



# LUND UNIVERSITY

## Position Paper No. 5: Empowerment and Participatory Health Research

Kleba, Maria Elisabeth; Wallerstein, Nina; van der Donk, Cyrilla; Wright, Michael; Belon, Ana Paula; Gastaldo, Denise; Avery, Helen; Shier, Harry

2021

*Document Version:*

Publisher's PDF, also known as Version of record

[Link to publication](#)

*Citation for published version (APA):*

Kleba, M. E., Wallerstein, N., van der Donk, C., Wright, M., Belon, A. P., Gastaldo, D., Avery, H., & Shier, H. (Eds.) (2021). Position Paper No. 5: Empowerment and Participatory Health Research.

*Total number of authors:*

8

*Creative Commons License:*

Unspecified

**General rights**

Unless other specific re-use rights are stated the following general rights apply:

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal

Read more about Creative commons licenses: <https://creativecommons.org/licenses/>

**Take down policy**

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

LUND UNIVERSITY

PO Box 117  
221 00 Lund  
+46 46-222 00 00



## International Collaboration for Participatory Health Research

### Position Paper No. 5

# Empowerment and Participatory Health Research

Version: August 2021

#### Citation:

International Collaboration for Participatory Health Research (ICPHR) (2021) Position Paper 5: Empowerment and Participatory Health Research. Version: August 2021. Baltimore: International Collaboration for Participatory Health Research.

#### Editorial Group:

Maria Elisabeth Kleba Dr.	Self-employed professional	Chapecó, Brazil
Nina Wallerstein Prof.	University of New Mexico	New México, USA
Cyrilla van der Donk MA	HAN University of Applied Sciences	Nijmegen, The Netherlands
Michael Wright Prof.	Catholic University of Applied Sciences Berlin	Berlin, Germany
Ana Paula Belon Dr.	University of Alberta	Edmonton, Canada
Denise Gastaldo Dr.	University of Toronto	Toronto, Canada
Helen Avery Dr.	Lund University and Linnaeus University	Lund, Kalmar and Växjö, Sweden
Harry Shier Dr.	CESESMA, Promoción y Defensa de los Derechos de la Niñez	Nicaragua

## **Acknowledgements**

This position paper was first initiated by a working group organized for this purpose at the sixth Annual Working Meeting of the International Collaboration for Participatory Health Research (ICPHR) in May 2015 in Berlin, Germany. Further discussions followed the ICPHR meetings held in Malmö, Sweden (2016) and Edmonton, Canada (2018). The paper was finalized in Baltimore, USA in 2019, with edits completed in 2020. Two other ICPHR working groups provided contributions to the paper: the Evaluation Working Group on their inquiry into power and empowerment in 2020; and the Kids In Action Working Group. Approximately 27 people were involved in the annual meeting debates, contributing with ideas and arguments. The text, therefore, synthesizes multiple points of view about the concept of empowerment and its relationship to participatory health research. We thank all those who provided diverse opinions in discussions at the ICPHR meetings.

## 1. Introduction

*Empowerment* has been a key conceptual underpinning of *participatory health research* (PHR), both as a set of processes that inform how partners and diverse stakeholders engage with each other, as well as a set of outcomes that contribute to improved health and social equity. The concept of empowerment is present in a number of characteristics of PHR as described in Position Paper No. 1 of the ICPHR (2013) entitled "What is participatory health research?", namely:

*PHR is a participatory and collective process:* One of the goals of PHR is to promote the empowerment of the people involved so that all can actively participate in the process of knowledge production. With this approach, the results of the research can contribute to the improvement of the health and life of the people involved, and to the strengthening of personal and collective capacities.

*PHR promotes critical reflexivity:* Participatory research processes promote a better understanding and acceptance of differences, supporting the reflective capacity and dialogue between those involved. Critical reflexivity refers to ongoing critical reflection of how power or lack of power affects the daily life and practice of the people involved in the research. These dynamics also occur within the partnership itself which magnifies the importance of critical reflexivity to promote power sharing within and outside the partnership.

*PHR aims for transformation through the action of people:* Participatory research in health seeks to produce social changes favorable to the lives of the people involved in the study. However, this approach understands that such changes can be more effective in the way that people assume an active role in the entire research process, thus experiencing a process of empowerment. People can claim their power or have their power expanded to act in favor of their own interests when they recognize issues that are meaningful to them and, through critical reflection, understand their causes and visualize opportunities for effective intervention, empowering themselves to act on the basis of this knowledge.

*PHR produces knowledge which is local, collective, co-created, dialogical and diverse:* the shared production of knowledge -- know-how, insights, wisdom and practices -- that benefits all people and communities involved, ultimately supporting the new paradigm of knowledge democracy.

One of the great benefits of PHR is that it can potentially provide a safe place for people to work together across sectors, disciplines, and hierarchies. Through research collaboration, people can claim their own power, their own knowledge, and their own

agency for personal, organizational, community, policy, and political transformation. However, participation cannot be taken for granted, but requires a conscious collective effort to co-create equitable decision-making, equal production of knowledge from diverse stakeholders, and ultimately to engage in practices that share power and enable people who are in disadvantaged positions to act on and grow the power they have.

This position paper seeks to deepen our understanding of empowerment and the implications for conducting participatory health research with an underlying empowerment approach. We write for a wide audience of stakeholders interested in the benefits of PHR, including researchers, practitioners, policy makers, social entrepreneurs, social activists, funders, students, and anyone who wants to contribute to social justice and health equity. We first briefly present some history and definitions, then potential critiques of the use and understanding of the term empowerment. Finally, we will present reflections of how we can enhance our integration of empowerment into our participatory health research practice.

## 2. History and Definitions of Empowerment

The concept of empowerment has been used in different disciplines of knowledge and areas of practice--from public health and community psychology to education, sociology, political science, social services, health administration, health policy, and social movements, among others. Specifically, in the health sector, since the late 1980s, the term empowerment has been adopted as one of the key concepts in public health, health promotion, and community psychology (Rapaport, 1987; Wallerstein, 1992, 2006; Kleba and Wendhausen, 2012; Carvalho and Gastaldo, 2008; Ferreira and Castiels, 2009).

### *The World Health Organization*

In 1978, the World Health Organization (WHO) articulated for the first time the importance of community participation to improve health and living conditions through its Alma Ata Declaration (WHO, 1978). In 1986, WHO published the Ottawa Charter on Health Promotion, which highlighted the *control* of individuals and groups over their own lives as a prerequisite for health (WHO, 1986). The Jakarta Declaration, formulated in 1997 at the WHO 4<sup>th</sup> International Conference on Health Promotion, emphasized health promotion as an essential investment for health and named women's empowerment as a prerequisite for social and economic development towards health.

*The prerequisites for health are peace, shelter, education, social security, social relations, food, income, the empowerment of women, a stable eco-system,*

*sustainable resource use, social justice, respect for human rights, and equity. Above all, poverty is the greatest threat to health. (WHO, 1997, p. 1).*

Reaffirming the strategies and principles of health promotion set out in the Ottawa Charter, the Jakarta Declaration highlighted the relevance of expansion and consolidation of partnerships between governmental and non-governmental sectors, public and private organizations, and services and communities and families. Partnerships were described as providing community benefit by sharing expertise, skills and resources; and strengthening community and individual capacities and power to make decisions and engage in health-enhancing actions (WHO, 1997).

Although the concept of empowerment is in most cases associated with agendas to improve quality of life, it nevertheless has been associated with a wide range of meanings and interpretations. With the term often used in conflicting ways, depending on the social, institutional and geographical context, Baquero (2012) emphasizes the need to deepen our understanding, since different practices related to empowerment have been guided by a range of worldviews.

#### *Geographical and Cultural Similarities and Differences*

In the United States, there has been a long tradition of grassroots community organizing from settlement houses, to labor unions, environmental, women's and civil rights movements, and to today's Black Lives Matter and immigrant rights movements (Minkler and Wakimoto, 2021). The term empowerment started to be used in the United States in the 1970s and 80s as a synonym for social emancipation and organizing, and was further influenced by self-help initiatives within community psychology. In 1987, community psychologist Julian Rappaport (1987) created a now-classic definition of empowerment, calling for mastery or control of people over their own lives. In public health, Wallerstein included the social context, defining empowerment as a "social action process, that promotes participation of people, organizations, and communities towards the goals of increased individual and community control, political efficacy, improved quality of community life and social justice." (1992, p. 198). In the first WHO review of the empowerment literature, Wallerstein (2006) emphasized the focus of empowerment globally for improving health among excluded social groups or minorities, such as women, people living with HIV/AIDS, youth, and the poor.

Sandoval Forero (2015), analyzing references in Latin America and specifically in Mexico, points out that, in the context of projects or social actions, the term empowerment refers to movements working for the transformation of unfavorable living conditions towards better conditions based on respect for human rights and social justice. Based on peace studies and ideas debated by Francisco Muñoz, Sandoval

Forero presents pacifist empowerment as a non-violent social transformation strategy to build more peaceful worlds. In a pacifist sense, empowerment is based on the control of individuals over their lives and collectivities through co-creating non-violent knowledge to combat the inequities from structural, social, cultural, political, gender, or religious violence.

In Brazil, the concept of empowerment has been integrated into health promotion at the community and policy level, working with marginalized groups and social movements, such as the 'Movimento Sem Terra', the social movement of people without land. On the one hand, these initiatives seek to strengthen the autonomy and capacity of individuals and collectivities in controlling their lives, for example working to impact social determinants in order to produce and maintain healthy living conditions (Salci et al, 2013). On the other hand, they seek to mobilize the participation of community groups in the governmental spheres (Carvalho, 2004). Kleba and Wendhausen (2012) highlight social participation and co-responsibility in the construction of public policies as central to empowerment. Both of these approaches have been significantly mobilized in the last three decades in Brazil, with the institutionalization of democratic deliberative bodies (in the form of management councils) at all levels of government. Since the 1960s, the Brazilian educator Paulo Freire has inspired the integration of emancipatory dialogical education and reflection/action praxis into empowerment processes and outcomes, not only in Brazil but also globally. Freire identified the role of 'conscientization' as a process that articulates action-reflection-action, in which people recognize reality as socially and historically constructed, and at the same time become aware of their condition as a subject, able to intervene in this reality by taking the lead in its transformation (Freire 1970, 2018; Nunes, 2018). Praxis, based in conscientization gained during collective and social movement processes, can facilitate insights as well as opportunities for changing inequitable conditions.

Compared to US and Latin American traditions, Scandinavian traditions have more often evolved around the concerns of workplaces, rather than neighborhood contexts or different ethnic and community groups. In Scandinavia, notions related to empowerment include action preparedness and competence, or qualities of the ability to act. Tengland (2008, p. 93) defined empowerment as the ability of people to have control over their [quality of] life, which implies having the capacity to influence social determinants, through the expansion of "knowledge (self-knowledge, consciousness raising, skills development, or competence), health (e.g., autonomy, self-confidence, self-efficacy, or self-esteem) or freedom (positive and negative)." Although individuals and groups may engage in empowerment processes themselves to expand their capacities and power, for Tengland, professionals can also assume an important role as facilitators in these processes, such as creating favorable environments and supporting people in their

knowledge and actions to gain control over determinants of their quality of life. Governmental and non-governmental agencies also can have a role in promoting community empowerment through funding and setting policy or program agendas.

The definitions of empowerment as presented above share a number of common features. First, empowerment is related to the control of power that people or collectivities have over their lives and, more specifically, on their power to advocate for changes in inequitable social-economic, environmental and structural conditions. Second, the definitions recognize knowledge, skills and autonomy as elements that support the empowerment process. Third, the definitions suggest that empowerment is a social or collective process, whereby people can exert power in settings where they live, work, pray, or play, with a dynamic interplay between gaining greater internal control with overcoming external oppressive conditions. Fourth, it is assumed that the empowerment process can be expanded and strengthened with the support of professionals or organizations. Fifth, empowerment can be regarded as both participatory processes and as outcomes of greater political participation and reduced social exclusion, leading to enhanced health (Rifkin, 2014; Laverack, 2006; Wallerstein, 2006).

#### *Empowerment as a Process on Multiple Levels*

Empowerment is a dynamic process that takes place in the lived experience of people and communities who concretely and collectively act together to transform socio-environmental realities, with the goal of achieving a better quality of life. On the one hand, this process is embodied in the search for greater justice, social equity, and environmental sustainability, implying political change. On the other hand, it expands opportunities and capacities for the individuals and groups involved, helping to increase their confidence to act, as well as their ability to intervene and achieve change through concrete action. Through empowerment, people develop a sense of pride, in a relationship of respect with others. They recognize in themselves value and capacity, vis-a-vis their own or other groups, realizing that they are part of society and have a place within society. Empowerment can generate greater balance in power relationships among people and between community members and professionals and/or organizations (Tengland, 2008).

In both processes and outcomes, empowerment involves individuals as well as groups and organizations in all spheres of public and private life. It is therefore a multi-level and multi-dimensional construct. Wallerstein (2006), discussing the evidence related to the effectiveness of the empowerment process in improving health, presented a conceptual model with three levels: psychological, organizational, and community. Kleba and



Wendhausen (2012) speak of empowerment on three levels of interpersonal life, personal/psychological; group/organizational; and structural/political.

Drawing from the ideas of Wallerstein (2006) and Kleba and Wendhausen (2012), we understand *personal/psychological empowerment* as people's perceived control of their lives, as they develop a critical awareness of their socially and historically-determined social-economic and political contexts, while realizing their power to intervene and transform the reality. More specifically, Zimmerman (1995) has articulated psychological empowerment as people's attitudes and motivation to act, their political efficacy (or belief they can act for change), their collective efficacy (or their belief that working together as a group can make a difference), their critical awareness of their role in society, and their participation with others in community organizing. By recognizing both personal and collective resources and opportunities for change, people develop skills to face adversities, risk situations and uncertainties in their daily lives.

*Group/organizational empowerment* incorporates the capacity of groups and/or organizations to build transparency, power-sharing and collaborative decision-making processes among their members, as well as the organization's effectiveness in exerting social and political influence on the external community and society. Within groups and organizations, people not only gain skills and capacities, but they facilitate bonds of belonging and social identity, as they develop a sense of trust and community. As mediating structures of social relations, groups and organizations can offer emotional, material, cognitive and informational support, in addition to being part of social networks that enable knowledge and resource sharing and mutual strengthening of capacities.

Finally, at the community or *structural/political level*, greater access, participation and influence of people and social groups in deliberative processes are developed on issues that affect their life and their future as citizens. On the one hand, this requires advocacy for structures that favor, mobilize and enable greater participation, interaction and dialogue between different social actors, which implies ensuring greater access to information and the adoption of democratic practices in management processes. On the other hand, it requires a greater sense of community, openness and respect for differences, willingness to share and articulate existing resources, including knowledge and experiences, and valuing collective actions and transpersonal resources thus produced. In other words, it includes outcomes of social, environmental, cultural, economic and political capital, as well as transformed policies and societal conditions. As a value orientation, empowerment at this level applies the ethical foundations of social justice and the reduction of inequities, with significant impacts on improving the quality of life of the most vulnerable groups.

In summary, empowerment encompasses initiatives, involvement and engagement of people and collectivities in different areas of social and political life with the aim of developing capacities and creating opportunities for everyone to advocate for and create healthy living conditions and well-being (Kleba and Wendhausen, 2012).

### 3. Critiques of Empowerment

In its use worldwide, the term empowerment has often been misappropriated or co-opted in several ways. We therefore analyze seven key challenges with implications for our own participatory health research strategies: a) an individualistic understanding of empowerment; b) a romantic conception, assuming that communities are places of solidarity and communal life, without critically considering social and historically constituted conflicts within communities; c) a limited perspective that takes empowerment as synonymous to guaranteeing enhanced access to goods and services for vulnerable populations; d) the use of “to empower” as a transitive verb, reflecting a paternalistic notion that persists within health and social care services; e) the imposition of the term through colonization as an Anglo-Saxon term on the rest of the world; f) the use of global or national policy with standardized reporting or measurement practices which do not acknowledge local practices and assessment; and g) the overreach of the term “power” versus the value of vulnerability. We discuss each of these challenges in order to reclaim more appropriate uses of the term for PHR.

#### *(a) An individualistic conceptualization versus considering the dynamic interactions among different levels of empowerment*

Some uses of the term empowerment have focused on changes in self-esteem or confidence at the individual level in terms of attitudes, behaviors, or motivations. Yet, Ferreira and Castiels (2009) express concern about this individualistic notion, indicating that this limited focus masks forms of integration with current economic policy and models of capitalist consumption. There is a deep-running debate between assumptions that individuals are ultimately responsible for their position in society, compared to framing these issues as social concerns. In a dialogue with Ira Shor, Freire problematizes the use of the term empowerment as an individual concept:

*Even when you individually feel yourself most free, if this feeling is not a social feeling, if you are not able to use your recent freedom to help others to be free by transforming the totality of society, then you are exercising only an individualist attitude towards empowerment or freedom. (Shor and Freire, 1987, p. 109).*

For Harrette (2011), it is also problematic to understand empowerment as referring to the process where appropriate conditions are created so that people can individually ‘empower themselves.’ This conceptualization of empowerment reflects a disregard for

the processes of legitimation and naturalization of relations and conditions that reinforce and reproduce an unequal distribution of power.

Similarly, Ferreira and Castiels (2009) warn that the defense of individual solutions for essentially collective problems of historically-produced social inequalities reproduces discriminatory attitudes. Furthermore, they caution against an ideology that does not recognize the role of the public sector and that calls public policy ‘too paternalistic.’ This simplistic view denies the role of government and other sectors for their public and social responsibility to ensure equitable distribution of resources to communities under their jurisdiction.

Another notable critique of the individualistic conceptualization of empowerment can be found when transnational companies use “empowerment” to share with workers the responsibility for implementing workplace changes in order to ensure competitiveness necessary for the companies’ survival. In this sense, empowerment is instigated by corporate management, as a form of skills transfer mediated by the management team to different parts of the organization, and kept within limits to make sure that central management retains control (Ferreira and Castiels, 2009). While the extent of employees contributing to workplace strategic decisions is believed to impact the potential to improve company productivity, the reality of worker control is most often a misconception, including being used in anti-union drives which limits rather than expands workers’ power over their working and living conditions (Baquero, 2012).

These individual notions are contrasted with the well-used term psychological empowerment. Psychological empowerment acknowledges personal transformation, but embeds this notion within peoples’ participation in groups and their belief that collective action makes a difference, therefore connecting psychological empowerment to organizational and community change (Zimmerman, 1995). Importantly, it also includes ongoing critical reflection on the factors that determine living conditions, in essence connecting people’s personal transformation to involvement in community change efforts.

*b) Conceptualization of community: a space of solidarity versus a space of heterogeneity in interests and opinions*

To overcome the idea that empowerment is simply individual, people often choose to embrace the term “community empowerment,” instead of just “empowerment.” Ferreira and Castiels (2009) challenge us that the use of the term “community empowerment” requires a critical and political analysis of power relations in society so that people do not adopt a naive, romantic and idealized understanding of communities, disregarding

the heterogeneity in how different groups are constituted and that conflicts may exist in the relationships built in these spaces. A simplistic view of communities as unified harmonious entities may lead to blaming them when initiatives fail, or by the same token, inducing observers to perceive communities as victims.

Yet still the term community empowerment recognizes that change is through collective action and that conditions must be changed in order for people to exercise their own transformations. However, this requires also recognizing that existing social, economic and cultural differences not only express power inequities and social injustice among community social actors, but also generate a range of diverse values, ideas and experiences as a source for change. To this end, social organizations can constitute productive spaces for dialogue and citizenship learning when they recognize the potential that emerges from the diversity of ideas and make it possible to identify common interests and build consensus.

Abers and Keck (2008) argue directly that exposure to different interests, experiences, and points of view through dialogue and commitment to change can generate innovation. For these authors, the dialogue allows social actors to produce fruitful relationships, which thus enhance capacity to use resources and visualize new intervention alternatives. “The interaction affects not only understandings, but also what people do; it transforms the actors' ability to influence social life” (Abers and Keck, 2008, p. 108).

*c) Use of empowerment for underprivileged groups as an assistance-based model versus transforming social structures*

The third set of issues examines how government agencies introduce programs and actions aimed at integrating marginalized populations into services based on an assistance-based model, without ensuring that genuine, grassroots organizations are part of program design and implementation (Baquero 2012). For Baquero (2012), public sector agencies, along with development agencies and sometimes civil society organizations, can use the term empowerment to promote greater effectiveness in providing services to impoverished social groups. Instead of proposing the transformation of existing economic and social structures, this idea of empowerment as enhanced access reinforces a view of the state as a separate entity above civil society and with supremacy in governing people's living conditions. For Harrette (2011), both this rhetoric and resulting assistance can be identified in texts published by the World Bank, one of the major funders of social “empowerment” policies and programs in the Global South. Sandoval Forero (2015) highlights how government programs based on this concept have reproduced and consolidated neoliberal policies, contributing to

unequal structures and exclusionary power relations, thereby consolidating hegemony of local political elites' control over communities.

Ferreira and Castiels (2009) argue that the relational nature of empowerment implies understanding the interdependence of this concept with the notion of 'participation', which is essential for the promotion of social transformation. For Wallerstein (2006), however, although the involvement of stakeholders in matters that concern them is fundamental, it does not by itself guarantee the effectiveness of the empowerment process. In fact, stakeholder involvement has been used as a strategy for manipulation and control, leading to using community leaders as informants, rather than enhancing community power (Cooke and Kothari, 2003).

Instead of access to services, an emancipatory perspective of empowerment points to incorporating its emotional, cultural and political dimensions. In this vein, Sandoval Forero (2015, p. 93) emphasizes that "empowerment allows people and groups to make their own decisions, control resources, actively participate, gain awareness and knowledge to their advantage and have spaces of power beyond state institutions." Forero cites the example of indigenous movements of southern Mexico that have constructed alternatives of self-government and autonomy, involving individual and collective participation in discussions, planning and implementation of projects in their territories. Wallerstein (2006) warns that empowerment experiences cannot be standardized or reproduced indiscriminately in different population groups. She consequently argues that the success of interventions promoting empowerment depends on their fit with local conditions or the direct involvement of stakeholders in their creation.

*d) The use of 'to empower' as a transitive verb versus communities claiming their own power*

Another misuse of the term has been the statement, "we can empower you." This statement has led to some dismissing the term in its condescension. For Ferreira and Castiels (2009), health promotion is often presented as a phenomenon that occurs when there is a transfer of power from one agent to another. From this perspective, there is assumed to exist a subject or group who develops a practice to empower one group or another, as an altruistic action. This understanding is also criticized by Baquero (2012), since it expresses a relationship in which users are passive objects, recipients, and dependent on external action--while the professional action is strengthened by being conceived as controlling the action and being the locus that defines the terms of interaction. Gruber and Trickett (1987), in particular, have cautioned against the transitive use of the term, stating that if a group with power can

empower those who are powerless, then that same group has the capacity to disempower.

While recognizing the important role that professionals and social actors can play in supporting empowerment processes, it is imperative that individuals and communities assume an ownership role in defining problems and formulating strategies to overcome them. As an intransitive verb, empowerment is based on the belief that power is not an object, a thing, or an attribute that can be given, transferred, or passed from one locus to another. Instead, it is the expression of relationships built and achieved in interaction among people. The idea that power can be built by reframing relationships “refers to situations characterized by the ethics of mutual respect, reciprocity, humility, and interdependence between the parties”, which is most likely when those involved share common interests (Ferreira and Castiels, 2009, p. 70). Empowerment therefore can be better seen as an organic process that occurs when safe spaces are created so that people from different walks of life can share their own strengths, struggles, and knowledge and can *claim* their own power to work together to co-create strategies to address community problems. Empowerment is therefore based on an assumption of community and cultural strengths and assets that can be augmented (Tengland, 2008; Wiggins, 2011).

*e) Empowerment as colonization from the Anglo-Saxon world versus conscientization*

Some languages (e.g., Dutch and German) have adopted the English word ‘empowerment’ in certain specific contexts, such as health promotion or social work, or they use equivalent terms to reflect the meaning of the original (e.g. *Ermächtigung* in German). Many languages have their own vocabulary and theories of power, powerlessness, and inclusion/exclusion which reflect unique histories and understandings, for example, those associated with critical theory, such as Marxism and the work of Jürgen Habermas. Here we focus on words and meanings found in Portuguese and Spanish in order to expand this discussion into the Global South. *Empoderamento* and *empoderamiento* were adapted from the English. Carvalho (2004) has advocated not translating the word, and just using ‘empowerment’ related to the healthcare system. Analyzing the word in Portuguese, he refers to synonyms such as “seize”, “lord over”, “dominate”, “win”, “take possession”, which does not match with the concept of the term described in much of the English language literature.

In Brazil, Roso and Romanini (2014) consider that the term ‘conscientization’ better expresses the political meaning of collective action for the term empowerment. For these authors, conscientization is linked to an initiative, which mobilizes people and collectivities, through dialogical relations, for the transformation of reality. For Freire

(1979; 2015), the process of conscientization involves critical reflection on historical-social reality enabling people to recognize the inherent contradictions and, by consequence, the underlying factors influencing its configuration. According to Freire, the more people critically reveal their realities, the more they are able to perceive gaps and possibilities for intervention. However, it is in the transforming action on this reality—i.e., praxis—that individuals realize they create and produce culture and history. To support professionals and organizations in the development of empowerment strategies, Wallerstein (2006), Sandoval Forero (2015), Tengland (2008), among others, cite Paulo Freire as a reference approach, whose theoretical, educational and ethical basis has proved congruent with the multi-dimensional and social action perspective of empowerment. Critical theorists, from a European Marxist tradition, have also espoused the role of ideology and critical consciousness of actors beyond a structural approach as important for transformations of society (Marcus & Tar, 1984). According to Sandoval Forero (2015), Freire proposes popular education as a strategy for people to critically ‘know’ the world where they live, through collective and dialogical experiences, with a view to developing transformative practices to improve their life conditions. Popular education approaches have been adopted throughout the world in adult and worker education and community health promotion settings, among others (Wiggins et al, 2009, 2011; Delp et al, 2002; Laverack, 2007; Wallerstein and Auerbach, 2004). Through connection to Freire, use of the terms *empoderamiento* and *empoderamento* has gained traction within Latin America and the Iberoamericano world (see a plethora of organizations on the internet).

*f) Global and national policy dimensions versus decentralization and formation of local concrete practice*

The term empowerment additionally takes on different sets of meanings, depending on if it is used in policy discourse, where it can be detached from its local concrete practice. This kind of abstraction can also be found in the theoretical discussions. A particular position is occupied by empowerment in the discourse of international organizations and agencies. Here the references to different regional and linguistic traditions of conceptualization have been ignored, while at the same time such agencies exert considerable influence on local practices through funding. In these contexts, the meaning of empowerment is largely defined through systematic standardized accounting and reporting practices, in particular the specific requirements of measuring impact through precise indicators. Such criteria are assumed to have universal relevance and to provide transparency, as well as comparability over time and across geographical contexts.

In a recent addition to this international universal and policy relevance, Laverack and Pratley (2018) produced a Health Evidence Network review from the WHO on measures of empowerment that could be collected at a national level, rather than at just a community level. Because of this larger focus, they concentrated on organizational and political measures, rather than individual psychological measures. However, Laverack and Pratley (2018) also included the importance of local practice: “the decentralization and the formation of local organizations play a key role in community empowerment, and strengthening the capacity of such local organizations helps to empower their members.” They suggest assessing how national and global policies can play an important role in the power of local communities and social networks, ie., whether policies provide local communities access to resources, facilitate diversity of membership of who can participate, or support linkages to broader networks. Their focus on women’s empowerment demonstrates how national policies either facilitate or hinder political participation and even basic decision-making control over family economic resources, access to health care, and mobility. This recognition of the macro, meso, and micro dimensions of power and empowerment has been well articulated in a recent article that provides concrete examples of the constraining and facilitating dimensions of the larger context for local communities to enact change (Roura, 2021).

*g) Exclusively focusing on power and control versus emphasizing the value of vulnerability as a fundamental part of life*

In the context of health, empowerment processes support the development of the ability and capacity of individuals, groups and communities to deal with adversity, have more control over their lives and improve conditions for ‘living well.’ This also involves living sustainably, in harmony with the environment, and with respect of and connection to the local culture. Practices that damage the integrity of a place, its culture and the natural environment are thus disempowering in a fundamental sense. In processes of empowerment, people may take leading roles in building and achieving shared spaces of decision-making on relevant issues. Such decision-making is not limited to the area of personal, family, group, or community concerns, but equally extends to institutional and political domains.

There is, however, a problematic side in exclusively focusing on power, control and autonomy, especially with respect to health issues, since life necessarily also involves loss of power, with increased vulnerability, dependence and deterioration. An excessive stress on the positive aspects of capacity may correspond with a negative conceptualization of lack of capacity in different areas of life, and thereby it implicitly devalues the most vulnerable individuals and groups. This is why conceptualizations of



empowerment need to emphasize the value of vulnerability and recognize interdependence among humans as a fundamental part of life (Kimmerer, 2013).

#### **4. Empowerment and its Relationship to PHR**

In multiple dialogues over the years, ICPHR members have confirmed the importance of a comprehensive view of empowerment within the field of PHR. In these dialogues, they have countered the above critiques in the field, and have provided resonance with the goals of conscientization, praxis, health equity, and social justice.

##### *Power in PHR*

The focus on power is an essential element in understanding empowerment. Power has always been a central concept within empowerment, with many definitions elucidated, i.e., power over, power with, and power within (Laverack, 2007). Oppressive power has represented a negative view of power, yet power with others for advocacy and resistance against oppression, as well as the feminist notion of power within ourselves have been threaded throughout the empowerment literature. While oppressive power through military, economic, or ideological means can be seen as monolithic, Foucault (1980) has confronted these ideas by discussing power as a productive and inherently unstable resource within webs of relations, discourses and practices found in institutions and communities that can be challenged and resisted through multiple leverage points. Empowerment strategies therefore mean confronting the multiple mechanisms of control, whether structural, cultural, or internalized.

Power issues permeate all social relations, from oppressive political and ideological conditions and hierarchies within institutions to the PHR collaboration itself, where stakeholders have different positionalities of power, whether from their institution, their academic training, or their social positionality of race/ethnicity or other dominant or subordinate group. Power is also seen as emancipatory, reflecting community strengths, resiliencies and histories of organizing and resistance against oppressive power conditions.

##### *Establishing Equitable Relationships*

First, therefore, within PHR, establishing equitable relationships requires acknowledging multiple sources and dimensions of power. Because of histories of research abuse, including when data has been collected and never returned to communities, the first step to establishing equitable relationships is acknowledging power hierarchies in the research process. This means a partnership acknowledging how academic knowledge

is privileged above communities' collective and experiential knowledge, or how universities can more easily access research funds than non-profit agencies. Recognizing these issues may lead to transformation of power imbalances within research practices. The practice of cultural humility to reflect on our own positions of privilege and power within our collaborating research can enhance empowering synergistic processes that can challenge internal and external inequitable conditions (Chavez, 2012; Muhammad et al, 2015).

Understood from the perspective of the 'pedagogy of discomfort', however, an effective dialogue necessitates openness to criticism and self-criticism. The 'pedagogy of discomfort' can generate unpleasant experiences. It requires the ability to promote disruption, and often also builds on a willingness to give up privileges and established positions of power. The 'pedagogy of discomfort' can be understood as a process in which people experience a transformation, which Freire sees as power for the reinvention of society (Gadotti, Freire, and Guimarães, 1995; compare ICPHR Position Paper 1, 2013, regarding messiness and transformation in PHR). A new society requires the creation of a new person, and this can only happen on the path, moving forward, "in fright, fear, doubt, through courage and selflessness in [...] the moments of the crossing." (Gadotti, Freire, and Guimarães, 1995, p. 64).

In her recent paper, Roura has deconstructed the role of power even further to identify micro, meso, and macro dimensions of power, providing a welcome new multi-level context for understanding power relations within PHR collaboratives (Roura, 2021). Based on Roura's model and others, in 2020 the ICPHR evaluation working group conducted qualitative workshops with PHR stakeholders—predominantly in the Global South—to uncover distinct definitions of power and empowerment with the goal of developing an evaluation framework and metrics for assessing and addressing power relations in PHR (Egid et al, in press). These metrics we hope will be able to assist us in our commitment to the 'pedagogy of discomfort', and to support the necessary transformations of power and privilege within our partnerships.

### *Building on Community Histories and Resiliencies*

Second, it means identifying and building on the resiliencies and histories of communities to challenge inequitable conditions that produce ill-health and to identify key targets of change. Only thus a collaborative partnership can apply these empowerment concepts in PHR. Current community based participatory research (CBPR) initiatives have increasingly embraced Freirian conscientization, recognizing the importance of shared power for equitable partnerships, both within internal partnership dynamics (Muhammad et al, 2015) as well as targeting inequitable conditions and

oppressive power dynamics for change (Devia et al, 2017; Wallerstein et al, 2019; Wallerstein et al, 2018; Israel et al, 2013). Structural practices, such as collaborative governance and formal agreements have been further explored as key practices for shared decision-making, though deliberative practices still deserve more attention (Sanchez-Youngman et al, 2021).

### *Epistemological Practices*

Third, the production of knowledge through this research approach is not restricted to the results obtained by the application of data collection techniques, but involves a wide range of epistemological practices. These range from the creation and ownership of methodological procedures, to the concerns experienced by partners in recognizing and describing problems in a reflective manner, and also the design and testing of intervention strategies and the critical analysis of the effectiveness of these strategies. To counter the power of academic knowledge in research, in particular, other knowledge sources, methods, and epistemologies have been highlighted, including indigenous and cultural knowledge, practitioner knowledge, and community-defined knowledge as key to integrate into PHR initiatives (Tuhiwai Smith, 2012; Hall; Tandon; Tremblay, 2015). These writings, many from the Global South, have reinforced PHR goals of knowledge democracy and cognitive justice (Hall, Tandon, and Tremblay, 2015; Santos, 2016; Fricker, 2007).

These diverse epistemological practices highlight challenges and potentialities observed in the course of working towards health and social transformations. In this sense, the knowledge produced in these processes, besides considering objective and subjective dimensions, is also associated with personal, group, organizational and political contributions. The participatory approach offers potential for personal contributions, to the extent that it supports feelings of self-confidence and self-esteem, developing reflective, creative and communicative capacity. It can generate group contributions, since it enables the sharing of ideas, skills and resources, strengthening bonds of trust and feelings of belonging, reciprocity and co-responsibility. Organizational contributions derive from promoting greater visibility and recognition of the organization's potentials and influence, as well as by developing the ability to intervene and express oneself in collaborative processes. The approach can thus contribute to social change that provides better conditions for 'living well' and, in a political sphere and scope, support the constitution and execution of public policies favoring greater social and environmental equity, justice and sustainability.

### *Empowerment in PHR and Health Outcomes*

Fourth, empirical data has begun to elucidate the importance of empowerment in participatory health research in collaborative processes and health outcomes. In a recent study of over 400 research partnerships in the United States involving multi-sector stakeholders, including community members, ‘collective empowerment’ has been identified as encompassing four practice qualities: shared values, opportunities for collective reflection on actions (i.e., praxis), peoples’ belief they have influence in the partnership, and research actions based on community culture and knowledge (Wallerstein et al, 2020). These qualities mirror empowerment definitions summarized by the Cornell Empowerment Group (1989), as people participating collectively with core values for change, critical reflection, and influence centered in their community to gain control and improve the quality of their living conditions.

Health outcomes from empowerment have also been increasingly identified within the literature, from decades of community development, health promotion, and other community-driven initiatives (Rifkin, 2014; Haldane et al, 2019; Asari, 2018; Laverack, 2006; Wallerstein, 2006), and more recently in PHR itself (O’Mara-Eaves et al, 2015; Ortiz et al, 2020; Oetzel et al, 2018, among many others). (See also ICPHR Position Paper No. 3: Impact in PHR.)

### *Empowerment in PHR with Children and Youth*

Fifth, while this position paper has not focused on empowerment literatures by population or sector—such as empowerment of women, racial/ethnic populations, LGBTQ, other social identity groups or people from vulnerable communities—we do want to honor the work of ICPHR’s Kids In Action, focusing on the empowerment of children and adolescents. Though children and adolescents are a minority group at the global level, in some of the poorest parts of the world they represent the majority population.

A key challenge in addressing empowerment of children and adolescents is the social construction of childhood—still prevailing across the globe—which questions children’s capacity for competent and autonomous judgement and results in them being under the protection, guidance and control of adults, both in the family and in educational settings (Tisdall and Punch, 2012). While the promulgation of the UN Convention on the Rights of the Child, starting in 1989, has greatly enhanced global awareness—and acceptance—of children as rights-holders, it has also met with resistance, where the idea of children as empowered social actors is seen to go against the established order of things (Mayall, 2000).

Against this backdrop, the word ‘empowerment’ is found abundantly in literature on children’s studies and children’s rights, and has been claimed as one of the important benefits of children’s participation (Kellest, 2011; White and Choudhury, 2010). Similar to adult populations, there remains little consensus on how to define or measure empowerment in relation to children and youth. One approach that seeks to develop a working model of empowerment in relation to children and adolescents is that developed by the Nicaraguan NGO CESESMA which proposes that:

*In order to be ‘empowered’ a boy or girl must be in conditions where they can have an influence, must have the knowledge and abilities required in order to have an influence and, above all, must feel themselves capable of having an influence. (Shier 2019, p. 2).*

Adults engaged in participatory research with children thus have a responsibility, not only to provide children with opportunities and support to express their views, but also to ensure there is an audience for those views and likelihood of influence (Lundy 2007).

#### *The Role of Practitioners*

Finally, sixth, we recognize PHR as the result of a collaboration among various stakeholders, including professionals or practitioners working within health care, social welfare, and education (such as social workers, nurses, community health workers, allied health professions, teachers, and community organizers). These practitioners often play a central role in establishing and maintaining contact between the communities they serve and academic institutions. Typically, evidence-based practice developed from academic research, and quantifiable, experimental evidence is privileged over other knowledge. However, the qualitative, context-specific knowledge routinely generated by practitioners and also often found in PHR is equally useful for transforming inequitable conditions (Harris et al, 2018). Conducting PHR studies empowers practitioners to value their ways of knowing and enables them to generate other forms of evidence with immediate application to the settings in which they work (practice-based evidence) (van der Donk and van Lanen 2019; van der Donk et al., 2014).

The practitioner is daily bridging the knowledge generated by academic institutions with the complex realities of the systems in and with which he or she works. In the process of acting for change, the practitioner is also generating his or her own knowledge, which is augmented by the knowledge of colleagues and the knowledge of the people served. A research embedded in practice provides a new impetus for the practitioner and for the wider community of practice to examine immediately and in real-time the causes of social and health care problems and the possibilities for their solution. Practitioner research, similarly to research directed by community members and leaders, challenges us to let go of claims of objectivity, and instead to blend research with practice in the

interest of a critical reflexivity which serves both theory and action. The resulting knowledge is dynamic and changing and often defies neat categorization, but it is a living knowledge which better takes into account the depth and breadth of human experience as stakeholders work together for a better world.

## 5. Conclusion

Empowerment is a dynamic multidimensional set of processes that can contribute to enhanced health and social equity outcomes, at a community level; within civil society organizations, public and private agencies, health care and other systems; and within the policy and political environment. Empowerment processes provide spaces in which people, working with others, can have the influence needed for creating healthier environments. Empowerment enables a dynamic interplay between peoples' own personal transformation; their interpersonal relationships and the sense of belonging they experience as they participate with others; and their capacities through social networks, organizing, and political action to address unhealthy and unjust community and societal conditions. Because empowerment processes operate within communities, there is inherent connection with wider structures and forces at national and global levels, which may impact and constrain the local scope for action. This is why empowerment at interpersonal, organizational, and community levels necessarily involves political dimensions.

The participation of multiple stakeholders as subjects with agency and power takes place in a shared manner, with co-responsibility in decision-making, ranging from the formulation of problems and setting priorities to finding or creating solutions and their implementation. In this process, people build relationships of trust and respect, recognizing and valuing the knowledge of the other, and accepting differences as opportunities for learning and shared growth.

From this perspective, PHR promotes empowerment experiences, enabling the transformation of people and communities, supporting relationships of shared power and having equitable access to tangible and intangible resources. This implies sharing dreams and commitments, from which those involved build spaces and favorable conditions so that everyone can develop new skills and knowledge while recognizing and enhancing the capacity of each individual. Empowerment can be strengthened in PHR processes when power is recognized and supported for all social actors, as it implies the shared desire of those involved to transform reality in order to build a better future, a better place to live and live together. It implies a shared belief of people in the future, coupled with a critical hope, founded on the recognition of the socially and historically-constituted context.

## References

Abers, R. N.; Keck, M. E. (2008). Representando a diversidade: estado, sociedade e "relações fecundas" nos conselhos gestores. (Representing diversity: state, society and "fertile relationships" in management councils). *Caderno CRH*, 21(52), 99-112. DOI 10.1590/S0103-49792008000100008.

Asari, A.A., (2018). The Role of Women's Empowerment in Enhancing Health and Wellbeing and in Ensuring Sustainable Development, and Implications for Policy in Ethiopia: A Review Paper, *International Journal of Social Sciences Arts and Humanities*, 6(2): 15-23.

Baquero, R. V. A. (2012). Empoderamento: instrumento de emancipação social? Uma discussão conceitual. (Empowerment: Instrument of social emancipation? A conceptual discussion). *Revista Debates*, 6(1):173-87.

Carvalho, S. R. (2004). Os múltiplos sentidos da categoria "empowerment" no projeto de Promoção à Saúde. *Cadernos de Saúde Pública*, 20(4):1088-1095. DOI 10.1590/S0102-311X2004000400024.

Carvalho, S. R, Gastaldo, D. (2008). Promoção à saúde e empoderamento: uma reflexão a partir das perspectivas crítico-social pós-estruturalista (Health promotion and empowerment: A reflection based on critical-social post-structuralist perspectives). *Ciência & Saúde Coletiva*: Rio de Janeiro, 13(S. 2):2029-2040.

Chavez, V., (2012), Cultural Humility video, <https://www.youtube.com/watch?v=SaSHLbS1V4w>

Cooke, B., Kothari, U. (2003). *Participation: the new tyranny?* London, Zed Books, Ltd.  
Delp, L., Outman-Kramer, M., Schurman, S., Wong, E., (2002). *Teaching for Change: Popular Education and the Labor Movement*.

Devia, C., Baker, E. A., Sanchez-Youngman, S., Barnidge, E., Golub, M., Motton, F.; *et al.* (2017). Advancing system and policy changes for social and racial justice: comparing a Rural and Urban Community-Based Participatory Research Partnership in the U.S. *International Journal for Equity in Health*, 16-17.

Beatrice Egid, B., Ozano, K., Hegel, G., Zimmerman, E., Lopez, Y, Roura, M., Sheikhattari, P., Jones, L., Dias, S., Wallerstein, N., (in press). Can everyone hear me? Reflections on the use of global online participatory workshops for exploring power in participatory research, *Qualitative Research*.

Ferreira, M. S., Castiel, L. D. (2009). Which empowerment, which health promotion? Conceptual convergences and divergences in preventive health practices. *Cad. Saúde Pública*, Rio de Janeiro, (1):68-76.

Foucault, M., (1980) *Power/knowledge: selected interviews and other writings, 1972-1977*, ed. C. Gordon. New York: Pantheon Books.

Fricker, M. (2007). *Epistemic injustice: Power and the ethics of knowing*. New York, NY: Oxford University Press.

Freire, P. (2018). *Conscientização*. São Paulo: Cortez.

Freire, P. (1979). *Educação e Mudança*. 12ª Edição. Paz e Terra. Rio de Janeiro.

Freire P. (1970). *Pedagogy of the oppressed*. New York, The Seabury Press.

Gadotti, M., Freire, P., Guimarães, S. (1995). *Pedagogia: diálogo e conflito*. 4. ed. São Paulo: Cortez.

Gruber, J., Trickett, E. J. (1987). Can we empower others? The paradox of empowerment in the governing of an alternative public school. *American Journal of Community Psychology*, 15:353-371.

Haldane, V., Chuah, F.L.H., Srivastava, A., Singh., S.R., Koh G.C.H., Seng, C.K., Legido, Quigley, H., (2019). Community participation in health services development, implementation, and evaluation: A systematic review of empowerment, health, community, and process outcomes, *PLOS One*, <https://doi.org/10.1371/journal.pone.0216112> .

Hall, B.; Tandon, R.; Tremblay, C. (2015). *Strengthening community university research partnerships: Global perspectives*. Victoria, BC: University of Victoria.

Harrette, M. V. B. (2011). Empoderamiento: una alternativa emancipatória? Reflexiones para una aproximación crítica a la noción de empoderamiento (Empowerment: an emancipatory alternative? Reflections for a critical approach to the notion of empowerment). *Margen*, 61:1-14.

Harris, J., Cook, T., Gibbs, L., Oetzel, J., Salsberg, J., Shinn, C., Springett, J., Wallerstein, N., Wright, M., (2018). Searching for the impact of participation in health and health research: Challenges and methods," *Biomedical Research International*, 2018, Article ID 9427452, <https://doi.org/10.1155/2018/9427452/> .

International Collaboration for Participatory Health Research (2013) *Position Paper 1: What is Participatory Health Research?* Version: May 2013. Berlin: ICPHR.

Israel, B. A., Eng, E., Schulz, A. J., & Parker, E. A. (2013). *Methods for Community-Based Participatory Research for Health* (2nd ed.). San Francisco, CA: Jossey-Bass.



Kellett, M. (2011). Empowering children and young people as researchers: Overcoming barriers and building capacity. *Child Indicators Research*, 4(2), 205–219.

Kimmerer, R.W. (2013). *Braiding Sweetgrass: Indigenous Wisdom, Scientific Knowledge, and the Teachings of Plants*, Canada, Milkweed Press.

Kleba, M. E. K; Wendhausen, A. L. P. (2012). Empoderamento e participação social na gestão pública. In.: Wendhausen, A. L. P; Kleba, M. E. (Orgs.). *Conselhos Gestores e Empoderamento: Vivências e potenciais da participação social na gestão pública*. Jundiaí: Paco Editorial.

Laverack, G., (2007). *Health promotion practice: building empowered communities*, England, Open University Press.

Laverack, G., (2006). Improving Health Outcomes through Community Empowerment: A Review of the Literature, *Health Popular Nutrition*, 24(1):113-120.

Laverack G, Pratley P. (2018). What quantitative and qualitative methods have been developed to measure community empowerment at a national level? Copenhagen: WHO Regional Office for Europe (Health Evidence Network (HEN) synthesis report 59).

Lundy L. (2007). 'Voice' is not enough: conceptualising Article 12 of the United Nations Convention on the Rights of the Child. *British Educational Research Journal*. 33(6), 927-947.  
 Marcus, J and Tar Z (1984) *Foundations of the Frankfurt School of Social Research*. New York: Routledge.

Mayall, B. (2000). The sociology of childhood in relation to children's rights. *The International Journal of Children's Rights*, 8(3), 243–259.

Minkler, M and Wakimoto, P (eds) (2021). *Community Organizing and Community Building for Health and Welfare* 4th edition, New Brunswick, NJ: Rutgers University Press.

Muhammad, M., Wallerstein, N., Sussman, A., Avila, M., Belone, L. (2015). Reflections on researcher identity and power: The impact of positionality on Community Based Participatory Research (CBPR) processes and outcomes, *Critical Sociology*, 41(7-8): 1045-1063.

Nunes, N. R. (2018). *Mulher de favela: O poder feminino em territórios populares*, Rio de Janeiro, Editora Gramma.

Oetzel, J. Wallerstein, N., Duran, B., Sanchez-Youngman, S., Nguyen, T., Woo, K., Wang, J., Schulz, A.M., Kaholokula, J.K, Israel, B.A., Alegria, M., (2018). Impact of Participatory Health Research: A Test of the CBPR Conceptual Model: Pathways to

Outcomes within Community-Academic Partnerships, Biomedical Research International, Article ID 7281405, doi:10.1155/2018/7281405.

O'Mara-Eaves, A., Brunton, G., Oliver, S., Kavanagh, J., Jamal, F., Thomas, J. (2015) The effectiveness of community engagement in public health interventions for disadvantaged groups: a meta-analysis. *BMC Public Health*, 15, 129.

Ortiz, K., Nash, J., Shea, L., Oetzel, J., Garoutte, J., Sanchez-Youngman, S., Wallerstein, N., (2020). Partnerships, Processes, and Outcomes: A Health Equity-Focused Scoping Meta-Review of Community Engaged Scholarship, *Annual Review of Public Health*, 41:177-199.

Rappaport, J. (1987). Terms of empowerment/exemplars of prevention: Toward a theory for community psychology. *American Journal of Community Psychology*, 15(2):121-148. DOI 10.1007/BF00919275.

Rifkin, S. B. (2014). Examining the links between community participation and health outcomes: a review of the literature, *Health Policy and Planning*, 29 (suppl\_2): ii98–ii106, <https://doi.org/10.1093/heapol/czu076> .

Roura, M. 2021. The Social Ecology of Power in Participatory Health Research. *Qualitative Health Research*, 31, 778-788.

Roso, A.; Romanini, M. (2014). Empoderamento individual, empoderamento comunitário e conscientização. *Psicologia e Saber Social*, 3(1):83-95. DOI 10.12957/psi.saber.soc.2014.12203

Salci, M. A.; Maceno, P.; Rozza, S. G.; Silva, D. M. G. V.; Boehs, A. E.; Heidemann, I. T. S. B. (2013). Educação em saúde e suas perspectivas teóricas: algumas reflexões. *Texto Contexto Enferm*, 22(1):224-30. DOI 10.1590/S0104-07072013000100027

Sanchez-Youngman, S., Boursaw, B., Oetzel, J., Kastelic, S., Scarpetta, M., Devia, C., Belone, L., Wallerstein, (2021) N. Structural Community Governance: Importance for Community-Academic Research Partnerships, *American Journal of Community Psychology*, first published on-line, 23 April 2021, <https://doi.org/10.1002/ajcp.12505>.

Sandoval Forero, E. A. (2015). Empoderamiento pacifista para otros mundos posibles (Pacifist empowerment for other possible worlds), *Revista de Paz y Conflictos*, 8(2):75-95.

Santos, Boaventura de Souza. (2016). *Epistemologies of the South: justice against epistemicide*. New York: Routledge.

Shier, H. (2019). 'Empowerment' of Children and Adolescents: What is it, how does it occur, and what is the adult supporter's role? Finding answers in the experience of

young people organising with CESESMA in Nicaragua. *Children's Research Digest*, 7(1).

Shor, I; Freire, P. (1987). *A pedagogy for liberation: dialogues on transforming education*. Westport: Bergin & Garvey.

Tuhiwai Smith, L. (2012). *Decolonizing methodologies: Research and indigenous peoples* (2nd ed.). New York, NY: Zed Books.

Tengland, P-A. (2008). Empowerment: A Conceptual Discussion. *Health Care Anal* 16:77–96. DOI 10.1007/s10728-007-0067-3

Tisdall, E. K. M., & Punch, S. (2012). Not so 'new'? Looking critically at childhood studies. *Children's Geographies*, 10(3), 249–264.

van der Donk, C.; van Lanen, B. (2019) *Praktijkonderzoek in zorg en welzijn*. Bussum, Netherlands: Uitgeverij Coutinho.

van der Donk, C.; van Lanen, B.; Wright M. T. (2014) *Praxisforschung im Sozial- und Gesundheitswesen*. Bern: Hogrefe Verlag (ehem, Verlag Hans Huber).

Wallerstein, N. (1992). Powerlessness, empowerment, and health: implications for health promotion programs. *American Journal of Health Promotion*, 6(3):197-205.

Wallerstein, N. (2006). What is the evidence on effectiveness of empowerment to improve health? Copenhagen, WHO Regional Office for Europe (Health Evidence Network report); disponivel online no site: <http://www.euro.who.int/Document/E88086.pdf> (acessado em 16 de julho de 2016).

Wallerstein, N., Auerbach, E., *Problem-Posing at Work: Popular Educators Guide*, Grass Roots Press, Canada, 2004, <https://www.grassrootsbooks.net/us/>

Wallerstein, N, Duran, B., Oetzel, J., Minkler, M. (Eds.). (2018). *Community-Based Participatory Research for Health: Advancing Social and Health Equity* (Third edition). San Francisco, CA: Jossey-Bass.

Wallerstein, N., Muhammad, M., Avila, M., Belone, L., Lucero, J., Noyes, E., Rodriguez, P., Sanchez-Youngman, S., Baker, E., Nguyen, T., Sigo, R., Ruddock, C., Duran, B., (2019). Power Dynamics in Community Based Participatory Research: A Multi-Case Study Analysis Partnering Contexts, Histories and Practices, *Health Education and Behavior*, 46(1S) 19S–32S.

Wallerstein, N., Oetzel, J., Sanchez-Youngman, S., Boursaw, B., Dickson, E., Kastelic, S., Koegel, P., Lucero, J., Magarati, M., Ortiz, K., Parker, M., Peña, J., Richmond, A., Duran, B., (2020). *Engage for Equity: A Long-Term Study of Community Based*

Participatory Research and Community Engaged Research Practices and Outcomes, *Health Education and Behavior*, 47(3): 380-390.

White, S. C., & Choudhury, S. A. (2010). Children's Participation in Bangladesh. In N. Thomas & B. Percy-Smith (Eds.), *A Handbook of Children and Young People's Participation: Perspectives from Theory and Practice* (pp. 39–50). Routledge.

WHO - World Health Organization. (1986). Ottawa Charter for Health Promotion. Adopted at an international conference on health promotion, The Move Towards a New Public Health, Ottawa, 17-21 November, 1986  
[http://www.euro.who.int/data/assets/pdf\\_file/0004/129532/Ottawa\\_Charter.pdf](http://www.euro.who.int/data/assets/pdf_file/0004/129532/Ottawa_Charter.pdf) ;  
(accessed 5.27.2019)

WHO - World Health Organization. (1997). The Jakarta Declaration on Leading Health Promotion into the 21st Century. Fourth International Conference on Health Promotion. Jakarta.  
<https://www.who.int/healthpromotion/conferences/previous/jakarta/declaration/en/> ;  
(accessed 4.27.2020)

Wiggins, N. (2011). Popular education for health promotion and community empowerment: a review of the literature. *Health Promotion International*, 27(3):356-371. DOI 10.1093/heapro/dar046

Wiggins, N.; Johnson, D.; Avila, M.; Farquhar, S. A.; Michael, Y. L.; Rios, T.; Lopez, A. (2009). Using Popular Education for Community Empowerment: Perspectives of Community Health Workers in the Poder es Salud/Power for Health Program. *Critical Public Health*, 19(1):11-22.

Zimmerman, M. A. (1995). Psychological empowerment: Issues and illustrations. *American Journal of Community Psychology*, 23(5):581-599.