Empowerment as a strategy for health promotion

Abstract: Introduction: Empowerment is one of the cornerstones of health promotion. Globally, governments have advocated the use of empowerment in their public health policies. During the past few decades, health promotion has increasingly focused on the empowerment of deprived communities and is shifting from a top-down approach to a participatory practice, aimed at helping people to gain control over their lives and health. Previous research shows that this shift is not without problems. Empowerment is a concept that has been much used and discussed for a number of years. However, it is not always explicitly clarified what its central meaning is. The present paper intends to clarify what empowerment means, and relate it to the goals of health promotion.

Methodology: We searched the electronic data bases: PubMed between 1994 and 2010. In this search we use from key word, Empowerment, health promotion. We systematically searched these resources and found 25 articles, select 10 articles related and valid.

Result: The results of 10 studies suggest that health promotion is not a social movement but a professional and bureaucratic response to the new knowledge challenges of social movements. Analysis identified seven methods frequently used to empower (acronym): empowerment education and training, media use and advocacy, public education and participation, organizing associations and unions, work training and micro-enterprise, enabling services and support, and rights protection and promotion. Furthermore the analysis revealed eight main dimensions of empowerment: (1) shared decision-making, (2) self-efficacy, (3) social support and social capital, (4) skills and competences, (5) health care utilization, (6) goal setting and attainment, (7) reflexive thought and (8) innovation. The study suggests that an effective empowerment strategy would be to use activity-related affect, as well as interpersonal and situational influences, as a means of facilitating and enhancing clients' health-promoting behaviors.

Conclusion: The paper integrates key findings into an empowerment model consisting of five stages: motivation for action, empowerment support, initial individual action, empowerment program, and institutionalization and replication. Implications for policy and health promotion programs are discussed. The resistance of health authorities towards empowerment indicators is a great challenge for funding of evaluations. Community members are to be included in the evaluation process, although it is not always easy to do so in a representative way and empowering approach. The best methods to capture whether empowerment has occurred in a programme are qualitative ones. The positive experiences that the interview partners made with innovative qualitative methods encourage further investment in developing new research designs.

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