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## A CASE STUDY FROM INDIA: EMPOWERING EDUCATION, HEALTH AND RURAL CHANGE

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In 1989, meningitis had broken out in epidemic proportions, claiming the lives of many children in the mainly tribal villages of the Mohana Block, Orissa, India. Bapuji Gramya Kalyan Samaj (BGKS), a people's organization constituting 261 of the 300 villages that form the Block, publicized this situation at the state level in order to enlighten the Public Health Commission. However, the government did not take any initiative on the matter and, more astonishingly, denied that there were any cases of meningitis in the area. With the assistance of Oxfam (India) Trust, a registered British charitable organization, BGKS launched a community health initiative to address various inter-related problems concerning people's health.

This paper presents a case study -- an analytical description of this health initiative -- based on research conducted in Orissa in 1993. The research was undertaken to elucidate the nature of empowering education, as it is being interpreted and practiced by change agents and their organizations engaged in the rural change process. The following perspective on "empowering education, health and rural change" derives its significance from its reflexive potential (for practitioners and social researchers) and in its potential for indicating a desired direction for the rural change process.

En 1989, une épidémie de méningite est survenue dans les villages de Mohana Block, Orissa, dans l'Inde, tuant un grand nombre d'enfants. L'organisation populaire Bapuji Gramya Kalyan Samaj (BGKS), comprenant 261 des 300 villages de Mohana Block, a rendu publique cette situation au niveau d'état pour attirer l'attention de la Commission de Santé Publique. Mais le gouvernement n'a pris aucune décision et a même nié qu'il n'y ait pas de méningite dans la région. Avec l'aide du Trust d'Oxfam de l'Inde, une organisation bénévole et certifiée de la Grande Bretagne, la BGKS a lancé une initiative sur la santé publique pour adresser les problèmes concernant la santé des villageois.

Cet article présente un cas d'étude -- une description analytique de cette initiative sur la santé -- fondé sur des recherches faites à Orissa en 1993. Ces

recherches ont été entreprises pour éclaircir la nature de l'éducation comme moyen de transfert de pouvoir, comme elle a été interprétée et pratiquée par les agents de l'organisation engagés au processus de changement dans le milieu rural. La perspective qui suit sur "l'effet de l'éducation sur le changement rural et de la santé"

puise son importance dans son potentiel réfléchi (pour les pratiquants et les chercheurs sociaux) et dans son potentiel de pointer une direction au processus de changement rural.

## METHODOLOGICAL BACKGROUND

The interpretive or constructivist approach (Guba & Lincoln, 1982) was identified and utilized as the most appropriate method to develop change agent perspectives on the nature of empowering education, given that interpretivism is primarily concerned with people's consciousness of their world. Consciousness is the process by which one gives meaning and value to the outside world, inducing one to act accordingly (Merleau-Ponty, 1962). The interpretive task is to enter the conceptual world of other people in order to understand how and what meaning they construct around events in their daily lives, without assuming to know the meanings they assign to these events, interactions and situations (Bogdan & Biklen, 1982).

The research task was construed as a search for meaning and interpretation in order to facilitate reflexive understanding (Giroux, 1983) in the identified field of social inquiry, as opposed to a search for "facts" or "evidence" to "justify" or "refute" theoretical constructs. A case study of a community health initiative was developed based on data collected from semi-structured interviews with change agents, followed by interview checks by research participants, to assess the accuracy of researcher generated emergent themes and categories. A document review of the community health initiative completed the triangulation of the data, while peer review (discussion of emergent themes with people engaged in similar experiences) also served to improve the trustworthiness of the study (Guba & Lincoln, 1982).

## THEORETICAL AND CONCEPTUAL BACKGROUND

The following theoretical and/or conceptual constructs are introduced with the view to: (1) extend and/or probe the meanings and interpretations imbedded in the presented case study and/or (2) provide a theoretical/conceptual orientation for the reader.

### *Another Development, Education and Empowerment*

The Dag Hammarskjold Foundation defined "Another Development" as being endogenous and pluralistic, stemming from the vision and values of each society, and therefore non-linear and non-universal. "Another Development" emphasizes the need to understand and master one's own destiny, advocates self-reliance and is based on structural transformations, which include the structure of power (Nerfin, 1977, p. 10).

According to Goulet (1975, p. 155), "Development is not a cluster of benefits 'given' to people in need, but rather, a process by which a populace acquires a greater mastery over its own destiny." A populace acquires this mastery through a process in which people, as knowing subjects, achieve a deepening awareness both of the socio-historical reality which shapes their lives and of their capacity to transform that reality. That is, development is a process of "conscientizing education" -- an education aimed at "the unveiling," "the revelation" of "objective reality" (Freire, 1970a). However, the "unveiling of reality" does not automatically render the consciousness-raising authentic, as this does not automatically make for the transformation of reality. On the basis of a "new apprehension of the world," however, it becomes possible to acquire the "disposition to change it" (Freire, 1994, p. 145). Consciousness is not the maker of reality and neither is it a pure reflex of reality (p. 101) and "its authenticity is at hand only when the practice of the revelation of reality constitutes a dynamic and dialectical unity with the practice of transformation of reality" (p. 103).

If people are to have the capacity to transform reality, they must have the power to enable this process of change, i.e., development most fundamentally concerns the reorganization and redistribution of power relationships (Goulet & Hudson, 1971). According to Roberts (undated, p. 13), "development is a process that creates a more equal distribution of power among people, including physical, economic and cultural power." Similarly, Gutierrez (1973) advocates development as a process of "liberation," i.e., since control of development decisions at present is blocked by dominant national and international elites.

These normative theoretical and conceptual interpretations of development as an empowering process of education that recognizes the dialectical unity of "revelation of reality" and the "practice of transforming reality", are based on a critical assessment of the "development problem" which, in turn, is based on notions of "dependence and domination", "cultural invasion" and the "culture of silence". According to Freire (1970a, pp. 150-153):

All domination involves invasion -- at times physical and overt, at times camouflaged, with the invader assuming the role of a helping friend. In the

last analysis, invasion is a form of economic and cultural domination. Invasion may be practiced by a metropolitan society upon a dependent society, or it may be implicit in the domination of one class over another within the same society.

Cultural conquest leads to the cultural inauthenticity of those who are invaded; they begin to respond to the values, the standards, and the goals of the invaders. In their passion to dominate, to mold others to their patterns and their way of life, the invaders desire to know how those they have invaded apprehend reality -- but only so they can dominate the latter effectively. In the cultural invasion it is essential that those who are invaded come to see their reality with the outlook of the invaders rather than their own; for the more they mimic the invaders, the more stable the position of the latter becomes.

For the cultural invasion to succeed, it is essential that those invaded become convinced of their intrinsic inferiority. The more invasion is accentuated and those invaded are alienated from the spirit of their own culture and from themselves, the more the latter want to be like the invaders . . .

The "dependent society" is rendered a "silent society" since its voice is not authentic but merely an echo of the voice of the "metropolis". That is, "the dependent society introjects the values and life style of the metropolitan society, since the structure of the latter shapes that of the former" (Freire, 1970b, pp. 458-459). The culture of silence is one in which only the power elite exercise the right of choosing, of acting, of commanding without the participation of the popular majority. In the culture of silence, the masses are mute, prohibited from creatively taking part in the transformation of their society and, therefore, prohibited from *being* (Freire, 1970c, p. 213). Consequently, education "must be an instrument of transforming action, as a political praxis at the service of permanent human liberation" in order to ensure that a "society is being for itself" because "societies that are dual, 'reflex,' invaded and dependent on the metropolitan society cannot develop because they are alienated" (Freire, 1970a, p. 160).

Recognizing development as a process of "empowering education", Adiseshiah (Commonwealth Secretariat, 1980, p. 7) concludes that,

Nonformal education . . . feeds back into our societies a rather grim and explosive power process by assisting the poor and the down-trodden majority of the people to organize themselves so as to end the state of injustice in which they have been forced to live in.

## EMPOWERING EDUCATION, HEALTH AND RURAL CHANGE

In order to develop an understanding of empowering education for rural change, a case study examining a "people's" health initiative in the state of Orissa, India, was developed in 1993. The following discussion of this health initiative attempts to elucidate the nature of empowering education, as it is being interpreted and attempted by change agents and their organizations engaged in the rural change process.

### *Contextual Background: The People's Organization "Bapuji Gramya Kalyan Samaj (BGKS)"*

Bapuji Gramya Kalyan Samaj (BGKS) is a secular and non-party-political people's organization. It is primarily people of the Saora tribe of the Mohana Block, in the Ganjam district of Orissa (in the eastern Ghat hills of India), who have formed this organization to address their development concerns. Other members include people from the Kondh tribe and Harijans or "untouchables".

In 1982, two local development activists, of their own volition, came to the Mohana Block and attempted to start adult education programs adopting Paulo Freire's method of praxis. An organizer from BGKS described the process as follows:

We adopted Paulo Freire's method of action-reflection. People would gather after work everyday in the evening and discuss their problems which included a whole lot of things -- economic life, social life, exploitations, political pressure -- things like that. People would come together and discuss issues.

A word from their own daily vocabulary would prompt the discussion of their problems. When people discuss their own problem, they feel the need of solving their own problem. When they feel the need to solve their own problem to improve their daily life, they also know the need to get together to solve these problems -- they realize this -- and they get more united and take collective decision to solve the problem. That's how the formation of village committee came into being and once these committees were formed and people started discussing their own problems they also started taking small decisions to solve their own problems and in the meantime the adult education process tried to give the people a socio-economic sense of their situation.

And this program continued for two years and people took some small decisions to improve their own lives and did this collectively, like construction of roads, cleaning wells and streets, those kind of small things. They realized that if they formed an organization and continued

that way, they could solve some of their problems and so they formally registered their society, BGKS, in 1984 . . . .

Today, the organization has a membership of over 55,000 people from 261 of the 300 villages that constitute the Mohana Block. Meanwhile, the development activists registered their own organization as the People's Rural Educational Movement (PREM), also in 1984. Since then, it has encouraged the formation of some 25 people's organizations in the region, of which BGKS is but one. PREM still provides funding and non-funded support for BGKS activities and is primarily responsible for the participatory philosophy that guides this organization today.

The mission of BGKS is to give rural people a voice that the last forty years of national development has denied them. Their opinions were never sought for policy making at the state level. Policies were generally imposed on them. BGKS seeks to provide a forum through which these marginalized people regain a voice so that they can begin to have an impact on decisions that affect their lives and on the administration and governance of the country. BGKS seeks to provide an education that creates awareness and fosters the growth of necessary talents and skills in its membership with the view to create a more just and equal society of people that believes and functions in the spirit of truth, justice, love and peace (BGKS Proposal to Oxfam for the Community Health Project, October, 1990).

The specific objectives of the organization can be categorized in the following manner (Community Health Project, Oxfam Progress Report for 1992):

#### a. Systemic Change

1. To create an interest, motivation and socio-political awareness in people, irrespective of caste, religion, language and sex, in order to lobby the Public Distribution System (PDS) to render social services to the poor, weak, landless agricultural laborers for their socio-economic development.
2. To promote new socio-cultural activities like collective village grain banks, seed banks, savings and credit banks etc., in order to promote a new culture that will counter the exploitative credit system of the village run by the landlord-money lender-shop keeper trio.
3. To cooperate with the government, as seen to be beneficial by the people, in executing relevant and meaningful programs and projects.
4. To arrange government loans and housing programs for the poor and the needy where and whenever possible.
5. To reclaim wasteland and arrange "pattas" (legal sanction) from the government for the landless agricultural laborers and promote cultivation.

6. To create opportunities for rural employment and economic rehabilitation by promoting agriculture, social forestry, and industrial, agricultural, and landless labor cooperative societies.

**b. Community Change**

**Local Organization and Collective Leadership**

1. To organize the village men, women, and youth under the Village "Sanghas" (groups), "Mahilla Sanghas" (women's groups) and youth organizations and to promote these groups in order to create a strong, dynamic, active, and continuous people's organization at the Block level.
2. To evolve socio-economic and educational programs for girl children and women so that they may be better able to participate in the development process of the village and the community.
3. To encourage village youth and women to become active participants in the socio-political process of the village.
4. To make village organizations active and autonomous and promote people's participation in democratic institutions, as well as in the political process of the nation.

**c. Education and People's Knowledge**

1. To promote a village and community health system based on people's knowledge, experience, and using locally available resources which are affordable, accessible and available to the people.
2. To evolve a system of people's education by promoting nonformal adult and children's education and vocational education that is based on local experiences, knowledge and economic opportunities which will provide employment in the village and strengthen village life.

The BGKS organization consists of 261 elected village committees, with equal participation of men and women. These villages are then clustered to form a panchayat (regional level representative body). There are some 16 of these panchayats, each with its own elected panchayat committee. Men and women participate equally at this level. Four elected representatives from each of these panchayat committees become members of the Governing Body of BGKS. The Governing Body, with its elected president, secretary and treasurer is responsible for making policy and program decisions in accordance with the wishes of its membership. An organizer, usually trained by PREM and a member of the same or a related community, acts as a consultant, program co-ordinator and guide who is directly responsible to the Board (Oxfam Tour Report, November, 1992).



### *Contextual Background: The Saora People and BGKS*

The large majority of the BGKS membership belong to the Saora tribe. It should be noted that the Saoras cannot be viewed as a monolithic cultural group and that there are numerous cultural variations among the different types of Saoras. Consequently, what is discussed here are some broad generalizations for the purpose of developing a brief description of the status of some of the rural participants in the Community Health Project.

#### **Habitat and livelihood**

The Saoras are one of the oldest known tribes of India and are seen to be among the indigenous inhabitants of India, prior to the Indo-Aryan invasions of the period 3500-2500 BC (Patnaik, 1989, p. 3). Unable to withstand the Indo-Aryan invasions, they were gradually driven from the fertile plains and river valleys into more remote and inaccessible areas in thick forests and hills, mainly along the eastern ghats (hilly, tropical forest ranges spanning the eastern coast of India). Saora villages are often situated in the most inaccessible areas and in many cases lie hidden in the forest clad hills, making it very difficult to reach them, except through zig-zag hill paths. Villagers build their houses on the slopes or on the foothills and generally live in small villages, the average size varying from a few households to around 200 families. Whether big or small, the Saora villages have been long established in their present sites.

According to Patnaik (1989, p. 11), their economic livelihood, technology and food cultivation habits suggest that the Saoras are among the most primitive of tribal groups in the state of Orissa. Their economic life hinges mostly on cultivation, along with hunting and food gathering pursuits. The 1981 census states that almost 49.5% of Saoras work as agricultural labor, 41.2% as cultivators, while the remaining few are in livestock rearing, fishing, forestry and hunting (Patnaik, 1989, p. 13).

The maldistribution of productive land, according to a UNICEF report (1991, p. 41), is one of the many indicators of the prevailing inequity in the ownership of assets and causes of poverty in the state. Seventy-five per cent of all land holdings are less than two hectares (smallest category of holding) while operating on a total area of 38% of operated area and "... these smaller holdings are becoming increasingly non-viable". The richest 7% of the population control 30% of the operated land in 7-10 hectares. According to the same report, these inequities are accentuated in districts with a large percentage of schedule caste and schedule tribe populations<sup>1</sup>.

The Saoras cultivate in four types of land -- homestead land around their houses, terraced land, swiddens on the hill slopes and swiddens on the hill tops. While the latter three types of land are normally used to cultivate staples

(including various lentils, paddy and oil seeds and cash crops like ginger and turmeric), gardens are used to grow maize, tobacco, chili and vegetables like pumpkin, beans, brinjal and gourd and fruits like papaya, banana and oranges. BGKS communal gardens also grow cash crops like cashew nuts and pineapples which supplement the income generated from the sale of surplus staple crops. In fact, these cash crops often generate a greater income than the staples. With the desiccation and shrinkage of forests, cultivation has increased in importance as an economic activity while hunting and food gathering pursuits are becoming less viable.

As far as technology is concerned, the Saoras use bows and arrows, axes and knives and locally manufactured guns for hunting. They have bullock driven ploughs; a leveler and a spade are used in wet cultivation while a digging stick and a hoe are used in shifting cultivation. They use earthenware vessels for cooking and for storing water. But these are being replaced by brass and aluminium vessels, particularly among the more well-to-do families. Baskets made of bamboo splits and gourd vessels are used for storing food grains and carrying things to market. Pestle grains are husked with the help of a mortar while families sleep on mats made from palm leaves (Patnaik, 1989, pp. 11-12).

Most of the agricultural activities of the Saoras are carried out on a communal basis. According to this system called "Ansir", the villagers work on one another's land on the basis of reciprocity and mutuality of obligation. However, members of the community do own their own plots of land which are of varying sizes. Payment of wages by wealthier Saoras is a recent phenomenon that has infiltrated the traditional "Ansir" system, given the increasing contact with the modern system.

#### Literacy status, educational and medicinal practice

According to the 1981 census, Saora literacy rates are at 14.47% as compared with 13.96% for the total tribal population and 34.23% for the entire population of the state (UNICEF, 1991, p. 94). Primary school facilities are available to 50% of rural habitations in the state but 21% of such habitations do not have such a facility within a distance of 2 kms. Only 40% of schedule caste and 36% of schedule tribe girls are enrolled in primary classes, while anywhere from 52-60% of schedule caste and schedule tribe children drop out of school by the time they get to grade V (UNICEF, 1991, p. 100).

However, Saora children learn relevant skills and values by assisting their parents in all the occupations and participating in tribal life from a very young age. Small boys can skin a buffalo, climb up to high altitudes in the hills, bring water, tend cattle and even plough. Small girls take care of children, help their

mothers with cooking, plastering houses, preparing beads, necklaces and spinning. Older people have a respected status and impart tribal knowledge, values, customs and beliefs through an oral tradition that connects the present to the ancestors and the past (Patnaik, 1989).

As a spiritual people, the Saoras believe that suffering and ill health are mainly due to the wrath of different Gods and evil spirits. The traditional medicine man/woman (vaidyas) utilizes incantations, rituals, and herbs to cure various health problems. Cures for malaria, treatment for broken bones, preventative interventions for birth control and birth spacing are some examples of where traditional medicine is known to be very effective (Patnaik, 1989).

### *Contextual Background: The Research Participants and BGKS*

The participants in the study were change agents from BGKS. They included the Organizer, an educational supervisor and a socio-political educator/facilitator. The following points help to describe these individuals:

1. they were formally educated at the Bachelor's and/or Master's level in Social Sciences/Education;
2. the organizer, who was responsible to the Governing Body of BGKS, started with PREM as a member and organizer of the cultural teams that originally helped mobilize the people to form BGKS and subsequently joined the organization (BGKS) himself;
3. the socio-political educator/facilitator has been with BGKS for some five years, while the educational supervisor is a member of PREM, providing educational training and planning support to BGKS for their various educational initiatives;
4. all these participants are tribals from this region and have returned to help their people after acquiring a formal education in the urban system. All of them were male and age thirty to forty years. They are currently actively involved in the Community Health Project.

### **Empowering Education for People's Health**

In 1989, meningitis broke out in the BGKS villages and in the Mohana Block and many children died as a result of this epidemic. BGKS tried to publicize this situation at the state level in order to enlighten the Public Health Commission (PHC). However, the government did not take any initiative on the matter and, more astonishingly, denied that there were any cases of meningitis in the area. BGKS then approached Oxfam <sup>2</sup>, a British registered charitable organization whose regional office is in Bhubaneswar, the state capital.

The then Director of Oxfam visited and stayed in the villages, gradually becoming a source of inspiration as he began to organize health camps on the epidemic. There had never been any previous outbreak of meningitis and the impact was quite alarming. Oxfam then began to highlight the problem at the state and national level. While this was happening in 1990, Oxfam and BGKS decided to conduct a survey on the health and nutritional status of the mother and child in 1990. Among other things, the survey revealed a very poor nutritional status of children. This became the motivating factor in deciding to start a broader community health initiative, with the assistance of Oxfam, tackling various related health and nutritional issues.

The survey and discussions with the people revealed some of the following problems regarding the health situation of the community (BGKS Proposal to Oxfam for the Community Health Project, October, 1990; Oxfam Tour Report, November, 1992):

(1) Commonly prevalent diseases and health problems included malaria, diarrhea, brain fever, various viral diseases, and diseases and problems related to pregnancy, child birth and weaning practices. A few cases of tuberculosis and leprosy were also discovered.

(2) Children were found to be severely malnourished, especially those in the weaning period. The Infant Mortality Rate (1 to 5 years) was much higher than the mortality rates of other age groups. Only 20% of the under 5 years population in the community had been immunized.

(3) Governmental medical services were not being provided adequately, if at all. While the remoteness and inhospitable geography of the habitation of the community was partially to blame for this, neglect of marginalized schedule caste and schedule tribe communities was also seen to be an important contributing factor in this regard.

(4) Allopathic medicine had found its way into the health care provisions of the community. Expensive, unaffordable and sometimes spurious drugs were being peddled for profit by medical quacks. Given the immediate effect of some of these drugs, traditional herbally based treatment was being ignored in the process. This was having the following effects on the community:

(a) People were not looking at the harmful side-effects of many allopathic drugs;

(b) People were incurring great financial debt and dependency to buy these expensive drugs;

(c) Sometimes, treatment would be delayed till it was "affordable" (even though locally available herbal medicine was available), thereby prolonging illness;

(d) People were having to travel great distances to receive medical attention at overburdened public hospitals;

(e) People were turning away from their traditional "herbally based" cures and this was putting the traditional practice of medicine and a community institution at risk, i.e., a self-sustaining, affordable, locally available and self-reliant form of medicine that had been effective for many generations was fast losing its place in the life and welfare of the community.

(5) People were not aware of their health rights and were often engaging in practices that were very likely to be detrimental to their health.

Consequently, a community health initiative was launched to address some of these concerns. The three major objectives of the initiative were as follows (BGKS Proposal to Oxfam for the Community Health Project, October, 1990):

(1) To create a critical awareness of health issues by looking at problems of "access" and problems of "current community practice";

(2) To organize people to assert their rights by getting the public health system to respond to their health needs;

(3) To revive traditional health knowledge and practice as an accessible, sustainable, and viable system, of health care.

Change agents explained the importance of these objectives in terms of their perceptions and understanding of the "development problem" which was described in terms of dependence, control and self-deprecating "mental frames" (stagnant position). An agent described the problem of dependency and the related problem of an apparent state of inertia of dependent rural people, as follows:

People do not have *control* of their own health because they are waiting for the PHC (Public Health Commission) to do something for them or they are waiting for expensive allopathic drugs from the drug industry. When meningitis broke out, the government denied it was a problem. Maybe they know that these are small people living in the remote area -- so, there is no need to respond. And even if people go to the health outposts, what kind of facility do they get?

Then, they are waiting for profiteering quacks from the drug industry, who many times sell them spurious drugs for a lot of money and then they become economically dependent too. And these are poor people, so they go into debt quite often or they will not take medicine for a problem till

worse. But if you have control, you have choices. Otherwise you are a spectator in your own life because you are living in somebody else's vision for you.

The question of control is intimately related to the question of trust. As one participant stated: "When we start from their life, their problems instead of our project and our set problems, they are in control and so there will be trust."

Trust is also engendered/manifested through what change agents identified as "genuine involvement into people's problem and their life".

It is like a sense of being with them. People feel that you have a concern for their problems and that you are not an outsider who has gone there for your own purpose. Once they feel that you have concern for their problems and that you are a participant, then they will respond and accept also. There is a sense of being there and standing by the people.

According to a progress report by Oxfam in late 1992, 110 villages consisting of 2,401 families and 12,775 people are part of the health initiative. Women's organizations and youth and children's organizations from the various BGKS communities were all active participants and provided funding for the project.

## **SOME PROPOSITIONS ON THE NATURE OF EMPOWERING EDUCATION AND RURAL CHANGE**

Based on the above description and the presented meanings and interpretations forwarded by change agents associated with the BGKS-Oxfam health initiative, the following may be said about the content and process of an empowering education, *as it is being practiced and interpreted by these rural change agents and their organization*:

(1) empowering education is not bound by time, place, curriculum and age;

(2) empowering education includes some of the following objectives: (a) it seeks to uncover the nature of dependence, control and the structures that perpetuate such domination; (b) it seeks to demonstrate, both, the need to organize and the question of how to organize and take collective action, in order to mold and "democratize" the structures that perpetuate dependence and control; and (c) it seeks to teach non-controlling and trusting relationships in all interactions, through the practice of such relationship.

(3) the teaching-learning process emphasizes a "problem posing approach" (as opposed to problem-solving approach), as even people's demands (such as those for allopathic medicine at any cost, for example) are problematized by change agents -- a pedagogy of the question that always begins from where the people "are"; a *group process* of questioning that occurs in an environment that strives to be non-manipulating, non-controlling and is marked by a sense of trust and mutuality that evolves with the growing knowledge that this is a joint pursuit for a new understanding and practice that seeks to transform an oppressive reality;

(4) learning is accomplished from reflecting and doing, i.e., for instance, people learn how to organize by reflecting on this question and through the very act of organizing. There is an integration of the process of talking about change and the related process of realizing the desired changes;

(5) the content and process of education are integrated, i.e., what is to be learned and how it is to be taught are integrated, as teaching people how to organize is done, together, by the "change educator" and the "participants", engaging in the act or process of organizing;

(6) the content or what needs to be learned evolves, based on the issues and problems defined by the "participants" and the "change educator"; the content integrates the experiential and traditional knowledge of the people and the experience and formal training/knowledge of the change agent (or community change educator) and other interventionists. Indigenous knowledge and practice is regenerated and encouraged, while "other knowledge" is integrated with the view to improve living conditions, as long as it does not, at the same time, promote dependency.

This process of education would appear to be empowering because it affects individual, community and social change in the following inter-related manner:

(1) it breaks the cycle of individual/community mental dependence no someone else's definition of you and your capabilities and of what you can and can not achieve and in doing so, creates independent, self-confident individuals and communities that actively make decisions and take actions for the betterment of their communities -- a community of people who are *being* for themselves;

(2) it breaks the social-economic-political-cultural structures that promote "control" and "dependence" (where the system dictates when and how your community will be affected) through the formation of community based social organizations which channel the increasing sense of individual independence, giving it concrete shape through tangible actions that begin to mold these systems of "dependence" and "control" towards meeting the neglected needs of the community; and