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Rural Community Empowerment Through Leadership Development, Sabah, Northern Borneo

Than Myint[1], Daw Khin Saw Naing[1, *], Roslee Abbas[2], Nor Amalina Emran[1], Khin Maung Ohn[1]

[1]Faculty of Medicine & Health Sciences, Universiti Malaysia Sabah, Kota Kinabalu, Sabah, Malaysia
[2]Faculty of Social Science, Universiti Malaysia Sabah, Kota Kinabalu, Sabah, Malaysia

Email address
naing53@gmail.com (DKS. Naing)

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Abstract
The ultimate aim of rural health care is to empower the rural people so that the rural dwellers are capable of identifying their own health problems and selecting the most feasible and practical solutions within their means. To identify, nurture and encourage the emerging leaders in the rural community of Northern Borneo by creating opportunities for leadership, the Faculty of Medicine & Health Sciences has launched a leadership development programme targeting at the potential leaders of the villages in Kudat district. Two episodes of "one-day workshop" had been conducted so far. A total of 62 volunteers from 22 villages of rural Kudat had undergone the leadership development process planned and organized by the authors. 50% of workshop attendees are Rungus, 35% Bajau and the rest were Jawa, Suluk, Sugai and Chinese. 12 housewives were among the participants. Significant improvement in Knowledge scores was observed at the end of workshop. Over 60% of volunteers felt happy throughout the workshop and their inspirations and commitments to develop their communities were positive. It was expected that the participants of the workshop would be taking leadership roles in the respective villages in the near future. There is a need to assess the impact of the programme after five years.

1. Introduction

The Faculty of Medicine & Health Sciences, Universiti Malaysia Sabah has selected the Northern part of Sabah State, Malaysia as its field practice area. One of the districts in that area, namely Kudat, where several Sabah ethnic groups resides, was chosen in March 2004 as a place to practice community health activities in rural settings. Kudat is one of the three districts of Kudat division situated in northern Sabah, Malaysia, on the Northern part of Borneo Island. It is located 190 kilometers to the north of Kota Kinabalu, the state capital of Sabah. On the west, it faces the South China Sea, and on the east the Sulu Sea. Kudat is the smallest division in Sabah and it occupies a total of only 4,623 Sq. km or 6.3% of Sabah territory. The total population of Kudat in 2010 was 83,140 (Department of Statistics Malaysia, 2010). [1] Its population comprises mainly of Rungus in most of the rural villages, followed by Chinese in the town area while other smaller ethnic entities like Bajau, Ubian, Suluk, Sugai, Brunei (Kadayan)and Iranun (including Illanun) [2] could be found scattered among the communities. The township is in close proximity to a tourist attraction site called "Tip of Borneo". However, the rural

villages in that area remained remote and underserved due to difficult terrains and extreme weather conditions. Hospital based studies (2010) revealed that malaria, tuberculosis and cholera were still among the hospital in-patients in addition to the non-communicable diseases like hypertension, diabetes and cardiovascular diseases. [3]

With the objectives of serving the rural communities while providing training opportunities for future medical doctors, the Universiti Malaysia Sabah has established a Rural Medical Education Center (RMEC) in the rural surroundings of Kudat district. At the same time, the Rural Medicine Research Unit (RMRU) was established with an aim to identify the needs of rural communities and plan and execute appropriate interventions.

To empower the members of rural communities with essential leadership skills, RMRU has planned and conducted 'Leadership development workshops' for the village representatives. The RMRU and RMEC has joined together in reaching out to the rural community by forming a smart partnership between the lecturers of the Faculty of Medicine & Health Sciences and the experts of the Faculty of Social Sciences. The staff of RMEC, who happened to be the local residents of Kudat area, actively participated in facilitating this workshop.

2. Underlying Concept

Every individual has the capability of exercising leadership. Some people thought that leaders "evolved", and they were catalysts for positive change in the community. Bolton (1991) stressed that leadership is not an innate characteristic as it can be developed through formal and informal training. [4] It was suggested that leadership can also be developed through properly designed leadership projects. After an impact assessment of the public affairs leadership programs, Howell et al (1979) concluded that leadership programs make a difference in the lives of participants. [5] The three most important qualities of community leadership are the ability to:

(a) influence about change,

(b) clearly know the purpose of the change and

(c) mobilize other people to be involved in the change. [6]

This innovative approach was introduced not only to educate the communities but also to empower them in protecting their own health. Abu Sayeed (2006), based upon experiences in Afghanistan claimed that community leadership training can have a major influence on shaping the community's health seeking behaviour. [7] Leadership Development Programmes (LDPs) have evolved from formal, structured, one-off training courses to more process-based, experiential programmes with an emphasis on personal development and self-directed learning. [8]

According to the World Health Organization (2009), Community empowerment refers to the process of enabling communities to increase control over their lives. [9] In this context, 'empowerment' refers to the process by which people gain control over the factors and decisions that shape their lives. Laverack (2008) stressed that people cannot "be empowered" by others; they can only empower themselves by acquiring more of power's different forms. [10] It assumes that people are their own assets, and the role of the external agent is to catalyse, facilitate or "accompany" the community in acquiring power. In the NGO handbook of the US State Department's Bureau of International Information Programs (2012), H. Binder-Aviles suggested that one of the many ways to facilitate broader community participation is investing in leadership development and supporting new leaders to define problems, identify solutions and establish action plans. [11] After reviewing three successful empowerment programmes of the Philippines, Madagascar and the Arab nations, Gail et al pointed out that empowering processes can in fact ensure sustained individual and social change beyond the life of a program. [12] This leadership development project is expected to take the role of catalyst in transforming villagers to active leaders who would initiate and introduce change for the betterment of their communities.

3. Objectives

- To identify, nurture and encourage emerging leaders in the community by creating opportunities for leadership.
- To train people of Kudat district on Leadership development in the community.
- To encourage and support a whole-of-community leadership process of learning, action and evaluation.

4. Methods

Two training workshops for Leadership Development in the Community was conducted in RMEC, Sikuati, Kudat District, Northern Borneo. 20 participants from 11 villages attended the first workshop and 42 participants from next 11 villages participated in the second workshop. 8 lecturers and 4 assistants from Universiti Malaysia Sabah organized and facilitated the workshops activities. Trainers' manuals and handbooks for participants (in Bahasa Malaysia version) were used as training materials. The trainers' manual (as depicted in Annex 1) includes instructions for trainers for each session of the training workshop. The workshop was conducted in 9 sessions covering ice breaking, group works, presentation by group representatives followed by plenary discussions, role plays, games and problem solving exercises. Each session lasted only about 30 to 45 minutes in order to get active participation of the trainees. It was adapted from a leadership training guide for youth and adults named "Collective Leadership Works". [13]

4.1. Poster Exercise

The participants were first exposed to a poster exercise to express their own understanding of a leader and to set their individual goals and expectations. In the poster exercise,

individual group were asked to draw a diagram of their expected village setting and expected organization of different sectors (both governmental and nongovernmental) for their villages. Each group needed to explain how they could be involved in different sectors and illustrate how they would coordinate with others to achieve their goals.

4.2. Mapping Leadership

It was followed by mapping of areas where leadership was seen or needed in their own communities. Participants were given opportunities to explore into areas where they could take leading roles. They were asked to recall the leaders and their roles in developing their own villages and propose the roles they could fit in.

4.3. Leadership Exercises

The workshop introduced exercises for shared leadership, collective leadership and strong partnership in the community. Most of the exercises were in the forms of pictures, drawings and verbal communications so as to encourage contributions from participants with limited writing skills. For example, each group of 6 to 8 participants was provided with a predetermined amount of candies/ biscuits/ cookies. The trainers made sure that the number of those snacks provided could not be easily divided to get equal share among group members. Then each group was asked to share equal amount of food among its own members. After 15 minutes of exercise, each group was asked to present in the plenary session by drawing pictures on flip chart. The flip chart pictures showed who had taken the leading role in the exercise and who took the role of good followers to agree with the leader or to modify the leader's advice to make it acceptable by all group members. Each group had to explain how their group settled with the solution of the problem.

4.4. Mood Meter (Visual Evaluation)

Mood meter was a board with the drawing of pictures representing smile to sad (as depicted in Annex 2). It was used to evaluate participants' mood changes by asking each participant to put one sticker on board in line with his/her feeling at the end of each session. The Mood meter board was displayed till the end of workshop so that all participants could observe their mood changes during the workshop.

4.5. Pre And Post-Test Questions

Simple questionnaires related to basic knowledge on leadership was used to test the participants' knowledge gain by attending the workshop.

4.6. Head-Heart-Feet Form (Attitude Test)

It was a picture of a human body (as depicted in Annex 3) on which participants can draw pictures or write down individual ideas. On the head area, participants describe how they got inspired to take the leading role in his/her own village; and their feelings on leading roles at heart area and what he/she would do to develop his/her village at the feet area. Participants' feedback forms were used as training evaluation tools.

5. Findings and Discussions

62 villagers from 22 villages of Kudat District (Fig 5.1), Sabah had actively participated in two workshops conducted at Rural Medical Education Center of Sikuati village, Kudat.

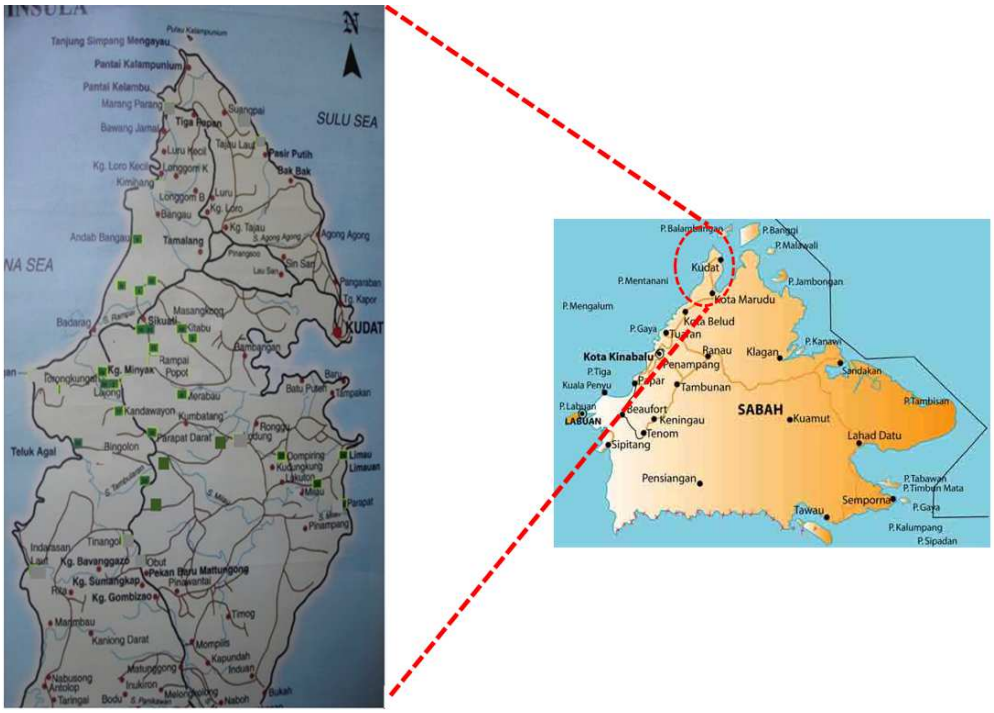


Fig. 5.1. *Map showing villages selected for Leadership Development in Kudat district.*

Table 5.1. *Gender of participants undergoing leadership training.*

Sr. No.	Name of villages	Gender		Total
		Male	Female	
1.	Kampung Andap Bangau	4	0	4
2.	Kampung Andap Jawa	4	0	4
3.	Kampung Barambangan	1	0	1
4.	Kampung Barambanyon	1	2	3
5.	Kampung Bonsiku	4	1	5
6.	Kampung Dompiring	4	1	5
7.	Kampung Kandawayon	1	0	1
8.	Kampung Kitabu	3	2	5
9.	Kampung Korina	2	0	2
10.	Kampung Lajong	1	0	1
11.	Kampung Limau-Limau	4	1	5
12.	Kampung Malamam	3	1	4
13.	Kampung Marandang Darat	1	0	1
14.	Kampung Merabau	3	0	3
15.	Kampung Milau	4	1	5
16.	Kampung Minyak	2	0	2
17.	Kampung Narandang Darat	1	0	1
18.	Kampung Parapat Darat	1	0	1
19.	Kampung Sikuati	1	0	1
20.	Kampung Tambuluran	0	3	3
21.	Kampung Tinitudan	2	0	2
22.	Kampung Tiga Papan	0	3	3
TOTAL		47	15	62

85% of the participants (as shown in Fig 5.2) were of Rungus (50%) and Bajau (35%) ethnic groups who are most populated in Kudat district. 59.7% of participants were between 30-55 years and age range is 19-81 years. All 20 participants of the first workshop were males whereas 15 females and 27 males attended in the second workshop. (Table 5.1). At first, female members of the villages were quite reluctant to participate most probably due to their social and cultural backgrounds. After the message was sent through the participants of the first workshop, female representatives of the villages came forward to attend the second workshop. Some of the females were selected by the villagers and sent as the potential leaders of their villages. In summary, 76% of participants were males and 24% females. Having both genders participating in the workshop, they came to realize how every man and woman had his/her own way of seeing reality. [14]

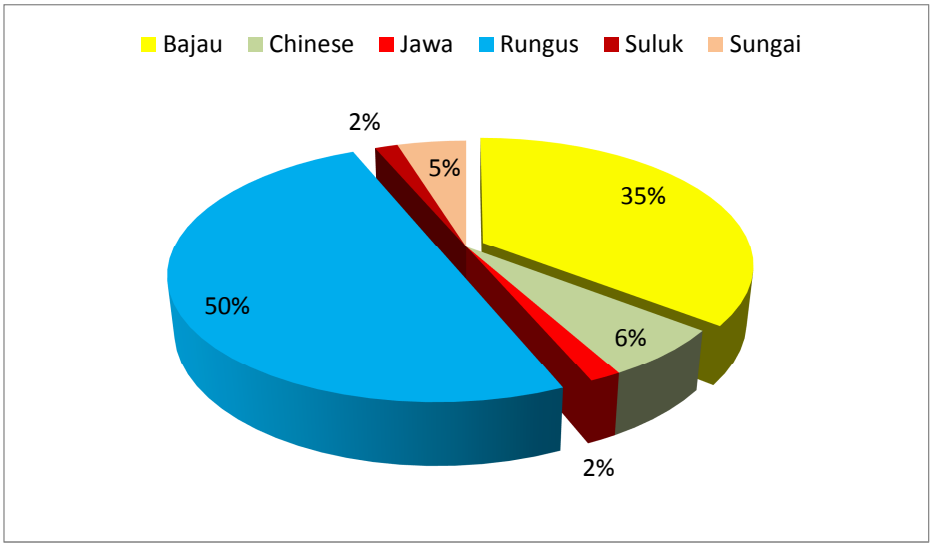


Fig. 5.2. *Race distribution of participants in Leadership Development Workshops.*

Among the females, majority were housewives. To empower the women, they should have decision making roles on their own behalf. [15] Most of them were farmers, and some were current headman of the village and a few were working as the members of village development committees. Some villages selected youth members as their potential leaders.

The participants were to answer the pre-test and post-test questions before and after attending the workshops in order to assess their knowledge gain in the process. Mean scores of pre-test and post-test in the first workshop were 39 and 45 with a t value of 4.188 at df of 19 ($p<0.001$) and in those of second workshop were 36.9 and 43.8 respectively with a t value of 7.531 at df of 41 ($p<0.001$). The differences in mean scores of pre-test and post-test were highly significant.

Mean scores of pre-test and post-test in males were 37.9 and 44.4 and those of females were 36.3 and 43.3 respectively. The paired t test results showed that the difference between pre-test and post-test scores were highly significant even after gender stratification ($p<0.001$).

Differences between mean pre-test scores and post-test scores of different age groups were significant (Table 5.2) except for those of 70 years and above age group. The interest level of participants became lower with continuation of activities. However, tasks and activities like games and problem solving could raise the interest level of participants as they found them more relevant to their real life situations in their own villages.

Table 5.2. *Pre-test and post-test scores of different age groups of participants*

Age group		Pre-test score	Post-test score	paired t test	'p' value
< 30 yrs	Mean	37.5	43	N=10	
	Std. Deviation	5.893	4.216	t= -2.4, df=9	<0.05
30 -49 yrs	Mean	37.59	43.7	N=27	
	Std. Deviation	4.245	4.513	t= -5.50, df=26	<0.001
50 - 69 yrs	Mean	37.37	46.05	N=19	
	Std. Deviation	4.821	3.566	t=-.338,df=18	<0.001
70 yrs & above	Mean	38.33	42.5	N=6	
	Std. Deviation	4.082	6.124	t= -2.076,df=5	>0.05

Fig 5.3 depicts the response from 57 participants in Head-heart-feet form (attitude test). 65% of participants thought workshops enhanced their leadership skills and knowledge; 83% were satisfied with workshops and decided to develop in their own villages; 76% expressed their eagerness to develop their own village through dissemination of knowledge gained in the workshop. The participants' varying mood at different episodes of the workshop was summarized in Fig 5.4. It was evident that the happy mood at the beginning of the workshop waned as times went by. Participants' feedback was presented in Fig 5.5. 52 % of participants liked exercises in workshop and presentation by facilitators. 45 % of participants thought that duration of workshop was very short and suggested it should be two days. 24 % of them wanted to share their vision with fellow villagers while 28 % would try to apply the leadership knowledge and skills step by step in their villages.

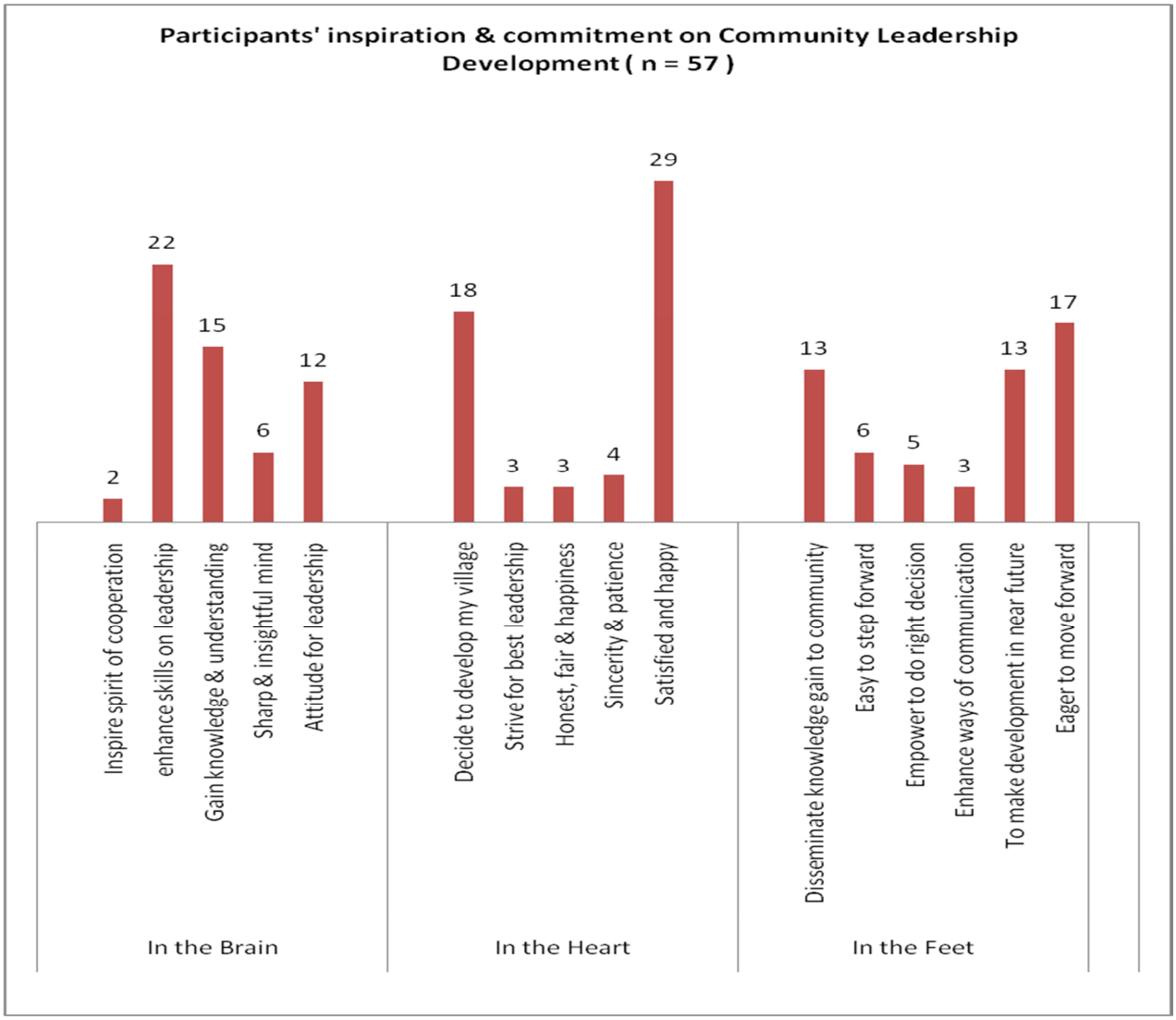


Fig. 5.3. *Participants' inspiration on Community Leadership Development workshops.*

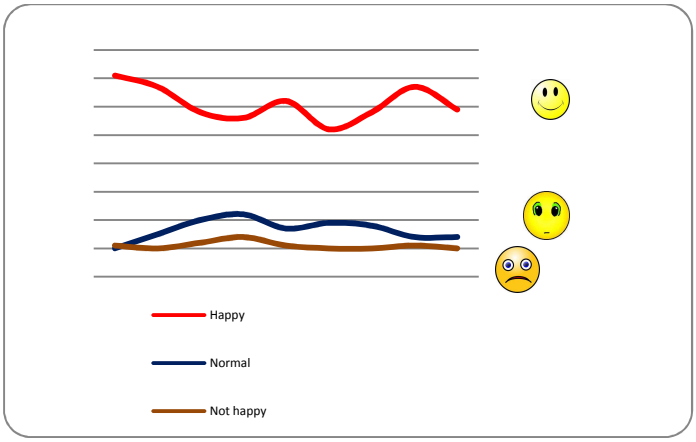


Fig. 5.4. Varying mood of Participants during the workshop.

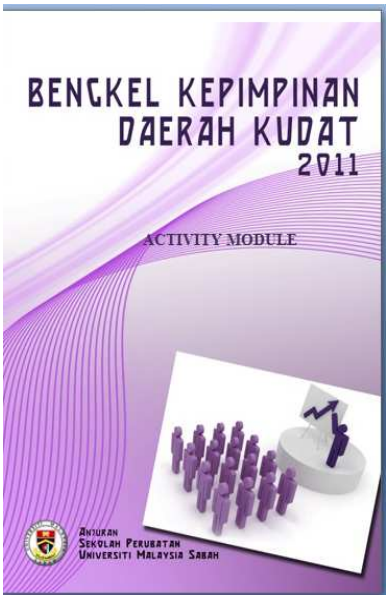
Fig. 5.5. Participants' feedback on Community Leadership Development workshops.

6. Conclusions

The findings suggested that the participants of the workshop would be taking some leadership roles in their own villages in the near future. There is a need to assess the impact of the programme to confirm its influence on community empowerment. Both the local administrators and participants suggested to conduct this type of leadership workshops in their area at regular intervals to develop their capabilities in problem analysis and decision making. The team of Rural Medicine Research Unit of Faculty of Medicine & Health Sciences, Universiti Malaysia Sabah would be trying its best, through periodic leadership development programmes, to empower the communities of Northern Sabah.

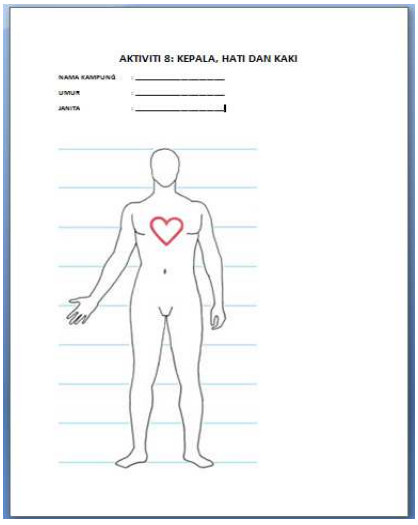
Annexes

Annex 1. Trainer's Manual



Annex 2. Mood Meter

Annex 3. Head, Heart and Feet form



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