IJARSCT
ISSN (Online) 2581-9429
International Journal of Advanced Research in Science, Communication and Technology (IJARSCT)
Volume 3, Issue 2, March 2023
Impact Factor: 7.301

Community Empowerment Perspective for Health Education

Chandrika H R
Director of Physical Education
Government First Grade College, K R Puram, Bangalore, India

Abstract: *The prevailing emphasis in health education interventions is on understanding and changing factors that affect life-style choices and individual health behaviours related to health status. Although such approaches to changing individual behaviour are appropriate for addressing some health problems, they often ignore then association between increased morbidity and mortality and social, structural and physical factors in the environment such as inadequate housing, poor sanitation, unemployment, exposure to toxic chemicals, occupational stress, minority status, poor education, powerless or lack of control or alienation and the lack of supportive interpersonal relationships. A conceptual model of the stress process incorporates the relationships among these environmental factors, powerlessness, social support and mental and physical health status.*

Keywords: Health Education

I. INTRODUCTION

Health educators committed to improving health and well-being might want to teach individuals how to find alternative water or food supplies, but this approach has the danger of both blaming the victim and doing little to eliminate the source of the problem itself. Health educators particularly committed to meeting the needs of economically, culturally or ethnically marginalized people need to work with them to obtain the basic prerequisites of health as defined by the Ottawa Charter for Health promotion. This requires that health educators not just develop programs aimed at individual behaviour change, but also engage in collective action for social change. Application of the concept of empowerment within a framework of the stress process at the community level can provide health educators with useful suggestions for understanding the complex determinants of health and can inform the design, conduct and evaluation of community-based health education programs.

II. COMMUNITY

To use the concept of empowerment and conceptual framework of the stress process to guide health education strategies at the community level, it is important to clarify what is meant by "community". Although the are many definitions of community, the one used be draws upon Sarason, Klein and Stewart. A community a locale or domain that is characterized by the follow elements: 1. Membership- a sense of identity belonging. 2. Common symbol systems-simle language, rituals and ceremonies. 3. Shared values and norms. 4. Mutual influence-community members have influence and are influenced by each another. 5. Shared needs and commitment to meeting them. 6. Stand emotional connection-members share common history experiences and mutual support. Community may be bounded, but is not necessarily. Furthermore, a cry a catchment area may be just an aggregate of no commened people may include numerous communities or may have little sense of community. Different neighborhood within a city will vary in the extent to which they bre sense of community.

III. EMPOWERMENT

Empowerment in its most general sense refers to the ability of people to gain understanding and control ove personal, social, economic and political forces in order take action to improve their life situations. In contrast reactive approaches that derives from a treatment t illness model. The concept of empowerment is positive and proactive. Empowerment is often defined for different levels of analysis and practice-for example individual, organizational and community.

IJARSCT
ISSN (Online) 2581-9429
International Journal of Advanced Research in Science, Communication and Technology (IJARSCT)
Volume 3, Issue 2, March 2023
Impact Factor: 7.301

IV. COMMUNITY EMPOWERMENT

An empowered community is one in which individual and organizations apply their skills and resources in collective efforts to meet their respective needs. Thr such participation, individuals and organizations withi an empowered community provide enhanced support fr each other, address conflicts within the community and gain increased influence and control over the quality of life in their community. Similar to an empowered organization, an empowered community has the ability to influence decisions and changes in the larger social system. Hence, empowerment at the community level connected with empowerment at the individual and organizational levels. This conceptualization is similar to the definition of neighborhood empowerment as composed of capacity and equity, where capacity is defined as the use of power to solve problems and equity is defined as getting a fair share of resources.

V. COMMUNITY EMPOWERMENT APPROACHES TO HEALTH EDUCATION

Epidemiological, sociological and psychological evidence of the relationship between influence, control and health provide a rationale for a community empowerment approach to health education. For example studies show and association between powerlessness and mental and physical health status. Other research has linked poverty. economic powerlessness with high rates of social dysfunction, increased morbidity and mortality and decreased access to primary and preventive care. Additional research has shown an association between the experience of stress and the development of diverse physical, psychological and behavioral disorders. The conceptual model of the stress process incorporates most of these factors and is presented here as a useful framework for guiding health education community empowerment interventions.

The conceptual model of the stress process posits five major elements:

1. Stressors or psychosocial-environmental conditions conducive to stress. For example death of key community leaders, daily hassles with a government official, powerlessness, poverty status, malnutrition, natural disaster, exposure to toxic chemicals.
2. Perception of stressors as stressful by the individual or community members collectively.
3. Immediate or short-term responses to perceived stress. For example elevated blood pressure, tenseness, alcohol use, reduction of jobs and property values.
4. Enduring and long term health outcomes stemming from perception and short term responses. For example cardiovascular disease, anxiety disorder, alcoholism, destroyed water quality, industrial and residential relocation.
5. Conditioning variables like characteristics of individuals and the situation that influence the relationship among the fint four elements. For example presence or absence of supportive relationships, community problem-solving abilities, community control, socio-economic status.

VI. METHODS

The development of the survey instrument, the drawing up of the sample, the collecting of data through face-to- face interviews and the analysis of the data are carried out by researcher with the help of graduate students of social science.

Face-to-face interviews (approximately 1 hour in length) were conducted between March and June in 2014 with 916 randomly selected adults from 47 communities in the Saundatti taluka area.

VII. MEASURES

We created a set of 12 questions designed to assess individual perceptions of control or influence at the three levels of analysis-individual, organizational and community. Our purpose was to develop indices measuring perceptions of control or influence at the three scales including the three indices that could be used as a measure of the multilevel concept of empowerment and to examine the correlates of perceptions of control by using other questions. In accordance with our conceptualization of community empowerment across all three levels, the intent of the items at the organizational and community levels was to assess both perceptions of individual influence within an organizational and community context and the perceived influence of the organization and community within a broader sphere.

Our 12 questions were asked following others that inquired about the participants' involvement in numerous organizations. The respondents were asked to identify all the organizations to which they belonged and to select the one

IJARSCT
ISSN (Online) 2581-9429
International Journal of Advanced Research in Science, Communication and Technology (IJARSCT)
Volume 3, Issue 2, March 2023
Impact Factor: 7.301

that was the most important to them. The questions measuring perceived control at the organizational level were asked with regard to that organization. Participants who were not members of any organizations were not asked these questions. A four point response scale, ranging from 1-disagree strongly to 4=agree strongly, was used for all the items.

VIII. RESULTS

Based on the results of a factor analysis, three subscales were created by summing the constituent items. Internal reliabilities of each of these indices and the overall community empowerment scale were calculated using Cronbach's alpha as measures of the average inter item correlation. The three subscales correspond to perceived control at the individual level (the sum of items 6 and 8 in Tablel, alpha=.66), the organizational level (the sum of items 1 through 5, alpha=61), and the community level (the sum of the values for items 7, 9, 10, 11 and 12, alpha=63) A multilevel scale that includes all 12 items was also created (alpha=71), Correlations among the three subscales were: 15 between individual and organizational: 22 between individual and community: 39 between organizational and community.

Thus, the scale does appear to assess three levels of perceived control and the organizational and community level indices tap both perceptions of individual influence within the two domains and the perceived influence of the organization and the community in the larger environment. The instrument also provides a measure of community empowerment across all three levels as defined earlier. In an investigation examining the correlates of these measures of perceived control, we found that participation in organizations that attempt to influence public policy, taking an active or leadership role in a voluntary organization and belief that taking action is an effective means to influence community decisions are important predicators of perceived control at the organizational and community levels.

IX. SUGGESATIONS

Health educators need to consider numerous factors in the design, implementation and evaluation of community empowerment interventions. It is beyond the scope of this article to present a specific program example; rather a broad approach and several general guidelines for practice are suggested:

1. Program goals need to focus at the community, organizational and individual levels on reducing sources of stress (e.g. exposure to toxic wastes, poverty) as well as strengthening conditioning: variables that may have a positive effect on stress and health.
2. Program participants need to be actively involved and have influence in all aspects of program planning, implementation and evaluation.
3. Intervention outcomes need to include potential program effects on psychological, physical, behavioral and ecological well-being not solely a categorical disease focus.
4. Program goals and objectives need to specify, quantitative and qualitative measurement instruments need to assess.

X. CONSLUSION

We realize that this community empowerment perspective is not appropriate for all situations or for all health educators. Theory, however, is like a camera lens that helps us focus what we see and how we work within a given frame. Within this analogy, a theory that considers only the relationship between individual behaviour and physical illness allows only a narrow field of vision. On the other hand, when looking through a wide-angle lens many objects are in focus within a broad field of view: such is the case when using the stress model and the concept of community empowerment to guide our interventions. We suggest that health educators need to have multiple camera lenses in their repertoire in order to view the diverse people and situations with which we work.

REFERENCES

[1]. House JS: work stress and social support. Reading, MA, Addison-Wesley, 1981
[2]. McKnight JL: Health and empowerment. Can J Public Health 76:37-38, 1985.
[3]. Seligman M: Helplessness. San Francisco, CA. Freeman, 1975.
[4]. Ryan W: Blaming the Victim. New York, NY, Vintage Press, 1971.
[5]. Horton M: The Long Haul: An Autobiography. New York, NY, Doubleday, 1990.

IJARSCT
ISSN (Online) 2581-9429
International Journal of Advanced Research in Science, Communication and Technology (IJARSCT)
Volume 3, Issue 2, March 2023
Impact Factor: 7.301

[6]. Young E, Padilla M: Mujeres unidas en accion: A popular education process. Harvard Educ Rev 60:1-18, 1990.