

Understanding social participation and power in health



Spring School, April 2018

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Context – motivations for participation

1. Socio-political norms, values and rights – from culture, activism or law- are intrinsic to people's identity, play a central role in active citizenship and in improved health
2. Social change is bringing opportunities, challenges and activism for health – a convergence of social progress and social inequality
3. Populations are affected by multiple (preventable) health burdens from socially created conditions – that demand social changes to prevent and manage them.
4. Health systems are being challenged to develop more effective, equitable approaches – holistic, population health approaches that engage communities and other sectors

Why participation?

Why strengthen participation in health?

- *only a means* to improve health and health service performance?
- Or *also an end* in itself?

Both and end and a means.

People are not simply passive patients. Participation is integral to health, intrinsic to people's identity, a right and a democratic goal of society.

It also a means to improve action on and services for health.



Health literacy training, Zambia 2016 © Shana

Many roles in health systems

- Health literacy, information, using community knowledge.
- Assessing, identifying and prioritising health needs.
- Health planning, decision making on spending priorities, treatment plans, services, resources, budgets.
- Policy deliberation
- Co-designing and implementing health actions
- Oversight, monitoring, evaluation, review



KI Chile:

Our vision of health opened a broad spectrum of action. Because we understand that health is not just illness, which is limited, but we understand health as a vision of the world, of life, a concern that has to do with human rights, decent housing, free spaces, healthy environment, freedom from violence...

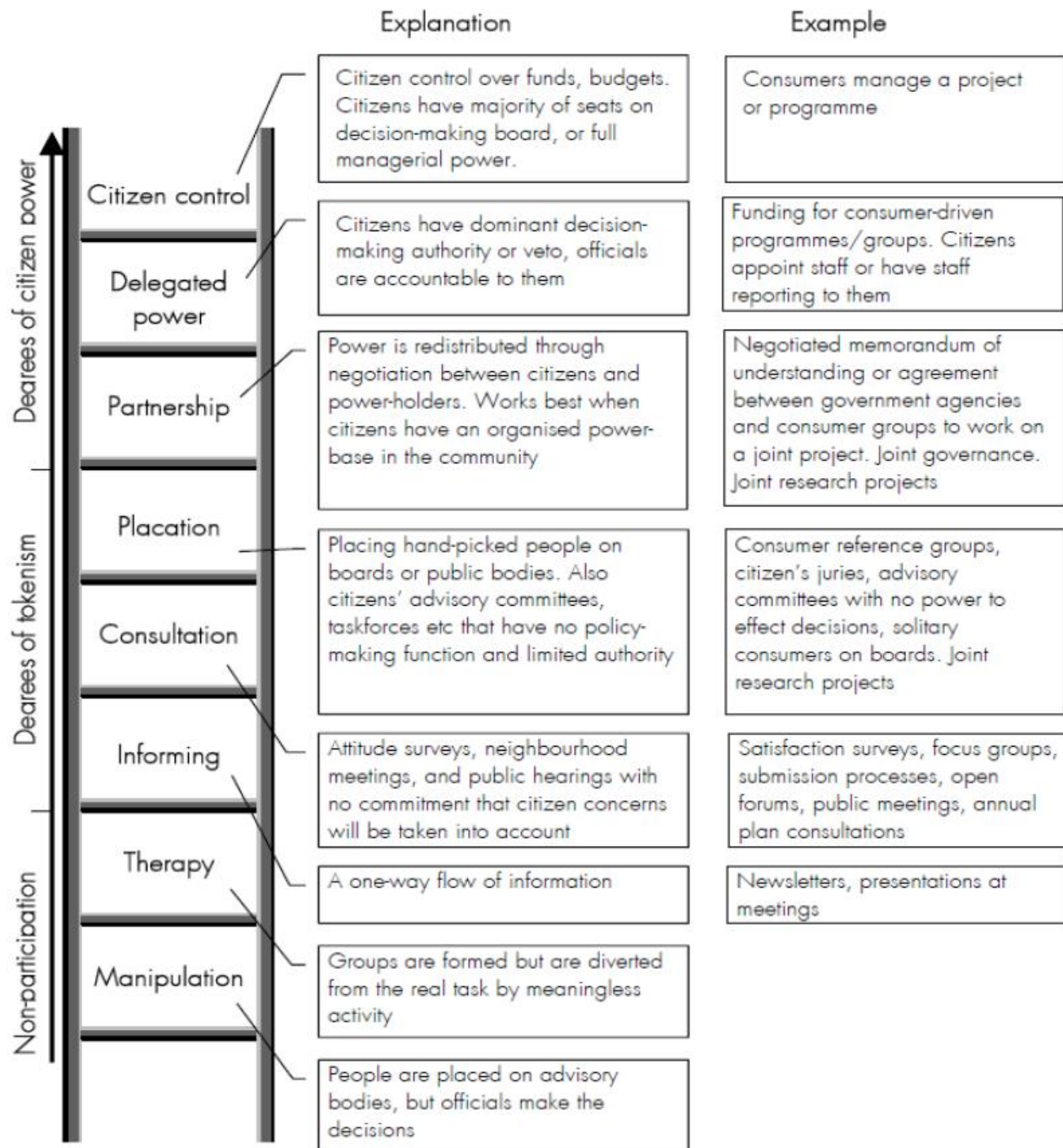


Mural on awareness of violence against women, Chile © Fundación EPEO, 2018

Supported by and elicits more holistic, proactive, comprehensive PHC and population / public health focused approaches

What concept of participation?

Arnstein's ladder



What understanding of participation?

What interests in the community and the system

- Nominal (display)
- Instrumental (utility)
- Representative (voice)
- Transformative (power)

What processes, spaces and mechanisms?

- Formal or informal, or both?
- Open or closed?
- Invited or organic?
- Sustained / durable OR temporary / transient?



Discussion with women and health services in a SC hamlet, Munari-Burkaini, India, © SSK 2017

Power is central. The capacity to make a difference, to transform the conditions affecting health through different forms of individual or collective action.

- **Power over** - domination, repression, controlling action.
- **Power to** - ability to act to influence conditions
- **Power within** - internal capacity, self-confidence, and self-consciousness to support self-determined thinking and action;
- **Power with** - created through acting collectively

Is the social power involved in participation granted...or claimed?



Seeing the multi-dimensional nature of social participation

CONTEXT

Normative, socio-political, economic, governance, health paradigm and health system features affecting participation and power

