sense of community, Social Network, Socio-physical environment, Self-efficacy, Community participatory health service

1. INTRODUCTION

Recent national health promotion projects emphasize community participation. In order to promote health, improve quality of life, and alleviate health inequality, the reason is that a community-based participatory approach can improve sustainable community health autonomy [1]. According to several previous studies, it has been reported that community sense has a positive effect directly and indirectly on community involvement and activities, and that fostering a feeling of community benefits people's health and the environment in which they live. [2]. The sense of community is formed through the mutual relationship between people and the environment, and this sense of community is an important factor that enables individuals to feel meaningful in the community and to increase their life satisfaction through belonging and stability [3]. Human behavior can be said to be formed, changed, and maintained in the process of giving and receiving influences by interlocking with the perceptions of individuals constituting the local community and the multidimensional social, physical, and environmental factors to which they live and relate [4].

Factors that determine the quality of life of local residents and the level of community health include not only health-related behaviors including self-efficacy and the national health care system, but also other various factors are involved, such as local socio-physical environmental factors, education, and economic level of residents, and social networks.[5].

Since the majority of participants in community resident participatory health projects are women [6, 7], research on women as the main participants should be conducted. As a result, this paper aims to create a plan to encourage community involvement by identifying the elements that affect local women's sense of belonging through the resident participatory health project carried out by the public health centre, which is a model institution for providing public health care.

2. RESEARCH METHODS

2.1. Study Design

In order to increase the capability of the residents of S city and G-gu, this study is a secondary data analysis study that uses a survey of health conditions and requirements [8].

2.2. Data Collection Method

All 237 adult women were included in the analysis of the raw data, which was acquired using a stratified complex sampling technique based on a sampling frame formed by fusing housing and resident registration population data.

2.3. Research Tool

2.3.1. Sense of Community

The "sense of community" is a tool created by Peterson & Speer and McMillan [9] and is made up of 5 items related to integration and contentment, 5 items related to membership, 5 items related to mutual influence, and 5 items related to share emotional closeness. A higher score on a 5-point Likert scale denotes a stronger sense of community. The dependability in this investigation was Cronbach's alpha =.91.

2.3.2. Social Network

The social network, a tool created by Scandura & Ragins [10], has a total of 6 elements and a Likert scale with 5 possible responses. A larger social network translates into a higher score. Cronbach's alpha, which measured this study's dependability, was.89.

2.3.3. Socio-physical Environment

The Community Health Survey [11] employed the socio-physical environment as a tool, and this study's reliability was measured by Cronbach's alpha, which was.80.

2.3.4. Perceived Self-Efficacy

A modified and supplemented version of the Sherer & Maddux [12] tool, perceived self-efficacy consists of two items on self-confidence, four items on problem-solving skills, and four items on goal performance. Stronger ratings on a 4-point Likert scale suggest higher self-efficacy. Cronbach's alpha, which measured this study's dependability, was.83.

2.4. Data Analysis Method

The overall characteristics and research factors were identified using descriptive statistics. Additionally, an independent t-test and a two-way ANOVA with the Scheffe post hoc test were utilised to evaluate the mean variations in the sense of community in connection to general variables.

Using a stepwise multiple regression analysis, the factors influencing the sense of community were determined.

Multiple logistic regressions were used to identify the factors affecting participation in the community participatory health service.

3. RESEARCH RESULTS AND DISCUSSION

3.1. A Sense of Community According To General Characteristics

Age, marital status, education level, and occupation were all found to have a substantial impact on the sense of community when compared to the general characteristics of the study subjects. In the case of age, it was significantly higher in 40~64 years old and 65 years old in comparison to under 40 years old ($F=5.28, p=.006$). Marital status was significantly higher in married and other groups than in unmarried ($F=4.41, p=.005$). In the case of education level, the group with less than elementary school and middle and high school graduates was significantly higher than those with a college degree or higher ($F=8.61, p<.001$). Those without jobs were statistically significantly higher than those with jobs ($t=-2.76, p=.006$) [Table 1].

These outcomes were steady with the past investigations [2, 14], where the more seasoned the subjects were and the more kids they had, the higher their feeling of local area was. Be that as it may, in an investigation of youngsters [14], the higher the pay and schooling level, the higher the feeling of local area. Then again, in this

investigation of all grown-up age gatherings, the feeling of local area was high when the schooling level was low and there was no work. Accordingly, it is important to affirm it through rehashed examinations focusing on different age bunches from now on.

Table 1: Sense of community based on participants' overall characteristics (N=237)

Variable	Categories	n (%)	Sense of Community	
			M±SD	t or F(p)Scheffe
Age (year)	<40 ^a	32(13.5)	3.19±0.57	5.28 (.006) a<b,c
	40 ~ 64 ^b	103(43.5)	3.57±0.73	
	≥65 ^c	101(42.6)	3.62±0.63	
Marital status	Single ^a	21(8.9)	3.05±0.72	4.41 (.005) a<b,c
	Married ^b	201(84.8)	3.59±0.67	
	Other ^c	12(5.1)	3.70±0.56	
Education	≤Elementary school ^a	44(18.5)	3.74±0.64	8.61 (<.001) a,b>c
	Middle ~ High school ^b	116(48.9)	3.62±0.74	
	≥College ^c	75(31.7)	3.29±0.68	
Occupation	Yes	89(37.6)	3.39±0.64	-2.76 (.006)
	No	145(61.2)	3.64±0.69	
Monthly income (10,000 won)	<100	40(16.9)	3.54±0.69	0.56 (.760)
	100 ~ 200	63(26.6)	3.64±0.73	
	200 ~ 300	50(21.1)	3.49±0.64	
	300 ~ 400	43(18.1)	3.49±0.59	
	≥ 401	33(13.9)	3.48±0.69	

3.2. Factors Affecting the Sense of Community

Because of performing stepwise different regression to distinguish the elements influencing the feeling of local area, the informal community ($\beta=.43$, $p<.001$), the socio-actual climate ($\beta=.36$, $p<.001$) and saw self-visibility ($\beta=.20$, $p<.001$) were viewed as factors that had a huge impact and had a logical force of 55%. In the regression examination, as far as possible was 0.796~0.902, which was more than 0.1, and the Variance Inflation factor (VIF) was 1.109~1.257, under 10, so everything was good to go with multicollinearity [Table 2].

This result is consistent with previous studies [15] that showed that community resident relationships such as belonging, attachment, solidarity, socioeconomic characteristics, and physical characteristics influence the sense of community. Therefore, it is necessary to seek measures such as the promotion of social networks and the improvement of the socio-physical environment that affect the cultivation of a sense of community.

Table 2: Factors affecting the sense of community (N=237)

Variables	B	SE	β	t	p
(constant)	.90	.23		.39	.695
Social network	.42	.05	.43	8.73	<.001
Social physical environment	.29	.04	.36	7.40	<.001
Self-efficacy	.03	.01	.20	4.36	<.001
R ² = .550 Adjusted R ² = .544 F = 93.52 p<.001					

3.3. Factors Affecting Participation in the Community Participatory Health Services

Multiple logistic regressions were performed to identify the variables affecting the subjects' participation in the community participatory health service, and the Hosmer-Lemeshow test was performed to evaluate the fit of the regression model.

The final model was statistically significant ($\chi^2=20.91$, $p<.001$), and the explanatory power was 12.2% by Nagelkerke's coefficient of determination. Because of the Hosmer and Lemeshow test, the speculation that there is no distinction between the noticed and anticipated upsides of this model was not dismissed ($\chi^2=4.98$, $p=.759$), indicating that the final model was in good agreement with the data. As a result of classifying the group that participated in the community participatory health services and the group that did not, using this model, 70.3% were correctly classified overall. The variable influencing cooperation locally participatory wellbeing administrations was the feeling of local area, and when the feeling of local area score expanded by 1, the chances proportion to go to the local area participatory wellbeing administrations was 3.29 (95 % confidence interval: 1.59~6.82) [Table 3].

This was similar to the previous study [2], which showed that the sense of community had a positive effect on various community participation and activities. For the efficient implementation of health promotion projects, when local community residents become the main actors and actively participate, not only health behaviors but also the overall community including the social environment can be changed [16]. In addition, this result is consistent with previous studies [6] that social interaction is important in practicing health promotion behavior, and that it is strengthened when socially solidarity with friends or neighbors.

Table 3: Predictors of Attendance of Community Participatory Health Services

(N=237)

Variables	B	SE	Wald	<i>p</i>	OR	95% CI
Sense of Community	1.19	.37	10.26	.001	3.29	1.59~6.82
Social network	-.53	.29	3.29	.070	0.59	0.34~1.04
Social physical environment	.21	.22	0.89	.347	1.23	0.80~1.89
Self-efficacy	-.03	.04	0.50	.480	0.98	0.91~1.05

4. CONCLUSION

Because of this review, the feeling of local area was distinguished as a variable influencing support locally participatory wellbeing administrations of the general wellbeing place, and the informal organization, socio-physical environment, and self-viability were found to influence the feeling of local area. In view of these examination results, it is important to plan different open doors for additional nearby occupants to take part to increment local area cooperation in wellbeing advancement projects. In addition, it is necessary to activate official and informal community gatherings and local events in the local community, and to establish self-help groups, mentoring, and buddy systems for people with the same interests among local residents. Through these activities, good relationships with neighbors are required. In addition, there is a need to expand the interest and participation of residents in the community by providing enough correct information on various factors that can affect health. At the same time, health education for the creation of a healthy environment and practice of healthy living will enhance the self-efficacy of residents and strengthen the capacity of the local community.

ACKNOWLEDGEMENTS

Funding

This paper was supported by Konkuk University in 2020.

Authors' contributions

All authors contributed toward data examination, drafting and revising the paper and assented to be liable for all of the pieces of this work.

Declaration of Conflicts of Interests

Authors declare that they have no conflict of interest.

Consent for Publication

All authors read and mindful of distributing the original copy in Journal for Reattach Therapy and

Data Availability Statement

The database developed and/or examined during the current work is not publicly accessible due to privacy concerns; however it is available from the relevant author upon a valid request.

Declarations

Author(s) declare that all works are original and this manuscript has not been published in any other journal.

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