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AN ANALYSIS OF THE PROMISES AND PITFALLS OF
PARTICIPATORY PROCESSES IN HEALTH POLICY:
THE NEED FOR EMPOWERMENT EDUCATION
WITHIN MARGINALIZED COMMUNITIES

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The Promises and Pitfalls of Participatory Processes in Health Policy

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The Promises and Pitfalls of Participatory Processes in Health Policy

Abstract

With their roots in Paulo Freire's writing on pedagogy, participatory processes have now become adapted for use in a broad range of applications within national and international health development work. Advocates claim that they make projects more relevant to local priorities and perspectives, create more lasting effects, and foster empowerment among community members. Studies on their inclusion, however, have uncovered great diversity in their usage that complicates the attainment of these goals. A review of their use within the Ugandan Nutrition and Early Childhood Development Project (NECDP) found that participatory processes failed to alleviate insider/outsider differences in perspectives and priorities or motivate villagers to address the problems facing their community through the project. An analysis of these failures compared with more successful interventions points to a need to incorporate a type of "empowerment education" modeled after Freirean pedagogy to foster the active participation of community members. Such a comparison suggests that it is this type of education that leads to collective action and results in the promised goals of relevancy, sustainability, and empowerment.

Introduction

The terms "participation" and "participatory processes" have a long history in both international and national public health initiatives due to their promises of greater relevancy, sustainability, and empowerment. The works of de Koning and Martin¹ and Minkler and Wallerstein² provide extensive reviews on the history and application of these processes within the international and national context, respectively. Both cite the tradition of participatory research that arose in the early 1970s within Latin America, Asia, and Africa as the basis for the current trends toward greater community involvement in health projects. De Koning and Martin document a number of various case studies from the 1980s on the application of participatory research within international health projects ranging from nutrition projects in Indonesia to primary healthcare in Uganda. The rise of participatory research within the United States has been more recent, but just

¹ *Participatory Research in Health.*

² *Community-Based Participatory Research for Health.*

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as diverse. According to Minkler and Wallerstein, funders' push for more collaborative and community-based research and their increasing focus on the elimination of health disparities and promotion of social change within communities have sparked the search for an alternative paradigm to meet these criteria. The potential of community-based participation research (CBPR) to fulfill these needs has led to its application within a myriad of community settings to address multiple health issues throughout the 1990s. Examples include the prevention of cardiovascular disease within African-American neighborhoods in Baltimore, maternal and child healthcare in Detroit, and occupational stress within a Michigan automobile plant.³ The diverse applications of these terms within different projects, however, pose problems for their definition and evaluation.

Advocates of participatory research and planning methods such as Robert Chambers⁴ and Stan Burkey⁵ argue that these methods provide for greater involvement of "local" people's viewpoints, understandings, priorities, and skills. This helps mitigate outsider/insider differences in perspective, achieve longer-lasting effects, and strengthen local capacity. Because of these attributes, participatory processes came to be viewed as a viable alternative to the ineffectiveness of expert-led, technology-driven development schemes of the 1960s and 1970s.⁶ Within the domain of health, the increasing recognition of "the gap between the concepts and models professionals use to understand and interpret reality and the concepts and perspectives of different groups in the community"⁷ contributed to the growing inclusion of these methodologies within international health policy. Despite these claims, recent reviews of their use and an awareness of larger issues in the development of administrative theory call for closer evaluation of its effects.

Participatory processes have led to a variety of different schools of thought, but they all share an underlying emphasis on empowering local participants through their interventions. Included under the umbrella of participatory research are participatory action research, feminist participatory research, participatory rural appraisal (PRA), and community-based participatory

³ Israel et. al., "Review of community-based research."

⁴ *Rural Development; Whose Reality Counts?*

⁵ *People First.*

⁶ Cooke and Kothari, *Participation: The new Tyranny?*

⁷ de Koning and Martin, *Participatory Research in Health*, 1.

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research (CBPR), an increasingly popular method of addressing health disparities in the United States.⁸ Although distinct from one another and used in a variety of contexts, these approaches all share a number of underlying principles.

In reviewing the use of participation in international rural development projects in the 1970s, Oakley and Marsden⁹ identify several shared aspects of participation within its diverse applications in these projects: the process of research-action within the intervention mechanism whereby participants gain knowledge in order to act, some form of organization to structure facilitation of the process, and an organizer whose role is to foster participation. Similarly, working primarily on community-based participatory research, Israel and others¹⁰ summarize the following shared characteristics of participatory approaches:

- They recognize the community as a unit of identity, defined by a shared sense of commonality rather than a specific geographic area
- They build on existing community strengths and resources
- They are co-learning processes
- They integrate research with action to enable participants to increase control over their lives

These approaches premise the active involvement of participants to empower themselves by acting on knowledge they have gained over any specific development goals. This principle has its roots in the pedagogical writings of Brazilian educator and philosopher Paulo Freire¹¹, who outlined a theory of dialogical action, a mechanism by which the “oppressed” can transform the social conditions that limit their development. The first step is gaining a critical awareness of their situation, *conscientizacao*, followed by action on those reflections to alter their condition. Dialogue is the basis for such an educational process; thus, the participation and co-involvement of the people is essential to Freire’s notion of development as liberation and freedom. Despite their variety, the numerous participatory approaches found in development work all build upon Freire’s emphasis on the equal and active engagement of community members in development projects, an emphasis that legitimates claims on their contributions towards greater relevancy, long-term impact, and empowerment through local capacity building.

⁸ Minkler and Wallerstein, *Community-Based Participatory Research for Health*; Israel et. al., “Review of community-based research.”

⁹ *Approaches to participation in rural development.*

¹⁰ Israel et. al., “Review of community-based research.”

¹¹ *Pedagogy of the Oppressed.*

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This embrace of participatory processes within such large-scale, multilateral organizations as the World Bank has led to an expansion of the ways they can be applied, but at the same time created difficulties for evaluating the nature of their effect and the achievement of their goals of relevance, sustainability and empowerment. Speaking at the 1998 Annual Meeting, the president of the World Bank stated, “Participation matters – not only as a means of improving development effectiveness, as we know from our recent studies – but as the key to long-term sustainability and leverage.”¹² However, in a review of World Bank participatory achievement, Aycrigg found:

a tendency to call any activity along the continuum of participation (information sharing to consultation to participation) “participation.” Information sharing and consultation occur more frequently than participation in decision-making or implementation. Many project examples could be cited in which primary stakeholders were consulted as to project components or implementation strategy, but did not participate in the identification/selection of project components. Yet these projects are still referred to as “participatory.”¹³

This recognition of the diverse use of the term has stimulated researchers in the field to begin to differentiate between different types of “participation” to help analyze its multiple contexts of use and the different subsequent effects. Cornwall¹⁴ has created a ranking of participatory approaches based on how much they adhere to the principles of power reversal, in which local people gained control over decision-making at the expense of institutions and outside researchers. Modes of participation can range from local people participating by taking part in outsiders’ projects, whose agendas are not their own, to a process that respects local knowledge and concerns and helps empower local people to generate their own solutions.

Placing the growth of the “participatory” research paradigm within larger public policy debates that critique previous administrative theories raises the question of whether participatory processes are more a means to achieve more efficient output rather than genuine empowerment. Since the inception of the field of administrative theory in the late 19th century, most theorists have focused on efficiency and productivity as their primary aims. The humanist school of thought first began critiquing these theories for viewing the worker as a tool for productivity and

¹² Francis, “Participatory Development at the World Bank: The Primacy of Process,” 72.

¹³ Aycrigg, “Participation and the World Bank,” 19.

¹⁴ Cornwall, “Towards participatory practice.”

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argued for the importance of self-actualization and personal growth within the workplace. Their findings, however, were quickly used to develop more sophisticated techniques for increasing worker output.¹⁵ Some critiques of participatory processes suggest that participatory processes are also being adapted for use as “management tools” that are aligned with donor priorities such as sustainable impact and value for money rather than empowerment. According to Francis, “the concept of participation has become central to the repertoire with which the Bank has sought to remake its public face.”¹⁶ He argues that participation can be used to legitimate interventions because they imply the incorporation of local values, perceptions, and priorities even while their application may be focused on efficiency.

In the 1960s, the new school of public administration articulated a different set of end goals that stated public administration should work toward social justice. Critiques of positivistic notions of science and insight into knowledge creation and power relationships from feminist and postmodern theory have supported such shifts in policy perspective by urging the democratization of the policy process and its evaluation in terms of human values such as equality and justice.¹⁷ In principle, participatory research embodies these principles, where the bi-directional flow of information contributes to a collaborative democratic process between outside researchers and community members. Community members with the help of outside facilitation then apply this shared information in order to make informed decisions on how to address the issues of poverty, socioeconomic health disparities, and other social inequalities that they face. Although in theory participatory processes are particularly well-suited to the achievement of these goals, critiques that highlight their shortcomings within the many domains of public policy call for a greater systematic evaluation of their use and effects to learn whether theory lives out in practice. This paper focuses on its use within health development and promotion and explores the promises and pitfalls of participatory processes through the case study of the World Bank-funded Ugandan Nutrition and Early Childhood Development Project.

¹⁵ Denhardt, *Theories of Public Organization*.

¹⁶ Francis, “Participatory Development at the World Bank: The Primacy of Process,” 72.

¹⁷ Denhardt, *Theories of Public Organization*.

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The “Pitfalls”: A Case Study of A Ugandan Nutrition and Early Childhood Development Project

Initiated in 1999, the Ugandan Nutrition and Early Childhood Development project (NECDP) was designed to address problems of malnutrition, frequent illness, and insufficient medical and parental care among the children of Uganda. Descriptions of the project claimed the use of a decentralized policy that incorporated participatory processes into its interventions. Qualitative data generated from ethnographic research, however, found that the participatory processes failed to mitigate differences between outsiders and local people or achieve sustainability and local empowerment by motivating the community to address their problems with the help of the project.¹⁸ Recent critiques of participatory processes give insight into the reasons for these failures. Critiques center around the co-opting of participatory processes to legitimate external agendas, the misapplication of participatory tools and behavioral research, and the project’s erroneous notion of community.

Differences between the project’s initiatives and local priorities suggest that participatory processes were used more to achieve an external agenda than to identify local needs. For instance, a large part of the project’s nutritional component involved an awareness campaign to alert people to the problem of stunting and how to prevent it through a balanced diet. Stunting refers to a below average height-to-weight ratio that can only be measured by plotting a child’s growth over time. Policymakers believe it stems from a lack of protein and/or essential nutrients in the carbohydrate-laden diet of most Ugandans. Activities to educate the community about stunting included meetings with key stakeholders in the government and an aggressive media campaign that used radio broadcasts and newspapers to raise consciousness about this “hidden” form of malnutrition. All of these education initiatives, however, had to use the English word stunting and then explain its meaning in vernacular because no equivalent concept existed within the local culture. Despite such “sensitization” efforts, project workers reported great difficulty in engaging the interest of government officials, and interviews with villagers revealed a lack of awareness or retention of information even among the most wealthy and educated classes.¹⁹ This

¹⁸ “Participatory Processes As a Bridge Across Cross-Cultural Divides?”

¹⁹ Ibid.

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difficulty of translation and subsequent lack of engagement with the issue by the Ugandan community suggest that this failure to “sensitize” about the problem of stunting arises from discrepancies between outsider and local priorities.

The lack of equivalent local concepts and community engagement suggest that the priority placed on the problem of stunting was external. Stone²⁰ argues that throughout the history of international development, efforts have continuously reflected the current cultural concerns of Western nations, in particular the United States. More specifically, Stone cites the example of nutrition, which became a growing priority in international development programs at the same time Americans began to give greater attention to the problems of cholesterol and junk food in their diet. Such observations about external donor concerns directing local development projects appear applicable to the NECDP in Uganda, as exemplified in its emphasis on stunting. If applied in certain ways, proponents of participatory research in health believe it can help to overcome these types of differences between outsider initiatives and local understandings that underlie many international health initiatives.²¹ The limitations placed upon participatory processes due to their separation from behavioral research, however, impeded their effectiveness in addressing outsider/insider differences in this project.

These limitations that arose from the separation of behavioral research from participation inhibited a co-learning process through mutual information sharing, an important component of participatory approaches. Formative research conducted by the NECDP beforehand identified attitudes, behaviors, and cultural beliefs to be targeted in the development of project training manuals and media materials because they contradicted project messages. For example, in their research, project staff identified cultural beliefs that dissuaded women from eating grasshoppers, chickens, or eggs during their pregnancy. They used these findings to create specific media message denouncing such practices because they impeded the project’s goals.²²

Participation was later applied in the training of the sub-county program implementers and the education of caregivers but only as a means for understanding the project’s pre-determined

²⁰ Stone, “Cultural Crossroads of Community Participation in Development.”

²¹ de Koning and Martin, *Participatory Research in Health*.

²² Browne, “Participatory Processes As a Bridge Across Cross-Cultural Divides?”

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curriculum. For instance, project leaders involved sub-county implementers by asking them to identify local examples of an unbalanced diet. Within the district of Kabarole, the location of the research, such examples include a breakfast of cassava, a type of root vegetable heavy in starch. Project leaders then taught the implementers to explicitly discourage these kinds of behaviors within the community. In regards to caregivers, they participated by being asked to discuss those “bad” cultural practices previously uncovered through the formative research, such as the cultural taboos against protein sources during pregnancy, which were then discouraged by the facilitator²³. In his research on WHO international health programs, Foster cites the poor quality of behavioral research where health bureaucracies “operate on the assumption that the purpose of behavioral research is to find out how to persuade target populations to change their behavior more nearly to conform to what health projects call for.”²⁴ Within the NECDP, researchers collected initial information about communities, but these findings were not shared, and hence, they could not be integrated within the communities to promote collective action. Instead the project confined participation of the local people as a tool to better internalize project messages. This misapplication of participatory methods within behavioral research inhibited the project’s policymakers from navigating through differences in local knowledge about the project’s messages.

In theory, participatory research offers a window into a more complete understanding of indigenous frameworks, but its confined application in the NECDP limited its potential to mitigate differences of understanding between project implementers and local people within the field of health and nutrition. Behavioral research can be participatory, but what separates it is not the methods, but “in who defines the research problems and who generates, analyzes, represents, and owns the information which is sought.”²⁵ Within the context of this project, participatory processes were separated from research on the local environment and were instead applied as a tool for more effective retention of externally defined knowledge. In-depth interviews with caregivers revealed large discrepancies between local understandings, in particular knowledge about worms and a different food classification system, and project teachings²⁶. A review of the

²³ Ibid.

²⁴ “World Health Organizations behavioral science research,” 711.

²⁵ Cornwall and Jewkes, “What is participatory research?,” 1668.

²⁶ Browne, “Participatory Processes As a Bridge Across Cross-Cultural Divides?”

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application of participatory research suggests that a misapplication of participatory tools contributed to their failure to alleviate such discrepancies.

Another limitation to the effectiveness of participatory processes within the NECDP arose from its approach to communities as harmonious units defined by governmental administrative boundaries. Project leaders called several community meetings to identify priorities in the village. In these meetings, they used participatory tools like pair-wise rankings to help the community choose how to apply their project grant, a sum of money given by the NECDP that had to be used to address problems of food security or early childhood development (ECD) within the village. For the village studied, the inhabitants chose to build a nursery school through their community meetings. The attendance at these meetings, however, reflected differences between local collective identities and those used by the project. Administratively, the village is called Nyatabooma, but villagers differentiate between Mpiinga, where the administrative center lies, and the other side called Nyatabooma, which is about an hour and a half walk from the community meeting center.²⁷ This example is illustrative of how administrative boundaries do not often align with how individuals group themselves, as many villagers reported feeling isolated from village happenings and were asking the government to divide the zone into two administrative units. This division within the community affected representation at community meetings, where most attendees were from houses near the administrative center.

In addition, divisions within the community due to local power structures impeded the effectiveness of participatory processes to engender sustainability by empowering community members to work together. About half of the participants at the community meetings were related to the local chairperson, the vice-chairperson, or the wealthy Reverend Ntogota. Several researchers²⁸ have critiqued policymakers' conception of communities as homogenous units that conceals power relations. Anita Ong's observation that there is a First World in every Third World²⁹ raises the question: if project stakeholders reflect people who hold the power base, can they fully represent community residents? Although the village was supposed to raise a portion

²⁷ Ibid.

²⁸ Cooke and Kothari, *Participation: The new Tyranny?*; Foster, "Community Development and Primary Health Care"; Yoshihama and Carr, "Community Participation Reconsidered."

²⁹ *Spirits of Resistance and Capitalist Discipline*.

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of the project's costs in the form of money, materials, or land, Rev. Ntogota met their requirement by donating a plot of his land for the nursery building³⁰. Because it prevented participation of the community members to work together to raise funds, this act of kindness actually inhibited project ownership and sustainability. The NECDP's implementation within government-defined communities and its lack of attention to local power dynamics allowed the village elites to spearhead the project, thereby inhibiting the full participation of the Nyatabooma villagers.

This shortcoming makes sustainability, the long-term maintenance of effects, difficult. Altman, who sees client participation in all phases of a project as essential in sustainability, argues through reference to empirical evidence that empowerment, or "the efforts at multiple levels of analysis to exert control and gain mastery over salient issues,"³¹ is the cornerstone of such participation. Self-defeating remarks made by caregivers and reports of pervasive dependency attitudes by village project volunteers, however, point to a lack of participatory processes to engender these necessary feelings of mastery and control.

Because of the absence of a participatory approach to educating voluntary childcare workers (CCWs) and caregivers, the strong attitudes of dependency of the caregivers remain unaddressed, thereby inhibiting them from enacting positive change within their communities as empowered individuals. For instance, in their descriptions of the CCWs' home weighings to check for stunting, caregivers complained that the "CCWs ... only told them what to feed without providing the means to address the problem, i.e. giving food handouts."³² The CCWs also reported that attendance at their parental education sessions was low after people learned they would not be given anything. Although project implementers at the district and sub-county levels attended long training sessions on participatory approaches in education, the CCWs were only provided three to four days of training on the educational content to be taught such as nutritional concepts, but nothing on teaching methods.³³ According to the theory of participatory research, teachers should act more as facilitators to encourage the sharing of information through mutual

³⁰ Browne, "Participatory Processes As a Bridge Across Cross-Cultural Divides?"

³¹ Altman, "Sustaining Interventions in Community Systems," 531.

³² Browne, "Participatory Processes As a Bridge Across Cross-Cultural Divides?," 25.

³³ Ibid.

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dialogue and participation, a process that results in local empowerment. The CCWs lack of training on how to educate caregivers through a co-learning, dialogical approach prevented them from replacing the strong feelings of dependency within the community with beliefs of self-reliance and ability to effect change.

Such strong attitudes of dependency have been encountered in other development projects and inhibit positive social change by communities. For instance, in Stone's study of the contrasting types of ideas villagers and project staff hold about development in Nepal,³⁴ she discovered the villagers adopted a very self-defeating outlook that viewed development as something *external to the community*, whereas all project staff emphasized *internal* behavioral change on the part of the villagers. Furthermore, she found that most of the villagers, especially those most disenfranchised due to low caste, wealth, and education, felt that they lacked the ability to create substantive connections with the outside world in order to improve their condition. Stone sees these discrepancies as inhibiting the villagers' ability to see the potential for change within their own individual and communal resources but also as a reflection of "the history of development in Nepal and villagers' experiences with it."³⁵ This association leads her to argue that their attitude is "a recent and pragmatic one and does not reflect any deep-rooted cultural orientations"³⁶ Because she interprets these personal, psychological characteristics as a result of the larger historical reality of Nepal, Stone views them as malleable. She argues that with continued communication and further efforts to broaden these limiting villager perspectives, villagers will begin to redefine their concept of development, thereby liberating them from these debilitating mindsets.

These types of pessimistic outlooks closely correspond what Jones³⁷ labels as "internalized racism," whereby individuals limit their actions due the perceptions they have of themselves and their external social world. Writing about the sources of racial health disparities that are well documented in the United States, she defines internalized racism as:

acceptance by members of the stigmatized races of negative messages about their own abilities and intrinsic worth. It is characterized by their not believing in others who look

³⁴ "Cultural Crossroads of Community Participation in Development."

³⁵ Ibid, 209.

³⁶ Ibid, 209.

³⁷ "Levels of racism."

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like them, and not believing in themselves. It involves accepting limitations to one's own full humanity, including one's spectrum of dreams, one's right to self-determination, and one's range of allowable self-expression. It manifests as an embracing of "whiteness, self-devaluation (...rejection of ancestral culture...), and resignation, helplessness, and hopelessness."³⁸

This type of racism reflects societal norms and systems of privilege, erodes an individual's sense of value, and undermines collective action. Peterson and Reid (2003) argue that "the participatory processes engaged in by individual as they work to improve the quality of lives in their communities"³⁹ is a critical component of empowerment theory, but these self-defeating perceptions expressed by local people in the NECDP and Nepalese case studies in response to outside development initiatives suggests that a lack of empowerment impeded participation. Such findings point to the need for policy interventions to include types of "empowerment education" to foster such participation among poor and marginalized populations whose lives are characterized by a lack of control and low social capital.⁴⁰

Empowerment Education

The widespread critiques on the misapplication of participatory tools and the problematic conception of community explored through the case study of the NECDP have led some theorists to move beyond internal critiques of participatory processes and search for alternative development paradigms.⁴¹ In offering other strategies, these authors suggest the importance of more personal criteria such as trust, respect, and friendship in successful community interventions, and the use of traditional facilitators that build upon existing social realities to cultivate a community's capacity for change.⁴² Their suggestions, however, contain many similarities to the characteristics of empowerment education, which is based in the same Freirean philosophy that is the conceptual foundation for current participatory processes.

³⁸ Ibid, 1213.

³⁹ "Paths to Psychological Empowerment in an Urban Community," 26.

⁴⁰ Wallace, "Social disintegration and the spread of AIDS II." For more discussion on the notion of social capital, see Putnam, *Making Democracy Work*, who defines it as a measure of community cohesion defined by high level of civic engagement, numerous local organizations, strong, positive local identity and sense of community solidarity, and generalized norms of trust and reciprocity

⁴¹ Cooke and Kothari, *Participation: The new Tyranny?*

⁴² See Hailey, "Beyond the Formulaic" and Mohan, "Beyond Participation: Strategies for Deeper Empowerment," respectively.

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In their attempt to outline a social psychological framework for participation, Campbell and Jovchelovitch⁴³ outline how the act of participation and the development of *conscientisation* offer outlets for previously constrained social identities, social representations, and power relationships to be renegotiated and provide the basis for future social change. Using notions of empowerment and social capital, they discuss the relevance of a social psychological dimension for issues related to community development, participation, and health and highlight how development programs can benefit from attention to the psychosocial dimensions of local communities. Within his framework of empowerment education, Freire provides a psychosocial understanding of how emancipatory knowledge can lead to the power to change external social conditions. Describing the effects of his pedagogy, Minkler and Wallerstein write:

As people engage in dialogue with each other about their communities and the larger social context, their own internal representation—how they think and ascribe meaning—about their social world changes; their relationships to each other become strengthened; and ultimately, their availability to reflect on their own values and choices is affected.⁴⁴

Several case studies of national and international health projects on the effect of *conscientization* through empowerment education support their argument of how changes in individual mentalities lead to larger collective action.

Case Study I: The ASAP Program

The Alcohol and Substance Abuse Prevention Program (ASAP) addressed the problem of alcohol use among Native American youth in New Mexico, who have been overrepresented in health statistics on alcoholism mortality due to historic conflicts, years of internalized powerlessness, and present life conditions. At the program level, it utilized Freire's three-step methodology where participants first emphatically *listened* to others voice their problems, then identified issues among their community through a *dialogical, problem-posing* approach, and finally encouraged participants to identify possibilities for positive *action*. At the organizational level, students effected program evaluation and policy through written feedback after each session. Instead of focusing on immediate goals, the project evaluated its success in terms of cultivating a sense of empowerment, a long-term process that contains many steps such as building self-esteem and encouraging participation in community organizing efforts. Interviews

⁴³ "Health, Community, and Development."

⁴⁴ *Community-Based Participatory Research for Health*, 36.

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and observation research showed greater awareness of the dangers of alcoholism, increased confidence to address these issues among their peers, and increased responsibility towards others through their role as peer teachers.⁴⁵

Case Study II: The Honduras Housewives Club

Through existing Housewives Clubs, one non-governmental organization attempted to address poor living conditions and health practices in Honduras by training community health *promotoras* to be Freirean teacher-facilitators. According to Freire's pedagogical framework, such facilitators must first live with people over an extended time to build trust and to learn the "vocabulary universe" through participant observation. They then work with small groups to identify hopes and concerns of people, summarize and present these results to them visually through pictures and symbols, and finally use these visual images to generate discussion on the causes, consequences, and possible solutions of the identified problems. Selected through village nominations at evening community meetings, thirty women participated in a one-month course to be trained as *promotoras*. Although they learned basic diagnostic and curative skills, the program curriculum prioritized their role as *conscientizers* in the community rather than as health workers. For this reason, project implementers dedicated the entire first week of the health promoters' training course to the *conscientizacion* process.

Before any health content was taught, the *promotoras* dialogued about such issues as the nature of man, the reality of Honduras, the role of the Honduran woman, and the role of grassroots organizations in the change process. They discussed nutrition from a global perspective, focusing on the politics of food distribution, the relationship between malnutrition and oppression in Honduras and all of the third World, the relationship between poor health and marginalization, and the politics of health care. The women also were taught how to facilitate dialogues, e.g. what kind of questions to ask and how to lead the dialogue in such a way that their comrades would begin to critically analyze their reality looking at root causes and consequences of problems, and search solutions that would bring about radical change rather than mere reform.⁴⁶

After two years, the *promotoras*, villagers, and community had all undergone social transformations with the most salient being the change within women's self-images. In early discussions these women had expressed low self-esteem, describing themselves as "breeders" who scarcely ranked higher than the animals they tended, but by the end they began to question

⁴⁵ Wallerstein and Bernstein, "Empowerment Education."

⁴⁶ Minkler and Cox. "Creating Critical Consciousness in Health," 316.

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the legitimacy of this role and see it in a new light – one of important service to their fellow villagers.⁴⁷ Other changes included the adoption of hygienic behaviors such as boiling water and participating in land reform and land recuperations protests.

*Case Study III: Brazilian Animateurs*⁴⁸

In one case study of an animateur's work in a marginalized Brazilian community, the animateur spent years building up trust within a community before she was finally able to begin forming local women's groups in 1976. Educated in the school of *conscientization*, the animateur sought to redress the women's powerlessness and complete lack of resources to change their marginalized situation through dialogue within these groups' meetings. After four years of work, the animateur noted the following behavioral changes:

Group in 1976

No motivation
Accept paternalistic approach
Passive
Exploited

Group in 1980

Feeling of solidarity
Willingness to make an effort
Thinking outside immediate context
Better organized⁴⁹

Only once these behavioral changes had been achieved did the women's groups begin to mobilize to seek solutions to their problems. Eventually after registering at the colony's administrative headquarters and gaining legal documentation, they were eventually able to elect two women's representatives to the local government in 1981. In their review of rural development projects that referenced the participation of the rural poor, Oakley and Marsden found that the majority failed to achieve meaningful participation except in a few cases such as the one described above. Because of this finding, they stress that "the preparation of the rural people to participate effectively must be seen as an important project in itself, both apart and preceding activities of a purely economic nature...the process of empowering, of giving strength and a basis for future involvement must be considered as a priority project activity."⁵⁰ These case studies of successful interventions support their statement and suggest that empowerment

⁴⁷ Ibid.

⁴⁸ "Animateurs work with communities by providing support to local people, businesses and groups to enable them to participate in developing projects to meet local needs." Definition in Lowe et al, "Participation in Rural Development: A Review of the European Experience."

⁴⁹ Oakley and Marsden, *Approaches to participation in rural development*, 54.

⁵⁰ Ibid, 66.

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education is the cornerstone for effective community participation, which can then be harnessed for the achievement of a community's development goals.

Discussion

A qualitative comparison between the NECDP and these case studies supports the conclusion that adherence of Freirean pedagogical fundamentals within the application of participatory processes results in changes within individual mindsets that then enable positive communal action. Even though NECDP implementers and policy manuals frequently referenced the use of participatory processes, their application diverged greatly from Freire's original principles. A core component of Freire's theory is the crucial role of the teacher-facilitator who initiates the process of raising critical consciousness as the knowledge basis for later action. Within community-based participatory research, participatory rural appraisal, and other participatory methods, this principle translates into the sharing of research findings between outsiders and locals so that community members become more empowered through their acquisition of information about their surroundings. Instead, the NECDP limited participatory discussion at the CCW and caregiver levels to focus on undermining predetermined behaviors that needed to be changed in order to more efficiently achieve the project's external, donor priorities.

Another vital aspect of Freirean pedagogy is the dialogical approach to outsider/insider communication, whereby the teacher-facilitator poses questions to help participants discover this knowledge about their environment without leading the process. Such a teacher-facilitator also acknowledges the validity of indigenous knowledge. When the facilitator allows the people to direct the discussion and set the topics, local viewpoints surface that then allow for true gains in relevancy, sustainability, and empowerment. In the case of the NECDP, this type of discussion could have allowed for the emergence of Nyatabooma villagers' community identifications and indigenous frameworks for understandings on food and health that posed barriers for the effectiveness of the project. Furthermore, because of their lack of training on how to teach caregivers, the CCWs failed to address the strong dependency thinking reported by project villagers that impeded community action. The task of a facilitator-teacher is a challenging one that requires extensive training in Freirean methodology, but case studies of interventions that

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resulted in community empowerment and long-term social change suggest that it is the foundation for the successful implementation of participatory processes.

The success of these case studies suggests that a type of empowerment education adapted from Freire's philosophy can result in social transformations among marginalized groups who suffer from societal inequalities, cultural conflict, or lack of control by changing individual mentalities through participatory dialogue. Each of these projects recognized that empowerment and social capital as the goals in their intervention, which could later be built upon to achieve a number of different development aims. To achieve these goals, all adhered to the principles of Freire's philosophy, where facilitators built *trusting* relationships within *self-defined* communities through *dialogical* group meetings that required the *active* participation of attendees. The continual use of participation to raise critical consciousness about the root causes of problems facing their community and to develop viable solutions cultivated beliefs of self-worth and self-efficacy, important social psychological dimensions of empowerment that were lacking in the NECDP.

Conclusion

An analysis of the failure of participatory processes to achieve its theoretical goals in the NECDP compared with other successful interventions that utilize empowerment education gives insight into the current predicament of these processes. This analysis suggests that the current shortcomings in the use of participatory processes in health policy is due more to its divergence from its original roots in Freirean philosophy than an intrinsic problem with the participatory paradigm. To remedy the current situation, stricter guidelines about what defines "a participatory process," which include empowerment education through appropriately trained "facilitators" as a necessary foundation, is needed within public policy. Such stricter guidelines will enable better evaluation of the impact that participatory processes have within a community. Furthermore, case studies that incorporated empowerment education into their policy suggest that adherence to these guidelines will lead to the better attainment of the "promises" of these processes, to more locally relevant and sustainable interventions through changes in individual mentalities. It is these changes that empower them to then help themselves through collective action.

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