

# Why play an active role? A qualitative examination of lay citizens' main motives for participation in health promotion

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## SUMMARY

While active participation is regarded essential in health promotion worldwide, its application proves to be challenging. Notably, participants' experiences are infrequently studied, and it is largely unknown why lay citizens would want to play an active role in promoting the health of the community they belong to. Aiming to produce practical insights to further the application of the participation principle, this qualitative study examined participants' driving motives in a diverse array of health promotion undertakings. Six projects in The Netherlands were used as case studies, including a community-project promoting mental health, peer education against harmful substance use, a health support group, health policy development, physical activity and healthy

life style courses. The study involved 24 participants, who played a variety of active roles. Semi-structured interviews were conducted, transcribed verbatim and subjected to content analysis. We found four main motives driving lay citizens in their active participation in health promotion projects: 'purposeful action', 'personal development', 'exemplary status' and 'service and reciprocity'. The motives reflected crucially distinct personal desires in the participation process, namely to produce tangible results, to experience advancements for oneself, to gain personal recognition as a role model and to have or maintain valued relationships. The implications of the findings are discussed for researchers and professionals in health promotion.

*Key words:* participation; health promotion programmes; qualitative research

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## INTRODUCTION

Community participation has been regarded an essential principle in the promotion of health since the *Alma Ata Declaration in 1978* (The *Ottawa Charter, 1986*; *Nutbeam, 1998*). While its precise definition remains obscure (*Rifkin, 2009*), participation in this paper refers to the active involvement of citizens in a programme that is meant to benefit the health of the community or population they belong to (*WHO,*

*1991*; *Rosato et al., 2008*). Participation for health can take place in diverse settings, ranging from focussed health promotion and community health projects (*Eklund, 1999*; *Jacobs, 2006*; *Harting and Van Assema, 2007*), to (health) services management and policy development (*NICE, 2008*) and area-based initiatives with a wider development perspective that includes health (*Dinham, 2005*; *Mathers et al., 2008*). When we refer to 'participants' in this article, we refer to laypersons that play an active role in

the planning and action cycle of such efforts. These participants are actors, volunteers or helpers, rather than clients or intervention participants. They may participate at consultative, functional, interactive and/or self-mobilizing levels, corresponding with the four upper rungs of one of the renowned participation ladders (Pretty, 1995; Koelen and Van den Ban, 2004; Jacobs, 2006).

Enhanced programme effectiveness, sustainability and community empowerment are among the ascribed benefits of participation (WHO, 1991; The Jakarta Declaration, 1998; Zakus and Lysack, 1998; Kahssay and Oakley, 1999; Rifkin *et al.*, 2000; Laverack, 2004; Wallerstein, 2006). To capitalize on these benefits, participants should play roles that involve power and/or responsibility, at relatively higher levels of participation (Oakley, 1989; Pretty, 1995; Zakus and Lysack, 1998; Laverack, 2004; Kickbusch, 2007).

However, the achievement and sustainment of desired levels of participation prove to be difficult (Cornwall and Jewkes, 1995; Zakus and Lysack, 1998; Eklund, 1999; Koelen and Van den Ban, 2004; Ritchie *et al.*, 2004; Butterfoss, 2006; Jacobs, 2006; Harting and Van Assema, 2007; Rifkin, 2009; Schmidt *et al.*, 2009). At the individual level, one of the observed complicating factors is that the intended participants are not always willing to participate, because they do not consider the health project, or its specific goals, to be a priority compared with other challenges in their daily lives (Cornwall and Jewkes, 1995; Bandesha and Litva, 2005; Harting and Van Assema, 2007). Sometimes people discontinue their involvement because they perceive too little reward (Butterfoss *et al.*, 1993; Al Ansari and Phillips, 2004). These observations evoke the contrasting question as to what it is, in fact, that drives lay citizens to participate and play an active role in health promotion efforts.

The importance of this question can be inferred from evidence in the field of volunteerism where volunteers' experiences and motivations have been amply studied. Motivation can roughly be defined as an 'intrapersonal need or desire that activates or energises behaviour and gives it direction' (extracted from Boz and Palaz, 2007). Although participation in the health promotion context is not usually labelled as a form of volunteerism, it may be regarded as such if one considers volunteering to be 'any

activity in which time is given freely to benefit another person, group or cause' (Wilson, 2000). Research in volunteerism has shown that successful participation is linked to the fulfilment of a volunteer's specific motives (Clary *et al.*, 1998; Clary and Snyder, 1999; Snyder *et al.*, 1999), and that motives can predict a volunteer's preferences in their work (Clary and Snyder, 1999; Havercamp and Reiss, 2003; Houle *et al.*, 2005).

In the field of health promotion there has been relatively little research attention to the motivation of participants that play an active role in programmes. A study on two Finnish community health projects (Eklund, 1999) found that the participants—although comprising both lay citizens and local professionals—were driven by a dozen motives, ranging from 'duty' to 'personal development' to 'excitement over a new way of action'. Kironde and Klaasen (Kironde and Klaasen, 2002) found a different range of motives in lay volunteers in the tertiary prevention of tuberculosis in South Africa, among which 'hope for monetary remuneration' proved to be dominant. Butterfoss *et al.* (Butterfoss *et al.*, 1993) listed the 'benefits and costs' that the members of local action coalitions experience, while stressing that these be studied in the context of health coalitions as well. Benefits ranged from 'receiving personal recognition' to 'attaining the desired outcomes from the coalition's efforts'; costs included for example 'loss of personal time' and 'feeling pressured for additional commitment'.

Altogether, however, research does not provide workers in the diverse field of health promotion action with much practical insight. What variety of motives drives lay citizens to participate actively in *any* health promotion project? And how can motives be recognized and distinguished by those who guide participatory processes?

We aimed to answer these questions by way of a qualitative examination of the main motives of lay participants, belonging to the communities or target populations of six different health-promoting projects in The Netherlands.

## DATA AND METHODS

We conducted a qualitative study based on semi-structured interviews, which was part of

a larger research addressing the issue of the participation of a multi-ethnic population in health promotion. Between 2007 and 2009 we studied six health promotion projects based in the two largest cities (Amsterdam and Rotterdam) of The Netherlands. These were aimed at different health themes and at different migrant populations, such as the

promotion of mental health in a community of migrant women, and the prevention of harmful substance use among adolescents in migrant communities. They also varied in their basic approach, from individual behaviour change to health policy development, and in the mix of applied methods and settings of activity (see Box 1).

**Box 1.** Project description and the envisaged participants' roles

Project description	Envisaged participatory roles
<p><b>Project A</b> Peer education activities, including educational sessions and infotainment, aimed at the prevention of harmful use of cannabis and alcohol; targeting multi-ethnic adolescents in Amsterdam at schools, and in remedial institutions</p>	Peer educator; peer coach; artistic (guest) performer; focus group member
<p><b>Project B</b> Community-based action groups for the prevention of stress and depression among migrant women with young children; based in two relatively poor neighbourhoods of Rotterdam, with activities in schools, community centres and private homes</p>	Action group member; co-ordinating chairperson <sup>a</sup> ; activity assistant; host for home-based meetings
<p><b>Project C</b> Interactive courses for migrant women in schools and community centres in Rotterdam, aimed at stress reduction and a healthy lifestyle</p>	Physical activity trainer
<p><b>Project D</b> A support group for mothers of disabled children within the Turkish population in Rotterdam, based in a health organization, aimed at health literacy and empowerment</p>	Support group (co-)facilitator
<p><b>Project E</b> Interest groups (more or less formalized) undertaking lobby and advocacy activities aimed at social inclusion or participation of migrants with a disability in Rotterdam</p>	Interest group member; coordinating chairperson; <i>ad hoc</i> speaker
<p><b>Project F</b> Physical exercise courses for migrant men, promoting a healthy lifestyle, based in physiotherapy practices in relatively poor areas of Amsterdam</p>	Group motivator <sup>a</sup> ; course (co-)designer <sup>a</sup> ; focus group member

<sup>a</sup>Indicated roles were not yet played during the study period (2007–2009).

The practical forms of participation are best described by the envisaged roles that lay citizens were to play in the respective projects (see Box 1, second column). As to the level of participation (Pretty, 1995), all projects had planned to have interactive and/or functional participation, with people playing roles as peer educator or action group member for instance. Two had additionally planned for purely consultative participation, by means of a focus group for example.

### Sample

A purposive sample of respondents was drawn from the projects, including lay citizens that played an active role. Intervention participants, such as attendants to educational meetings or course participants, were not considered for inclusion. We aimed at a representation of the full array of active roles played by participants (as listed in Box 1), with relatively more examples of roles played at the interactive level (in Projects A, B and E). Moreover, we aimed

at diversity in demographic characteristics (gender, age group and educational level). Given that we were *not* going to find many native Dutch participants in the projects, we still strived for maximum diversity in the ethnic origin of the participants in our sample.

The respondents were recruited on an individual basis by personal invitation, spread out over a 2-year period. To select respondents we were provided with the necessary details about all participants, mainly by way of direct access to the projects' participant databases. The professionals who were most closely involved with the selected respondents invited them for an interview. All respondents agreed to the interview. The respondents determined the place of the interview: the interviews took place at their homes (11), a project location (7), the interviewer's office (4) or a public place such as a quiet café (2). The interviews were held in the language preferred by the respondents (22 in Dutch and 2 in Turkish), they were digitally recorded, lasted 46 min on average and were transcribed verbatim.

Our sample included 24 respondents (see Table 1). While most ( $n = 15$ ) respondents played one role in a project, or talked about one role in the interview, nine played multiple roles. All realized participatory roles in the six projects were represented, while over two-thirds of the roles were played at the interactive and functional levels of participation. The sample comprised both women and men who ranged in age from 19 to 78, while the majority were women and aged between 20 and 39. One-third was born in the Netherlands and two-thirds elsewhere. Nearly all respondents were of migrant origin; either they or their parents had migrated to the Netherlands, mostly from the countries of Surinam, Turkey and Morocco.

### Data collection

The semi-structured interviews were guided by a topic list designed to gather information on a wide range of subjects with regard to the participation experience (see Supplementary data, Appendix 1 for the topic list). 'Motivation for participation' was the central topic in the study at hand, comprising the reason to participate and expected rewards. Open-ended questions were asked, such as 'Why did you get involved?' and 'What motivates you to continue?'

**Table 1:** Sample characteristics by number of participants ( $n = 24$ )

Roles played at different levels <sup>a</sup> of participation	
Interactive level	
Peer coach	2
Peer educator	5
Action group member	4
Interest group member	2
Coordinating chairperson	1
Support group (co-) facilitator	1
Functional level	
Physical activity trainer	1
Artistic guest performer	1
Host at home-based meetings	1
Activity assistant	1
Consultative level	
<i>Ad hoc</i> speaker	2
Focus group member	2
Interviewed participants per project	
Project A	10
Project B	6
Project C	1
Project D	1
Project E	5
Project F	1
Gender	
Female	15
Male	9
Age	
Age groups	
Up to 20	3
20–39	16
40–64	3
65 and over	2
Country of birth	
The Netherlands	8
Elsewhere	16
Ethnic origin	
Surinamese	10
Turkish	8
Moroccan	3
Other <sup>b</sup>	3
Educational level <sup>c</sup>	
High	3
Moderate	12
Low	9

<sup>a</sup>Roles are categorized to levels of participation in congruence with definitions of [Pretty \(1995\)](#) and [Koelen and van den Ban \(2004\)](#); <sup>b</sup>Other ethnic origins: Dutch, Ghanaian, Iraqi; <sup>c</sup>Educational levels: low (up to primary school); moderate (up to secondary school or vocational education); and high (up to higher professional education or university).

Besides this central topic, the topic of 'conductive or hampering factors in participation' yielded important information for our analysis, namely the factors that participants experienced to be stimulating or energizing in the participation process on the one hand, or de-motivating or even frustrating on the other

hand. 'Reason to discontinue participation'—if relevant—also proved helpful in the analysis.

The interviews were conducted by one interviewer (first author) between November 2007 and October 2009. All interviews were digitally recorded and transcribed verbatim

### Data analysis

The data were structured and restructured for content analysis in a step-by-step manner (Ritchie *et al.*, 2008). First, we distinguished recurrent themes regarding motivations in a data-rich selection of the interviews. The initial themes and their categorization served as a basis for cross-sectional coding of all transcripts, supported by MAXqda software. Codes and code categories were adjusted during a process of constant comparison (Pope *et al.*, 2000; Ryan and Bernard, 2003). The transcripts were also coded for 'reservations' (including de-motivating experiences and/or reasons to discontinue).

Summary charts revealed that every participant had brought forward multiple reasons and motivations for participation. Study of each participant's motivational chart, in conjunction with his or her reservations, led us to distinguish their primary (most important) motive from secondary ones. We then searched for patterns in the desires and reservations underlying those primary motives, which then resulted in a typology of four main motives. Attention to deviant cases (Lewis and Ritchie, 2008) proved important in this last phase.

## RESULTS

We found that the participants, actively involved in the six different health promotion projects, were primarily driven by either of the following main motives: *purposeful action*, *personal development*, *exemplary status* and *service and reciprocity*.

All participants were involved for multiple reasons, and most mentioned the importance of the specific health goals of their project. However, in response to the question what drove and/or continued to energize them *most* in their participation, four distinct patterns emerged. We observed that some participants primarily desired 'change' or an amelioration of a current situation—an amelioration for others (purposeful action) or for themselves (personal development)—whereas others did not desire change in the first place but rather sought 'recognition'—recognition of the status they had achieved as a person (exemplary status) or mutual recognition of a social relationship (service and reciprocity). The four 'main motives' in fact represent categories of participants' reasons for participation with one common underlying desire, as is summarized in the first column of Table 2. A little over one-third of the participants in our sample ( $n = 9$ ) was clearly driven by one main motive. The others ( $n = 15$ ) were driven by a combination of main motives, although one of them appeared to be of primary importance. Table 2 contains details about the number of participants that were primarily driven by either of

**Table 2:** Summary of main motives and overview of participants' primary and secondary motives

Main motives	Number of participants <i>primarily</i> driven by respective main motives	These participants' secondary motives, if present
Purposeful action or the desire to produce tangible results in the advancement of a specific group of people and/or issue	7	2: no second main motive; 3: <i>exemplary status</i> ; 2: <i>personal development</i>
Personal development or the felt need to develop and advance oneself mentally, socially and/or occupationally	8	3: no second main motive; 3: <i>purposeful action</i> ; 2: <i>service and reciprocity</i>
Exemplary status or the desire to be recognized as an example to others for one's achievements and abilities	4	4: <i>Purposeful action</i>
Service and reciprocity or the drive to have or maintain valued relationships and to do one's bit	5	4: no second main motive; 1: <i>personal development</i>

the four main motives and shows these participants' secondary motives—if present—as well.

The following paragraphs describe the four main motives. The quotes, originating from participants who were *primarily* driven by the respective motives, are used to illustrate important characteristics of the four motives. The quoted participants' identification code, gender, age, role and duration of involvement in the project at the time of the interview are mentioned between brackets.

### Purposeful action

Participants whose primary motive was purposeful action ( $n = 7$ ) had in common that they wanted to see concrete results (or the prospect of such results) in line with a goal, mostly with regard to the advancement of a specific group. They identified themselves with the group they wanted to help, and regarded their experience or skills as instrumental to the project. A member of a neighbourhood action group for the prevention of stress and depression put it this way:

As for me (...) it was more...yeah, to involve foreign women, to give something to the neighbourhood. Well, to mean something to the women. So that they, too, can talk about problems, (...) depression, things that are a taboo! (...) I've gone through all of that. It's all behind me. (...) If you've experienced something yourself, you can talk about this ten times better than someone who hasn't experienced it. (...) It's a nice group, because we do things and get results too! We do things that are really important. (P14, female, 35, action group member, 2 years)

Participants driven by this motive seemed to welcome some responsibility in the project:

I've been very involved with the project. (...) I've experienced a lot of things in my youth that made me think that things should and could be different. And, you know, I decided I wanted to do something about it. (...) the democratic way of decision making [in the project] appealed to me. It was up to all of us (...) and I felt quite responsible. They always talked about the project 'that we were eventually going to run ourselves'. That was stimulating to me. (P7, female, 25, peer coach, 6 years)

Some stressed the importance of requirements for effective action and their own effective performance in the project; requirements such as a

united pursuit of objectives or sufficient and timely information:

Yes, it [being informed] is indeed very important to me. If I'm not, or only poorly informed, then I can't perform, I can't work well. (...) And at that time, I got kind of irritated by that [poor information], even a little angry actually. (P1, female, 25, peer coach, 5 years)

The quote also illustrates that there were instances where participants felt curtailed in their participation when such prerequisites were not in place.

There was variation with regard to the level at which participants wanted to see results. Some were most satisfied with results at the individual level:

Having accomplished all this for this woman and her son with...[an impairment], then everything's all right with me. (...) no, it's great! (P17, female, 78, interest group member, 6 years)

Others felt energized by results at project or organizational levels. For instance, one participant explained how he had tried for years to get the same message across, not only in this study's peer education project, but also in the health organization's department responsible for the project:

Well, in the beginning (...) in their viewpoint cannabis was worse than alcohol. Honestly! (...) I really felt I had to rectify that, and succeeded. They enquired at other departments within the same institute and then the wall came down. (...) Yes, that was indeed quite satisfying. (P4, male, 37, peer educator, 6 years)

The extent to which the participant's long-term goals coincided with that of the health promotion project also varied. In the peer education project, for example, the above cited peer educator (P4) aimed to get people at all levels to recognize that cannabis could very well be part of a healthy lifestyle, whereas alcohol would always be damaging to health. Other peer educators identified more with the project's exact aim and target population:

I think it's a very good project, and I can't think myself out of it. We don't condemn young people for smoking dope or drinking, but we warn them: 'Look, it's better not to use cannabis or alcohol, but if you decide to do so then be well aware when, where, how

and with whom you do so' (...). (P1, female, 25, peer coach, 5 years)

### Personal development

Other participants were driven primarily by the prospect of personal development or advancement ( $n=8$ ). The sort of developments or benefits that participants valued varied from being released from social isolation to gaining relevant work experience and developing certain skills. For example, this woman, who had fled her country for the Netherlands, described multiple personal benefits when asked why she participated:

It's not nice to sit at home. (...) We have no family, no friends. It's important to have others (...) Over there [in the neighbourhood action group], it's nice to do stuff and set things up together. It's really nice (laughs out loud). All cultures make dance, and food. (...) Now I know a lot of women. They speak [Dutch] easily, I don't. I want to learn! I want them to tell me right after the meetings what I said wrong. (P13, female, 40, action group member, 1 year)

This participant, who was active in another neighbourhood action group, hoped for paid employment in addition to social benefits:

Sure I'll help out. (...), but it's definitely good for me, too! I'm new in this neighbourhood, and I want to get to know people. I'll have something to occupy myself with and perhaps ... get a job! (P11, 38, action group member, 6 months)

In their accounts, participants stressed how happy they were with training and feedback on their performance ( $n=7$ ) and/or forms of moral and social support ( $n=4$ ) they received from their professional counterparts or other volunteers. A young male peer educator described this as follows:

The feedback I get is good for my presentation skills. And, yes, it's all very good for my CV. It shows you're a motivated person, closely involved with the target group (...). (P2, male, 22, peer educator, 2 years)

He also foresaw, as did four other participants, that he would discontinue his involvement after reaching his personal goal. In his case this would be a paid job:

Well, they know I'm a student. So, I'm in as long as I've got time for this. However, the moment will soon

come when I haven't got time anymore; I'll be on to the next thing, like a job for example. (P2)

### Exemplary status

A few participants ( $n=4$ ) were primarily motivated by the prospect of being recognized as an example to others. They felt urged to inspire others with their own life story, having risen from a marginal situation, or to help them with their experiential knowledge, as the following excerpt illustrates:

R: 'Of course I was a real wise guy, a know-it-all, during the training. (...) I'm an expert by experience you see. I've been smoking [cannabis] for half my life. (...) I haven't seen my parents since I was 15. (...) landed up in some boarding school (...) quite an unfavourable social environment. Over there I started going along with the rest in smoking and being a show-off (...)'.

I: 'And before the initial training you were already part of the project, right?'

R: 'Yes, I wormed my way in. They said 'You can't participate unless you've done the training.' I said, 'Oh, OK, never mind', but then I'd check out where they were performing and I'd just go and join in anyway. (...) It's nice to share your experience. Young people, especially those with problems see you as a role model.' (P5, male, 25, peer educator, 3 years)

The following participant explained she decided to join the aforementioned neighbourhood action group because she felt needed, while stressing the importance of recognition for her contributions:

She said, 'We need you!' I said, 'Well tell me about it, because, if it's nothing very special, I won't do it. Then I'll still go for the stage, the theatre'. (...) Well, she said, 'You know the neighbourhood and you've got a lot of contacts (...). And you're a social person.' (...) So I said, 'Yes, all right then. Put me on it!' (...) Yes, guardian angel, that sounds strange perhaps, but I just want to be a role model to women. (...) And I find it important is that one receives proper recognition for what one does. (P10, female, 30, 1 year)

Participants mentioned the importance of getting a place at the forefront or centre of the action and not being hindered in their performance. They also stressed their special skills in communication and/or performance, combined with assertiveness in expressing their opinions:

Being occupied in social work and education helped me develop certain skills, right, (...) talking, convincing others, making a stand for people's interests. I'm on different advisory boards, you know. I remember (...) that time, at City Hall, we went to a demonstration and you were allowed to have a say. I thought, 'I'm sitting here and you're [a city councillor] sitting on that side of the table. I want to sit there as well!' So I got into politics, too. (...) One thing leads to another and you get asked for these positions again (...). (P22, male, 68, chair of interest group, 3 years)

Being personally appreciated for their assets or contributions seemed to be linked to feeling acknowledged as a person. Instances of the clear absence of such appreciation were recounted by all four participants. They were linked to feelings of being used and maltreated, though neither of them discontinued participation for this reason. This is illustrated by the words of this woman who had participated in lobby towards the City Council:

I'm not a disposable bag; a bag with a message or something of special interest. You get it out of the bag and then throw away the bag. 'I don't want that', I said. '(...) I'm done. I can just leave, you know', but I didn't leave. (P18, female, 45, co-facilitator of support group, 3 years)

### Service and reciprocity

We found a fourth main motive in those ( $n = 5$ ) who acted primarily because of the wish to 'do their bit' for the project, by lending a helping hand to valued people, such as a professional in a health organization or an intermediary counsellor. The participants acted mainly in response to a request by such people. When asked why he participated, a focus group participant answered as follows:

Well, we were at, ehm, and he... I forgot his name. He's also a knowledgeable man. (...) Like a counsellor. He asked me to join in the talking and I did. Why not? He's a highly esteemed person. (P26, male, 55, focus group member, 1 day)

These participants had in common that they did not seem to have defined objectives with regard to their participative actions. Take for example the following woman in her thirties, who had hosted a home-based meeting on preventing stress and depression:

That was their plan, not mine. X had asked me to be a host. I said 'yes' and invited a couple of women.

(...) It went fine. She asked me to host another meeting. I said fine, (...). (P15, female, 36, host for home-based meetings, 3 months)

The participants all stressed the moral code always to offer help when asked:

We'll see what the future brings. So, if they [in the organisation] want help, we'll help. Always. So, if they say something..., we'll do anything. (P20, female, 35, interest group member, 3 months)

Some explained that their reward is gratitude or goodwill:

It's quite nice to see the gratitude... well, they say, 'Thank you', 'You've helped me out', and so on and so forth. (P12, female, 34, action group member, 6 months)

All participants emphasized that what they were asked to do was proportional and well delineated. Some explained how they had put boundaries to their tasks themselves. For example, this woman wanted to be present at a debate at the City Hall and attend the preparatory trainings and meetings, but had kindly thanked for the task to present an agenda point:

I participated in all activities. (...) I didn't speak out on any issue, though. I don't like to speak, and I don't like to meddle in these issues. It's none of my business. I went to the debate at City Hall... to support my friends. That was fine for everyone. (...) I was very content with the activities. (P20, female, 35, interest group member, 3 months)

Three participants talked about their dislike of tasks that are too demanding or too vague. Despite their frustration, it was not easy to say no, though they would eventually discontinue their involvement:

Well, she would call and say this and that and (...) then the phone rang again and I thought, no, I know she's calling me for something, again, (...) I just don't pick up the phone. I can't say 'no'. It's easier to say 'I didn't hear it'. (P12, female, 34, action group member, 6 months)

## DISCUSSION

This study examined lay citizens' motivation to participate in health promotion, at interactive, functional and/or consultative levels. It resulted in a classification of four *main motives*—'purposeful action', 'personal development',



‘exemplary status’ and ‘service and reciprocity’—, which reflected crucially distinct personal desires in the participation process, namely to produce tangible results, to experience advancements for oneself, to gain personal recognition as a role model and to have or maintain valued relationships.

To our knowledge, this was the first study to examine and typify participants’ motives across settings in health promotion. The qualitative design was helpful in gaining an in-depth understanding of participant motivation as it used the transcripts’ broad narration of both positive and negative experiences in the participation process, besides the answers to straightforward questions like ‘why do you participate?’.

The range of motives we found corresponds in part with the findings in the scarce earlier studies on this topic in the field of health promotion (Eklund, 1999; Kironde and Klaasen, 2002). ‘Exemplary status’ was not reported before as a motive, while ‘purposeful action’, ‘personal development’ and ‘service and reciprocity’ were, albeit often in different or more diversified terms. Conversely, ‘hope for monetary remuneration’ (Kironde and Klaasen, 2002) did not emerge as an important motive from our data. The dissimilarities in findings are most probably due to the differences in study purpose and design.

It is also possible that our findings were influenced by the given characteristics of the population from which our study sample was drawn—being predominantly female, of adult age (20–39), of migrant origin and living in urbanized areas—, or perhaps by the larger socio-economic context of the country (The Netherlands). Further research is recommended to explore this. On the other hand, it is not likely that the four main motives are particular to the population we studied, as they were labelled in universal terms. Moreover, they resemble much to motives that were described in studies in volunteerism in the general population. ‘Purposeful action’ can be likened to the wish to effectively solve a particular problem (Wuthnow, 1998); ‘exemplary status’ to the motive of status (Puffer and Meindl, 1992; Havercamp and Reiss, 2003); ‘personal development’ to self-development (Gidron, 1978), and self-realization (Wuthnow, 1998), and ‘service and reciprocity’ to service ethic, loyalty and social insurance (Wuthnow, 1991).

The fact that most participants were involved for more than one motive, confirms findings in volunteerism research by Clary *et al.* (1998) for example. Wuthnow (1998) pointedly remarked that ‘Motive in the singular is a word that we seldom hear at all, except for in murder mysteries where establishing a motive is part of successful sleuthing’. Nevertheless, we deemed it possible to distinguish a participant’s primary (most important) motive from secondary motives, which was important to further analysis. This way the four ‘main motives’ were based on patterns in what participants experienced as especially stimulating or de-motivating in the participation process. Participants who were driven by the motive of exemplary status, for example, often had purposeful action as a secondary motive, as they also recounted striving for the advancement of a subgroup of the population. However, emphases on feeling energized by being an example to others and feeling unhappy when not granted personal recognition clearly showed the distinction between their primary motive—exemplary status—and the motive of purposeful action.

While the participants generally underlined the importance of the project’s particular health goals, their driving motives were mostly not entwined with those goals. Only among participants who were driven by purposeful action, we observed that for some the project’s health goal had actually become their personal mission. We cannot comment on the question whether or how this affects the quality of the collaboration between lay participants and the health organization, but we recommend future study. In that same vein, there is the question whether the participants’ motives match with the organization’s objectives with community participation (Burton *et al.*, 2006; Burton, 2009).

Finally, our results seemed to indicate several patterns, for example between the type of roles that participants played and their motives. Those who were driven by purposeful action and exemplary status tended to prefer relatively responsible and/or influential roles in the project, while those driven by personal development and service and reciprocity seemed to prefer less demanding and less influential roles. We saw similar association between the duration of involvement and motives. Most participants driven by purposeful action and exemplary status had been involved for a several years, while those driven by personal development and

service and reciprocity had been active participants for relatively shorter periods of time. These patterns are in line with earlier findings that lay participants' motivation changes over time (Anderson *et al.*, 2006). The results also indicated that most participants were generally satisfied with their participation in the project despite any misgivings in the way they were treated. In some cases, however, such misgivings seemed to be directly related to discontinued or curtailed participation. While we recommend that such associations be studied, we also suggest that project staff in participatory health promotion efforts pay attention to issues like role-diversification and the participant's individual needs regarding treatment and guidance.

## CONCLUSION

Based on lay participants' primary reasons for participation in health promotion projects, combined with patterns in their particular desires and dislikes in the participation process, this study described their *main* motives, namely 'purposeful action', 'personal development', 'exemplary status' and 'service and reciprocity'. The in-depth look into these differing motivations provides new insights to support efforts to improve and sustain the active involvement of communities and target populations.

## SUPPLEMENTARY DATA

Supplementary data are available at *Health Promotion International* online.

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