

**APPLYING FREIRIAN MODEL FOR DEVELOPMENT
AND EVALUATION OF COMMUNITY-BASED
REHABILITATION PROGRAMMES**

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ABSTRACT

The purpose of this article is to reify and adopt the heuristics from Paulo Freire's model of adult education for possible application in development and evaluation of community-based rehabilitation (CBR) programmes in developing countries. An extensive review of literature spanning from Freire's original writings to application of his teachings was done. Besides adult education, Freire's model has been used in community organisation, health education, alcohol and substance abuse prevention, development work in agrarian cultures, and coalition building. The effectiveness of this model has generally been measured qualitatively. In order to quantitatively transcribe this model, five distinct constructs comprising of dialogue, conscientisation, praxis, transformation, and critical consciousness were identified. Specific directions for quantitative applications for developing and evaluating community-based rehabilitation programmes using these constructs are presented. The model of Freire offers lot of potential in developing and evaluating community-based rehabilitation programmes.

INTRODUCTION

In 1976, the World Health Organisation (WHO) estimated that 90% of persons with disabilities were totally neglected in developing countries and introduced the community-based rehabilitation (CBR) strategy as part of its goal to accomplish "Health for All by the year 2000" (1). A training manual was produced in 1980 (2) that was revised in 1989 (3) and has now been translated in several languages for use at the village level. In essence, the primary

tenet of CBR is to provide primary care and rehabilitative assistance to persons with disabilities by using human and other resources already available in their communities. The five basic principles of CBR strategy include:

- Utilisation of available resources in the community.
- Transfer of knowledge about disabilities and skills in rehabilitation to people with disabilities, families and communities.
- Community involvement in planning, decision making, and evaluation.
- Utilisation and strengthening of referral services at district, provincial, and national levels that are able to perform skilled assessments with increasing sophistication, make rehabilitation plans, participate in training, and supervision.
- Utilisation of a co-ordinated, multisectoral approach.

In order to systematically apply these strategies scientific application is mandatory. Using a scientific theory is vital for improving practice and conducting systematic evaluation. An interdisciplinary and applied field such as community based rehabilitation does not have its own theories but depends on theories from other behavioural and social sciences. Use of theory helps in discerning measurable programme outcomes, identifying timings for the interventions, choosing the right mix of strategies, improving intervention efficacy and effectiveness, and improving programme replication (4).

One such theory from the field of adult education is Paulo Freire's theory of liberation education (5). Paulo Freire was an educator, philosopher and political activist from Brazil who believed that education was a means of "freeing" people from "culture of silence." He was born in 1921, in North East Brazil in a comfortable middle class family but was terribly affected during the Great Depression following which, his father also died while he was only 13 years old. He joined Recife University and studied Law, Philosophy, and Linguistics. Thereafter, he worked as a legal assessor in trade unions for a number of years but gradually drifted to education. In 1963, he became the Director of the National Literacy programme in Brazil. The programme created political upheaval due to overturning of electoral base (in Brazil, those days only the literate could vote). In the 1970's, his book *Pedagogy of the Oppressed* (5) and its educational reviews in Harvard publications established Freire as a radical, revolutionary pedagogue. He became the consultant in Office of Education of the World Council of Churches. Through this position he became active in struggles of Third World

countries, mostly Africa. In the 1980's, he returned to Brazil and in 1989, with the Mayor of São Paulo he started a literacy programme with the church and university based on his theory of education. He was scheduled to teach at Harvard in Fall of 1997, but died of a heart attack in May at the age of 76.

Some of his well known books besides *Pedagogy of the Oppressed*(5) are *Cultural Action for Freedom* (6), *Education for Critical Consciousness* (7), *The Politics of Education: Culture, Power and Liberation* (8), *Pedagogy of Hope: Reviving Pedagogy of the Oppressed* (9), *Pedagogy of the Heart* (10) and *Education: The practice of freedom* (11). The essence of Freire's teaching is dialogue. He believes that the individual deprived of dialogue is oppressed, dialogue is the process and practice of liberation, the individual engaged in dialogue is liberated, dialogue by definition, requires more than one person, and more than one person can be called a society. Another hallmark of Freirian methodology is the fundamental technique of problematising or 'problem posing' that is essentially an antithesis of conventional 'banking education' that seeks solutions or provides ready-made answers (5). The emphasis of this approach lies in raising questions without any predetermined answers. Besides adult education, Freire's model has been used in community organisation, health education, alcohol and substance abuse prevention, development work in agrarian cultures, and coalition building (12).

APPROACH IN THE FREIRIAN MODEL

This approach is a simple three-phased process. The first phase is the naming phase where one asks the question, 'What is the problem?' or 'What is the question under discussion?' This has also been called as the listening stage that is conducted in equal partnership with the community members to identify problems and determine priorities (13). The second phase is the reflection phase where one poses the question, 'Why is this the case?' or 'How do we explain this situation?' This is also called as the dialogue stage in which discussion objects called "codification" or "codes" are created to structure problem posing dialogue around these issues (13). A code is a physical representation of an identified community issue in any form: role plays, stories, slides, photographs, songs etc. An effective "code" exemplifies a problematic situation with many facets so that participants can express their emotional and social responses. In some training programmes, the facilitators help in reflection by using five step questioning strategy in which participants are asked to: (a) describe what they see

and feel, (b) as a group define the many levels of the problem, (c) share similar experiences from their lives, (d) question why this problem exists, and (e) develop action plans to address the problem (13). The third phase is the action phase characterised by the question, 'What can be done to change this situation?' or 'What options do we have?' The unique feature of this pedagogical approach is 'process centered' as opposed to 'outcome-centered' or 'product centered.' It does not prescribe any acceptable end product in the beginning but only specifies the approach to be adhered to.

Wallerstein and Bernstein (14) have described the application of Freire's ideas for alcohol and substance abuse prevention programme in an acronym "SHOWED:" What do we "SEE" here? What is really "HAPPENING?" How does her story relates to "OUR" lives? "WHY" has she become an alcoholic? How is it possible for her to become "EMPOWERED?" What can we "DO" about it?

CONSTRUCTS OF THE FREIRIAN MODEL

In the quantitative paradigm of scientific research it is very important to have mutually exclusive constructs that can be measured as numbers. This aspect is particularly challenging with Freire's model. The first construct is "dialogue." Dialogue is the authentic exchange between the learners and educators (or for community-based rehabilitation between educators or providers and the persons with disabilities or their families) on real, concrete awareness about the context of facts ("social reality"). This reality must be from the perspective of clients. Since dialogue is the essence of this approach it is also called as participatory research (15). Self reports can be used to measure the extent and quality of dialogue from both the perspective of providers or educators and clients or learners.

The second construct is "conscientisation" or efforts to identify and address the underlying systemic forces of oppression. It is a process of "humanisation" or an effort to enlighten people about the obstacles preventing them from a clear perception of reality.

The third construct of Freire's model that can be defined is "praxis." Praxis refers to reflective action or active reflection. It is the tying up of theory and practice. It is the linkage between epistemology (source of knowledge) and ontology (reality).

The fourth construct of the Freirian model can be described as "transformation." Freire (11) describes this as the process of changing "objects" (who have a naive consciousness of

reality) into “subjects” (who see the theory behind the reality). It connotes independence, status, and integrity. It implies possession of “social consciousness,” or being in a relationship that identifies one as a political and social being. In transformation the solution is not to “integrate” people into the structure of oppression but to transform structure so that they can become “beings for themselves” (5).

The final construct of the Freirian model can be called as “critical consciousness.” In summary, this refers to the political organisation of those adversely affected.

APPLICATION OF THE FREIRIAN MODEL TO COMMUNITY-BASED REHABILITATION

The first construct of the Freirian model is “dialogue.” This can be applied in community-based rehabilitation by providing opportunities to have a two-way discussion among the educators or providers and the persons with disabilities or their families on the root causes of their situation. Dialogue is very important for the WHO strategies of transfer of knowledge about disabilities and skills in rehabilitation to people with disabilities, families and communities; community involvement in planning, decision making, and evaluation; and utilisation of a coordinated, multisectoral approach. In evaluation of CBR programmes to measure the construct of dialogue, some of the dimensions that can be measured by evaluators are the extent of two-way communication, the extent of problem posing, and the extent of joint discovery of the reality.

The second construct of the Freirian model is “conscientisation” that can be reified in community-based rehabilitation by exploring the underlying forces such as difficulties faced by persons with disabilities. This construct is vital in implementation of the WHO strategy of transfer of knowledge about disabilities and skills in rehabilitation to people with disabilities, families and communities. After implementation of this construct some of the dimensions that can be measured by evaluators of community-based rehabilitation programmes are the extent of identification of oppressive sources, extent of working together as change agents, and extent of the key issue influencing each person at a personal level.

The third construct of the Freirian model is “praxis.” In community-based rehabilitation, this construct can be applied by providing a group of persons with disabilities or their family members a joint project to plan, implement, and evaluate collectively. The WHO strategies that can use

this construct are: utilisation of available resources in the community; transfer of knowledge about disabilities and skills in rehabilitation to people with disabilities, families and communities; community involvement in planning, decision making, and evaluation; utilisation and strengthening of referral services at district, provincial, and national levels that are able to perform skilled assessments with increasing sophistication, make rehabilitation plans, participate in training, and supervision; and utilisation of a co-ordinated, multisectoral approach. Some of the researchable aspects that process and impact evaluation will assess, can include extent of participation in project planning, extent of reflection in project planning, extent of participation in project implementation, extent of reflection in project implementation, extent of participation in project evaluation, extent of reflection in project evaluation, and extent of perceived utility of the project.

The fourth construct of the Freirian model is “transformation.” This can be applied in community-based rehabilitation by providing opportunity to the participants for self-reflection. This construct is vital in implementation of the WHO strategy of transfer of knowledge about disabilities and skills in rehabilitation to people with disabilities, families and communities. Evaluators of community based rehabilitation programmes can measure the extent of focus on issue from the perspective of the people negatively affected by disability, the extent of integration of persons with disabilities within the community, and the extent of unison on a collective viewpoint.

This final construct of the Freirian model is that of “critical consciousness” which can be applied in community-based rehabilitation by building cooperation between educators and persons with disabilities, fostering unity on issues, developing effective communication, and augmenting the process of political organisation to change policies and legislations. This construct is vital in implementation of the WHO strategy of transfer of knowledge about disabilities and skills in rehabilitation, to people with disabilities, families and communities. Evaluators of community based rehabilitation programmes can measure the extent of cooperation among members, extent of joint identification with the articulated issues, mission, vision of the group, extent of communication within the group, and extent of political organisation of the group.

LIMITATIONS OF THE FREIRIAN MODEL

First, Freire has often been criticised for his contorted manner of writing and obscurantism (transcendent view of reality) that makes interpretation of concepts difficult and measurement

very complex. Second, Freire's viewpoints are considered too utopian. There is excessive idealism in the description of knowing and for the learners and educators to participate as equals. Such participation is seldom achieved in real world settings. Third, Freire presents a circular logic and demonstrates confusing repetitiveness in his writing style. As a consequence, there is difficulty in differentiation of the constructs especially so that these are mutually exclusive. Fourth, the model has been criticised that it requires social manipulation which can be used to domesticate just like to liberate. Fifth, the choice of codes such as words in dialogue step are purposively done so that these are no neutral words, but challenge the social reality. This adds a bias in the scientific enquiry. Finally, the political and social purpose inherent in the model can be challenged as being manipulative.

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