

---

# Social Participation: A Lever for Empowerment of Precarious Immigrants

*La participation sociale, levier d'empowerment pour les immigrés précaires*

*La participación social como palanca de empoderamiento de los inmigrantes precarios*

**Annabel Desgrées du Loû, Karna Coulibaly, Iris Zoumenou, Anne Gosselin, Séverine Carillon, Andrainolo Ravalihasy and Julia Eid**

Translation : Alexandra Poméon O'Neill and Katherine Booth

---

- 1 Inspired by Freire's pedagogy of the oppressed (1974), which shows how a certain type of education enables emancipation through collective consciousness of the oppression suffered, the notion of empowerment emerged in the 1970s in the United States in minority rights movements. Through participation and peer support, empowerment is a process in which oppressed groups develop a social conscience and a critical consciousness, allowing them to become aware of their power and develop their capacity for action.
- 2 This approach by and with the communities<sup>1</sup> concerned is particularly relevant to immigrants. They form a very heterogeneous group, depending on the country of origin, the reasons for leaving, the migration route, the languages spoken, the level of education, etc. However, whatever their profile, they have in common on the one hand that they had the necessary resources to leave, and on the other that they have experienced exile and its difficulties (upheaval in cultural and social reference points, breakdown of family ties in some cases, experiences of violence or deprivation of liberty, difficulty or even impossibility of obtaining a residence permit, etc.). These situations of physical or symbolic violence undermine self-confidence (Veïsse *et al.*, 2017). Finding ways within collectives to bolster or regain this self-esteem, acquiring the knowledge or skills needed to make one's way in the host country, making one's voice heard and feeling legitimate in doing so are all dimensions of empowerment

(Le Bossé *et al.*, 2002; Ninacs, 2005) that contribute to building the necessary resilience in the face of the difficulties involved in migration.

- 3 In France, this concept is still relatively little used, even in research on minority groups for whom it was designed (Bacqué, 2018), including in the field of migration. This may be due to the difficulty of translating it, to the “French system” that is resistant to the community-based approach (Bacqué, 2018), but also, in the social sciences, to the mistrust it arouses. Indeed, the notion, which was widely used in the 1990s, including by development agencies, has become less useful as it has become more widespread, and now refers in many contexts only to individual power to act (Le Bossé, 2005), to autonomy, but stripped of its original dimension of social and political transformation, and some even observe a drift towards a neo-liberal concept (Calvès, 2009).
- 4 The aim of this article is to show how empowerment is nonetheless a useful concept for designing and implementing interventions and research aimed at immigrants, provided that it is used in all its dimensions, including the collective dimension based on social participation. Our focus here is on immigrants experiencing social and economic difficulties. Whether they have just arrived in France or have been there for several years, and whether or not they have a residence permit, immigrants are widely affected by precariousness, linked to the difficulties of settling in France and reinforced, in some cases, by the traumas of the migration process (Gosselin *et al.*, 2018). A large volume of programmes and research have focused on these immigrants, who for the sake of simplicity will be referred to hereafter as “precarious immigrants”. Although this term covers a wide range of situations, the individuals concerned all have in common the fact that they are “prevented from acting”, because of their administrative and economic constraints, or their lack of knowledge of the system and available resources in France.
- 5 In the first part, we look back at the history and contours of the concept of empowerment, its links with other related concepts (agency, literacy, capabilities), the criticism that it has drifted in a neo-liberal direction and the need to consider it in its threefold dimension: individual, collective and organisational.
- 6 In the second part, we show the central role of social participation in making this concept of empowerment operational. For precarious immigrants, for whom many programmes have been developed, this means involving them in the programmes that concern them. We illustrate this point with two examples studied during fieldwork carried out in Île-de-France.
- 7 In the third part, we examine the participation of immigrants in research that concerns them, based on a community-based research programme in which we are involved. After summarising what is meant by community-based research, we discuss its contributions and challenges, using a reflective approach.
- 8 We approach these issues from our own field, that of health promotion, which gives a central place to the capacity to act. Although this was established as a central element of public health in 1986 with the Ottawa Charter for Health Promotion, it remains largely unknown in France. Yet the COVID-19 epidemic served as a reminder—if one were needed—of its importance (Van den Broucke, 2020). The health promotion programme rests on two pillars: recognising the holistic nature of health (the complete well-being of the individual, which presupposes access to all the necessary resources: housing, education, food, justice, income, a healthy and stable environment); and

giving individuals more control over their own health and more means of improving it, which requires the concrete and effective participation of communities (WHO, 1986; Augoyard and Renaud, 1998). All the examples we have used concern health promotion among precarious immigrants in France.

## Empowerment, Agency, Capabilities, Literacy: Interlinked Concepts

### Empowerment: What are We Talking about?

- 9 Empowerment can be defined as “a psycho-social process that promotes the participation of individuals, organisations and communities in order to improve control over the issues that affect them” (Wallerstein, 1992). The English word refers both to power (in the sense of the power to act) and to the process by which it is accessed (Bacqué, 2018). The French language does not have a single word that can capture this dual notion. An accurate translation in French would be “*renforcement du pouvoir d’agir*” (strengthening of the power to act). It has also sometimes been translated as “*autonomisation*”, which is a pale reflection of empowerment and does not capture the process required to access it. French-speaking Canadians sometimes use the term “*empouvoirement*”, but it is not much used in France. For the sake of simplicity, the French version of this article retains the English term “empowerment”.
- 10 First and foremost, it is more a notion than a concept, which originated in the 1970s in women’s social movements against domestic violence. From the outset, the term empowerment has been rooted in a threefold dimension: individual, collective and political (Bacqué and Biewener, 2015). Fighting against domination and violence involves becoming aware of the structural forms of inequality to which individuals are subjected—social, ethnic and gender inequalities—and this awareness is raised through participation in a collective, by exchanging with others facing these inequalities. These collective discussions make it possible to become aware of the group and of the legitimacy of its expectations, to develop self-confidence and self-esteem (individual dimension) and to find ways of combating inequalities and domination (political dimension) (Bacqué, 2018). Thus, an empowerment approach necessarily involves developing interventions that emanate from the needs identified by communities and that are not imposed on them from outside.

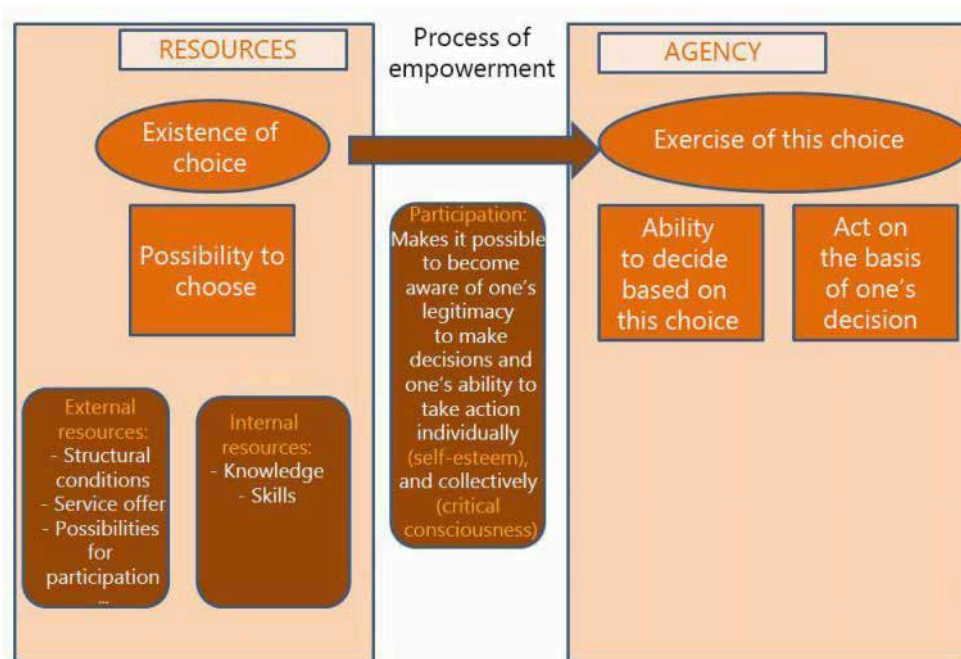
### Conceptual Models and Links with Other Related Notions: Capabilities, Agency, Literacy

- 11 There are various conceptual models that can shed light on this notion. Kabeer (1999), who proposes a model that we use here, stresses the value of the “fuzziness” that surrounds this term: it is because it is not always clearly defined that it offers a “breathing space” for considering action. Many researchers agree that it needs to be broken down into precise objectives depending on the population studied, the context and the theme, in order to achieve a heuristic and operational scope (Coppo *et al.*, 2020). It is a concept that originated in social action and remains closely linked to political and social action.

- 12 Kabeer defines it in terms of people's ability to "make choices": to have power is to be able to choose. The process of empowerment represents a change: it is about being able to exercise one's ability to make choices in a context where this possibility is denied. "In as much as our notion of empowerment is about change, it refers to the expansion in people's ability to make strategic life choices in a context where this ability was previously denied to them" (Kabeer, 1999).
- 13 The concept of empowerment is about "strategic life choices", such as choosing a job, choosing where to live, choosing with whom one lives, choosing a spouse, choosing when to start one's sexual life, choosing whether to have children, with whom and at what point in one's life. It therefore applies to all areas of life, including health. It is particularly used in the field of sexual and reproductive health, where relations of domination between the sexes are still prevalent. According to the conceptual model defined by Kabeer (see Figure 1), the empowerment process can be broken down into two main stages: the existence of a choice (resources) and the exercise of that choice (agency) (Karp *et al.*, 2020). The power to act implies the possibility to choose, then the ability to decide on the basis of the choice and to act on the basis of the decision.
- 14 Firstly, the ability to choose presupposes that the choice is possible and known to the person. This implies a whole series of material, human and social resources, which can be divided into resources that are "external" to the person (existence of services, infrastructures, legislation, etc.) and "internal" (the person must be aware of the existence of these resources and have the skills to use them).
- 15 Secondly, even when the choice is known, having the possibility to exercise this choice implies the ability to define one's personal goals rather than submitting to the context, and to act upon them. This is the exercise of agency. Often reduced to the notion of decision-making, agency more broadly encompasses an individual's actions, the meaning and motivation they give to them, the goals they set themselves and the strategies they use to achieve them, which can be of any kind and are often difficult to explain and even more difficult to measure. Resources and agency make up the capabilities defined by Sen (1985), and one of the difficulties in using the concept of empowerment is that it is closely intertwined with a number of other related concepts: capabilities, agency, literacy, etc.
- 16 Figure 1 shows how these different concepts are linked together. The notion of empowerment brings to the concept of capabilities a consideration of the process by which people become capable of defining their choices and implementing them. Ninacs (2005), in an exercise to define the dimensions of individual empowerment in order to measure it, proposes four pillars: 1) Technical competence: acquiring or consolidating knowledge that will enable people to choose, decide and act, 2) Participation: taking part in discussions, debates and decision-making, exercising one's right to speak, 3) Self-esteem: recognising the legitimacy of one's identity and skills, which also enables one to recognise those of others, 4) Critical consciousness as defined by Freire (1974): becoming aware that the problems one faces are influenced by the way in which society is organised, that one is not alone in facing them and that resolving them involves social change and political action.
- 17 The first pillar, defined by Ninacs, corresponds to what we have called "internal" resources in Figure 1; it is the pre-condition. The other three pillars constitute the process by which the individual is able to move from the existence of choice to the exercise of that choice, which involves a collective approach, implying the

participation of the individual in a collective. It is through participation that each person becomes aware of their skills and knowledge, and thereby acquires the self-esteem necessary to feel authorised and legitimate to decide for themselves and then to act on the basis of their decisions. It is by participating alongside their “peers”, people who are similar to them and who are experiencing the same difficulties, that individuals acquire an awareness of their rights and their power to take action to improve both their own situation and that of their peers—what Freire (1974) calls critical consciousness. The power to act is therefore both personal and collective, one being inseparable from the other.

Figure 1: Conceptual Model of Empowerment



Credit: A. Desgrées du Loû, K. Coulibaly, I. Zoumenou, A. Gosselin, S. Carillon, A. Ravalihasy, J. Eid.  
Sources: Kabeer (1999) and Ninacs (2005).

- 18 Literacy, another related concept, refers to the personal, cognitive and social skills that determine the ability of individuals to gain access to, understand and use information (Nutbeam, 2000). This concept aims to go beyond a vision of education based on the “banking” model denounced by Freire (1974): it is not enough to provide information, it must also be appropriated and used, which implies taking an interest in how this information is produced, how it is used, and the context of representations, social norms and structural constraints in which this information is embedded. In the field of health, this means, in particular, taking into account the relationships between the health system and its users, and not just health information. Health literacy is one of the major concepts in health promotion and the fight against health inequalities (Sorensen *et al.*, 2012; Van den Broucke, 2014).
- 19 Nutbeam distinguishes three levels of literacy: basic or functional literacy: reading, writing and accessing messages; communicative or interactive literacy: the ability to participate in activities, extract the information one needs and apply it according to one's needs and situation; and critical literacy: the ability to critically analyse information and use it to exert greater control over one's life. These three dimensions

include the notions of skills, participation and critical consciousness that are integral to the empowerment model.

- 20 Literacy is therefore part of the empowerment mechanism, although the latter is not limited to it, since information processing is only one of the elements of empowerment. In fact, the links between the different concepts varies in the literature according to the parameters assigned to each concept, again with “variable geometries”. For example, in the work on health literacy, some define it as a pre-condition for empowerment and make a distinction between literacy (knowledge, objective abilities) and empowerment (what we do with this information, the subjective feeling of having the ability to) (Schulz and Nakamoto, 2013), while for others literacy is an integral part of the empowerment mechanism (Nutbeam, 2000).
- 21 With regard to immigrants, it is important to go beyond the strictly functional level when it comes to literacy. Translating a message into different languages is the first step in making it accessible to non-French speakers, but it is not enough: if the next steps of interaction and critical analysis are not carried out, the message will not be appropriated by the person and therefore not put into practice. The COVID-19 health crisis provided a good example of this: in France, the fairly rapid translation of tools promoting COVID-19 vaccination into twenty-three languages<sup>2</sup> was not enough to improve COVID-19 vaccination uptake, which remained low among minority and precarious groups (Bajos *et al.*, 2022a and b). This led *Santé publique France* to work with associations to mobilise all types of knowledge (MobCo programme)<sup>3</sup> in order to provide appropriate information, not just in the form of translated leaflets, but also through a series of “questions and answers” (FAQ), short videos and outreach activities, particularly with precarious immigrants.

## The Risks of a Drift Towards Individualism

- 22 Widely used in the 1990s by major international organisations (UN, World Bank), the term empowerment has lost favour in the social sciences. Its use by a number of development agencies led to a weakening of the concept, with empowerment understood essentially as “exercising individual responsibility”, leaving aside the notion of political power. Several authors have denounced the perverse shift from “liberating empowerment” to “liberal empowerment”, with a highly individualistic vision that makes the individual responsible for their own situation, without taking account of structural and social constraints. In studies on women’s empowerment, the indicators used have focused on markers of autonomy such as women’s access to services, employment and education, but have paid very little attention to political mobilisation or participation. In the 2010s, criticism was strong: “empowerment has gone from being a process of consciousness-raising and bottom-up political mobilisation aimed at radically transforming unequal power structures, to a vague and falsely consensual concept that equates power with individual and economic choices, depoliticises collective power, and is used to legitimise existing top-down development policies and programmes” (Calvès, 2009). As evidence of this shift in meaning, empowerment is translated in many French documents as “*autonomisation*”. Similarly, when reference is made to health literacy, it is often stripped of its participatory dimension and loses its capacity as a tool for social and political change. It is invoked to change people’s behaviour: it is a question of “acting on” rather than “acting with”



(Nutbeam, 2000). To give a topical example, invoking health literacy to convince immigrants who are reluctant to be vaccinated against COVID-19 is a contradiction in terms. Improving health literacy means making available all the information people need to make their decision, and then giving them the means to choose. Having the right information to make an informed choice and having the possibility to exercise that choice, in complete freedom.

- 23 Drawing on the notions of empowerment and literacy therefore means coming back to the full political dimension of these concepts, which carry within them the notion of transforming power relationships. Their weakening is undoubtedly due to the difficulty that this transformation represents, since power relations combine socio-ethnic, class, gender, age and other inequalities in complex and often informal interplay that is very difficult to disentangle.
- 24 In France, these debates have remained fairly conceptual because, in addition to our semantic difficulties in translating it, the notion of empowerment has struggled to find its way into operational frameworks. However, it has been widely used in the field of urban studies. A report submitted to the French Government in 2013 on developing the power to act in working-class neighbourhoods highlighted the value of encouraging collective solidarity initiatives in these neighbourhoods: social grocery shops, parents' groups, homework support, mobilisation around renovation issues, anti-discrimination groups (Bacqué and Mehmache, 2013). However, none of these proposals have been taken up by the authorities.
- 25 Forms of collective action are still underdeveloped in France and are struggling to gain recognition in a form of government that remains highly centralised. Bacqué (2018) explains the French difficulty in adopting this concept by the very organisation of social work in France, which is centred on individual support, but not on the emergence of collectives capable of proposing and taking action. When such initiatives do exist, they are overseen by the authorities, with a view to social control. But the logic of control runs counter to the logic of empowerment. The fight against HIV/AIDS is one of the few fields in which this collective power to act has been deployed in France. However, little use was made of this experience in the response to the COVID-19 epidemic in 2020 (Beaucamp *et al.*, 2020).

## **Towards a Copernican Revolution to Include Precarious Individuals and Immigrants**

- 26 The notion of empowerment, in its threefold dimension—individual, collective and organisational—is a lever for social transformation that could be better known and better used in France. Far from the watered-down UN notion of “empowerment”, which has been stripped of its substance, of the process of rendering autonomous, it involves a Copernican revolution to be implemented, a change of reference point: no longer thinking in terms of “decision-makers” and “target population”, but in terms of “actors” who work together to bring about change. This change of reference point was suggested in the work on education by Freire, who proposed moving away from the “banking” concept of education or training towards a “dialogical” model: “The educator’s aim is not simply to teach something to the other person, but to work with that person to find ways of transforming the world in which they live” (Freire, 1974). The association ATD Fourth World has built its entire action on this principle, calling

on the intelligence of the excluded to enable them to participate, in particular through the People's Universities (Defraigne Tardieu, 2012). The founding principle of these people's universities is that exercising one's intelligence is one of the fundamental needs, in the same way as food and shelter, and that people living in extremely precarious conditions have life experience that can be a source of useful and productive knowledge. This experiential knowledge is necessary to understand the dysfunctional aspects of society, in particular the lack of access to fundamental rights, and to try to address them (Defraigne Tardieu, 2014). Bringing out such knowledge depends on two conditions: an ethic of encounter (recognition of the dignity and freedom of each person, and of the equality of all actors, whether they are experts or homeless) and peer consolidation (exchanging with people who are experiencing the same living conditions enables people to become aware of their rights, their strengths and their potential). ATD Fourth World's People's Universities respond to these two imperatives: they are meeting places for people with different types of knowledge, where excluded individuals can finally make their voices heard, make their experiential knowledge visible and gain awareness of it.

- 27 There is, in fact, a close structural link between the possibility and ability to make one's voice heard, agency and empowerment: "For people's views to be aired and heard requires an environment where people feel empowered to speak their voice; doing so gives populations agency over their own health and lives, a key step in fulfilling the human right to health" (Rajan *et al.*, 2020). These principles are at the heart of health promotion: the need to "act with" rather than "act on behalf of", the importance of participation as a lever for making change happen, and the necessary links between literacy and empowerment (Nutbeam, 2000; Schulz and Nakamoto, 2013, etc.). Today, there is a real challenge in applying them, particularly in programmes and research concerning immigrants. To this end, Comede, the *Comité pour la santé des exilés* (Committee for the health of exiles), opened a "prevention and health promotion" centre in the Île-de-France region in 2019, alongside its three traditional "medical", "mental health" and "legal" centres, based on this participatory approach, in which migrants are encouraged to take an active role in their own health. The workshops are held in premises outside the Kremlin-Bicêtre health centre, in order to keep the doctor-patient hierarchy at a distance. Migrants and Comede professionals are all participants at the same level, each "invited to give and receive" (Vescovacci and Dommange, 2021).
- 28 In order to cope with the difficulties of exile, exchanging with others who have been through similar ordeals, promoting this experiential knowledge and participating in programmes (as an actor and not just as a beneficiary) are useful principles on which to draw for both action and conceiving research.
- 29 In the following section, we develop the notion of social participation, which we have shown in this first section to be a pillar of empowerment, and illustrate it with two examples of association programmes in the Île-de-France region that implement it: the *VoisinMalin* association, which works in priority neighbourhoods where a large proportion of the residents are immigrants, and the *Ikambere* association, which supports women living with HIV, most of whom are immigrants from sub-Saharan Africa.<sup>4</sup>



## “Not without Us!”: Participation of Immigrants in Programmes that Affect Them

### Taking Their Voices into Account: Social Participation

- 30 Enabling the people concerned to make their voices heard requires setting up a mode of operation based on the participation of all, or “social participation”. This is a process that takes time and requires reflection on power relations and the type of representation, finding ways to bring out the voices of the less powerful, making room for those who do not express themselves much, listening to them, making them heard and taking them into account. These are slow processes, which are often imperfect, but the very fact of recognising imbalances of power or influence, even if they are not completely resolved, leads to all voices being taken into account, and therefore to greater relevance (Rajan *et al.*, 2020).
- 31 The means to achieve this need to be found and adapted to each group and each issue, but several guiding principles can be identified: 1) Put in place an environment and resources enabling everyone to participate, transparency regarding the ways of participating, diverse dialogue techniques, easy access to information, regular feedback; 2) Develop everyone’s capacities to enable participation: awareness of the benefits of participation and the fact that it is possible, communication skills in different forms; 3) Translating this participation into decisions that take it into account; 4) Sustaining and institutionalising these new ways of operating collectively (Rajan *et al.*, 2020).

### The *VoisinMalin* Association: Added Value in Being an Immigrant

- 32 Founded in 2010, *VoisinMalin* works in France’s priority neighbourhoods,<sup>5</sup> where 42% of residents live below the poverty line and a large proportion have an immigrant background. Its aim is to bring a new dynamic to working-class neighbourhoods by promoting the skills of local residents, with empowerment at the heart of its project. This involves restoring confidence and a capacity for initiative among the residents of these very disadvantaged neighbourhoods, through “resource-residents” known as “*Voisins Malins*” (smart neighbours). These people are trained and employed on a part-time basis to carry out door-to-door campaigns on a range of everyday subjects, particularly health.
- 33 The association was set up based on the observation that the situation in these neighbourhoods cannot be improved without the residents themselves, who are primarily concerned. By supporting and promoting the commitment and skills of certain residents, it acts as a lever for change for others, through the close links that can be forged in the neighbourhood and the trust between peers. Residents open their doors to neighbours they know or with whom they can identify, and are receptive to their messages, because these have been developed with the resource residents that are these Smart Neighbours, and are adapted to their expectations, their concerns, their level of knowledge and their way of expressing themselves.
- 34 This stage, in which the message is developed in conjunction with the resource-residents, is a pre-condition for any request for action in the neighbourhood, whether it comes from a public or private organisation. It is a fundamental stage in the

empowerment approach. For example, in 2020, the Health-City Workshop approached the association to promote messages on COVID-19 safety measures in the neighbourhoods. The association then set up a working group on this subject, and the resource-residents clearly expressed the residents' weariness with messages about protective measures, while stressing other needs in relation to COVID-19: taking into account the psychological consequences of lockdown, the issue of continuity of care for other diseases, the need for local vaccination facilities, and the demand for practical solutions for getting to vaccination centres (shuttles, designated telephone numbers, etc.). The planned action was redesigned to take account of these needs. As one of the neighbourhood coordinator put it:

*"We don't go around bothering people to lecture them. We knock on people's doors so that we can help them in their everyday lives."*<sup>6</sup>

- 35 The way in which the *VoisinMalin* association operates thus reflects the various principles that are necessary to guarantee genuine social participation: 1) An "enabling environment", with action drawing on the neighbourhood residents themselves, who become the driving force behind the message to be conveyed and formulate it in their own words; 2) Development of the capacities of the people concerned, firstly among the *Voisins Malins*, trained within the association, on the subjects and messages to be conveyed, and then among the neighbourhood residents who open their doors; 3) Translation of this participation into practical decisions, both in terms of the type of action that the association undertakes with local residents, and in terms of the feedback that is given to the elected representatives or partners who requested the action; 4) Lastly, the sustainability of this form of participation, ensured by creating an association.
- 36 Reflecting their neighbourhoods, the *Voisins Malins* come from a wide range of backgrounds and origins. They include stay-at-home mothers, unemployed young people, students and people of all ages who are keen to do something for their neighbourhood, including a majority of first- and second-generation immigrants. The association's founding principles state that the diversity of the origins of *Voisins Malins* is an asset, reflecting the diversity of the cultures and origins of local residents and opening doors blocked by language barriers or fear of the authorities. Awareness that a different language or culture represents an asset is often the first step towards empowerment when joining the association. The association's managers point out that when they ask some non-French residents to become *Voisins Malins*, they do not feel legitimate because they do not have French nationality. On their CVs, under the heading "languages spoken", they very rarely mention their native languages when they are spoken vernacular languages. These skills are perceived as illegitimate, and the first job of the association is to legitimise them, through their ability to reach people who do not speak other languages, or to build confidence through linguistic and cultural proximity.

### **Réponses pour elles: A Card Game Designed by and for Immigrant Women**

- 37 The association *Ikambere*, based in Saint-Denis in the Île-de-France region, supports women living with HIV in precarious situations, most of whom are African. These women suffer the double burden of exile and a disease that is hard to live with, still

highly stigmatised, and that undermines their self-esteem and their relationship with their bodies. *Ikambere*, “welcoming house” in Kinyarwanda, an association founded in 1997 when the HIV/AIDS epidemic was very virulent, has developed a resilience programme that relies heavily on collective empowerment: it is because they meet other women who have been through similar ordeals that immigrant women affected by HIV regain confidence in their ability to live, work and live as a couple and a family (Desgrées du Loû and Dupont, 2019).

- 38 Some beneficiaries join the association’s team and transform this experiential knowledge into recognised, salaried professional expertise. For example, Rose, who arrived in France from Cameroon in 2010 without documents or resources, is now a healthcare facilitator and sexual health and human rights counsellor. Every day, she leads lunchtime discussions on a range of health topics, particularly sexual health. In 2020, Rose and the *Ikambere* team were asked by CRIPS Île-de-France (*Centre régional d’information et de prévention du sida et pour la santé des jeunes*) to participate in the development of a series of cards with drawings designed to increase the autonomy and capabilities of women from sub-Saharan Africa and to empower them. Each card shows a situation of constraint and potential domination, and on the reverse side provides information on rights, places and resource people (see Figure 2, the first of the eight cards).
- 39 The relevance of this card game lies in the fact that it was developed with women who were directly concerned and had become experts on the subject, and who could be mobilised to use the cards to train other trainers. As such, it is a tool for individual empowerment (it is aimed at each woman), which can be a tool for collective empowerment (used in group discussions) and contributes to organisational empowerment (Rose and *Ikambere* have been approached as experts by CRIPS).
- 40 For each of these organisations, *VoisinMalin* and *Ikambere*, it is difficult to objectivise or even measure the extent to which the social participation of people who have themselves experienced immigration and its difficulties leads to an improvement in their ability to act in France and that of their peers: to date, this has not been the subject of evaluation or even specific research.<sup>7</sup> However, the respective developments of these associations demonstrate the feasibility, sustainability and perceived relevance of their model: in ten years, *VoisinMalin* has expanded to fourteen towns, and now employs 300 “*Voisins Malins*” residents. *Ikambere*, which was set up twenty years ago, now runs three centres for women living with a range of chronic medical conditions (including HIV, diabetes and high blood pressure) and in situations of exclusion or precariousness. In each case, there is a close link between individual, collective and organisational empowerment: each person’s skills and recognition increase through “horizontal” collective work, where everyone’s voice is heard, and this leads to organisational and even political empowerment, since the assessment of the actions carried out is an opportunity to bring the voice of those who do not feel they have the legitimacy to be heard, particularly precarious immigrants, to the attention of political actors (mayor, departmental service, regional health agency) or companies (Veolia, etc.).

Figure 2: First of the Eight Cards that Make Up the Tool “Réponses pour elles: Sexual Health Issues”



Credit: Ikambara; Crips Île-de-France; Drawings: J. Dupont; Design: We love stories.

Source: <https://www.lecrisp-idf.net/search?keys=r%C3%A9ponses%20pour%20elles>

Proposed translation: My body is mine, it's my choice alone/ Are you coming to bed with me?/ No/ I want you/ I don't want to. No means no./ 1 My body is mine, which means I alone choose./ If I want to have sex or not. No one has the right to force me./ Not even my husband!/ It also means that I have the right: to choose my sexual partner, to be free to choose my sexual orientation, to decide whether I want children or not. How many children I want.

## Community-Based Research: Participation of Immigrants in Research that Concerns Them

- 41 While the participation of precarious immigrants in programmes is beginning to be seen, their participation in research aimed at understanding and responding to the difficulties they face is even rarer and poses other challenges, in particular those of so-called community-based research.

### What is Community-Based Research?

- 42 Community-based participatory research is starting to become fairly well developed in the English-speaking world, with a recognised acronym (CBPR for Community-based participatory research) and dedicated books and journals (Wallerstein *et al.*, 2018; Wallerstein, 2020; Vaughn and Jacquez, 2020). However, this is much less the case in France, where conducting research with the participation of the people concerned is easily labelled as “action research”, and very often considered to be outside (or even beneath) the field of academic research. However, far from being “cut-price” research, community-based research combines scientific objectives and methods with socially

useful objectives (Demange *et al.*, 2012). The term “community-based research” is used to describe collaboration between researchers and community actors, and is a balanced partnership: each contributes their expertise, and responsibilities are shared. The former join forces with the latter to design and carry out research programmes based on the strengths and priorities of these communities, with the ultimate aim of translating the results of this research into policies, practices or actions to change the system (Wallerstein, 2020).

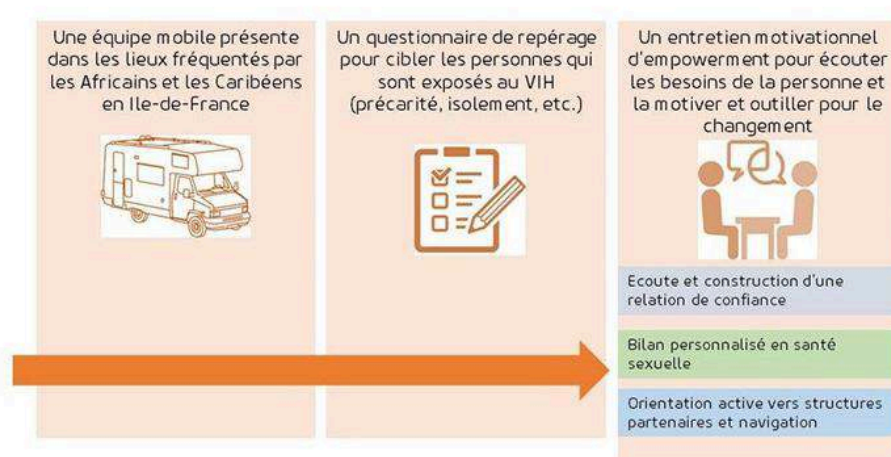
- 43 This partnership contributes to advances in knowledge by offering access, via the communities concerned, to new information and experiential knowledge, and by providing the diversity of perspectives needed for analysis. This contribution to knowledge by the people directly concerned is particularly useful in the case of minority groups, for whom existing knowledge may not be relevant and who may require specific approaches, concepts and modes of investigation (Demange *et al.*, 2012). Minkler refers to this as “cultural humility” (Minkler *et al.*, 2012). This does not mean that we need to be concerned by a situation or a culture in order to carry out a relevant analysis, but rather that the academic world should recognise the knowledge of the communities concerned and their capacity for reflection, alongside academic knowledge and methods.
- 44 The aim is also to encourage research governance that is more concerned with social justice, through the co-ownership of research and the ability of all partners, stakeholders and researchers alike, to make choices and take decisions at every stage of the research process, from project design and data collection to analysis and exploitation.
- 45 Community-based research has no specific methods or concepts, but is characterised by this overall approach that changes the relationship between researchers and researched, and thereby transforms the power relationships between researchers and communities, as well as between the communities concerned and other actors. Taking part in research not only makes the people concerned more aware of their experiential knowledge, but also gives them a degree of recognition “by the academic sphere”. Taking part in research, in the sense of genuine active participation, is a lever for making one’s voice heard, and is a driver of empowerment. For migrants or immigrants in precarious situations, for whom this possibility is obstructed, participation in research can be a catalyst for boosting self-esteem, acquiring new skills and knowledge, becoming aware of their rights and making their specific voice heard.
- 46 Like any collaboration, that between researchers and the communities concerned requires time to be developed and a shared commitment. The conceptualisation of what constitutes good community-based research is a work in progress, with proposals for processes, indicators on the type of partnership—purely relational (exchanges) or also structural (agreements, sharing of resources, etc.) (Oetzel *et al.*, 2018; Coalition Plus, 2019). It also implies an effort to exploit the results in a way that is useful to all parties: scientific journals for the academic recognition of researchers, formats adapted to the audience concerned (posters, short videos, events to present the results followed by debates), policy notes for decision-makers, etc.
- 47 Once these principles have been established, they still need to be applied. To give a concrete example of the benefits and implications of this community-based research approach, we outline the *Makasi* project on sexual health empowerment for precarious

immigrants, which was co-owned and co-constructed from the design stage by two associations and our research team.

## The *Makasi* Project

- 48 The *Makasi* project is an interventional research project aimed at strengthening the sexual health empowerment of sub-Saharan African immigrants in France, who are particularly exposed to HIV. In previous research, the *Parcours* project, we showed that a large proportion of Africans treated in hospital for HIV/AIDS had contracted HIV after arriving in France, in connection with the precariousness and structural difficulties encountered when settling in (Desgrées du Loû *et al.*, 2015; Desgrées du Loû *et al.*, 2016). Based on these results, the research team and two associations, *Afrique Avenir* and *Arcat*, worked together to develop an innovative intervention designed to improve this population's appropriation of the means of prevention and sexual health care, and to strengthen each person's capacity and power to act in order to protect their health. *Afrique Avenir* raises awareness of sexual risks among the African and Caribbean population in the Île-de-France region, while *Arcat* organises social support for people in precarious situations and living with HIV. Drawing on the experience of these two organisations, we developed an "off-site" intervention in the Île-de-France region, backed up by a campaign to raise awareness of sexual health and HIV and hepatitis C screening carried out by the *Afrique Avenir* association's mobile team. A lorry goes out to places (markets, squares, stations) frequented by people of sub-Saharan African origin and offers screening. Alongside this routine screening, the intervention consisted of offering precarious immigrants exposed to sexual risk a personal interview, based on the principles of motivational interviewing, with a health facilitator who helped participants to prioritise their needs. Following the interview, the health facilitator referred the person to the facilities best suited to their needs, giving them all the necessary information: address, telephone number, map, opening days (see Figure 3).



Figure 3: Diagram of the *Makasi* Project Intervention

Credit: Makasi Project

Proposed translation: A mobile team present in places frequented by people of African and Caribbean origin in the Ile-de-France region/ A questionnaire to identify people at risk of HIV infection (precariousness, isolation, etc.)/ A motivational empowerment interview to listen to people's needs, motivate them and equip them for change/ Listening and building a relationship of trust/ Personalised sexual health assessment/ Active referral to and navigation of partner facilities

- 49 The associations implemented the intervention and the research team evaluated it using mixed methods: a quantitative impact evaluation and a qualitative process evaluation. The protocol for these evaluations is presented in two previous articles (Gosselin *et al.*, 2019 and Ridde *et al.*, 2022). This project had a nine-month pilot phase in 2018, during which the associative actors proposed its name ("*Makasi*", which means robust, strong, resistant in Lingala), followed by two years of implementation of the intervention (2019-2020). A total of 858 people were included in the research.<sup>8</sup> The aim here is not to give the results of the research, but to highlight the way in which it was co-owned.
- 50 Devising and conducting such research together, involving researchers and association actors, entails adhering to a number of principles that can be summed up as follows: 1) Involving the various stakeholders at every stage; 2) Linking the objectives and constraints of action and research; 3) Taking into account and respecting the diversity of working methods and constraints associated with each profession (Carillon and Zoumenou, 2019; Zoumenou *et al.*, 2020).
- 51 Together, researchers and association actors defined the context and content of the intervention, the conditions for its implementation and evaluation, the data collection tools and the communication tools used to reach out to the target groups and explain the approach (see Figure 4). The association actors, most of whom were immigrants and had been working with and for the target populations for many years, contributed to the evaluation of the intervention by collecting the data (administering the questionnaires), participating in the interpretation of the results (sharing the results and discussing their interpretation) and reporting on them (presentation in conferences with two voices—researchers and association actors).

Figure 4: Poster Presenting the *Makasi* Project

Credit: Makasi project; Design: M. Soulié (www.msgraph.com).

Proposed translation: Let's mobilise our strengths and build on our experiences! A health study among Afro-Caribbeans is underway here! Let's get involved! Information/ Prevention/ Guidance/ Health/social/ Anonymous and confidential study

- 52 In addition, in order to develop an intervention that was as close as possible to the needs of the people concerned by precariousness, we involved immigrants who had experienced social, economic and administrative difficulties when they settled in France, and who were beneficiaries of one of the associations participating in the project. This “community advisory committee” helped to define the content of the intervention, and representatives were invited to meetings of the research group where methodological and ethical issues were discussed, as well as the conditions for implementing the intervention.
- 53 This participation of the people or communities concerned, at the various stages of the research, raised several challenges: the remuneration of the time allocated to the project (how to compensate for the time spent sharing “experiential knowledge?”); the sharing of quantitative data collection tools (how to make the scores from the scientific literature comprehensible to all, particularly around complex notions such as empowerment and literacy?); the need to find the channels and time necessary for the exchange of ideas to ensure mutual understanding. One of the solutions was to encourage a crossover of roles: researchers, sociologists and demographers were involved in fieldwork and health facilitation, and community actors were involved in exploiting the results in scientific arenas (conferences and publications) (Carillon and Zoumenou, 2019; Zoumenou *et al.*, 2020).
- 54 From this experience, we have learned several lessons about the conditions under which research involving researchers and actors from the communities concerned can

be productive and lead both to better research and to improvement in the capacity for action and reflection of those concerned by the research. It is important to formalise the arrangements for collaboration and participation, particularly with regard to governance and possible compensation; to set up regular opportunities for discussion, in a variety of relevant spaces and forms; to build a climate of trust, listening and respect between all the stakeholders as an essential foundation (“the ethics of the encounter”), which implies knowing how to give space to informality, to unplanned meetings, and to take account of the power dynamics that inevitably exist, paying particular attention to social relations based on gender, class and “race” (Ridde *et al.*, 2022).

## Conclusion

- 55 Empowerment is a much richer notion than that of building autonomy (*autonomisation*) or even power to act (*pouvoir d’agir*) to which it is often assimilated. It implies a collective dynamic of social participation that enables those who are usually far removed from decision-making circles to make their voices heard and take part in the programmes and decisions that affect them. In this way, it is a lever for social and political transformation.
- 56 It is a notion that is particularly well-suited to precarious immigrants, whose individual paths reveal a wealth of resources and factors of resilience, but whose voice struggles to be heard because it is considered illegitimate. Implementing the principles of empowerment in programmes aimed at immigrants is possible and productive, and requires their participation at all levels of the programme. This means adhering to certain principles: an enabling environment, individual training in participation, and ensuring that this participation is translated into decisions, sustained and institutionalised.
- 57 The field of health promotion has largely applied and theorised these modes of participation, and it is to be hoped that the shock of the COVID-19 epidemic will make these theoretical and practical contributions more visible, despite the fact that they were not sufficiently used in the response to the epidemic. Indeed, throughout the world, immigrants were the most affected by the consequences of the epidemic (Agyemang *et al.*, 2021; Aumond *et al.*, 2022; Gosselin *et al.*, 2022) and their early involvement in the development of the response to the epidemic would undoubtedly have avoided this.
- 58 The participation of immigrants in research that concerns them is also a means of empowerment. This research “with communities”, or “community-based research”, retains all the theoretical and conceptual depth of academic research, but adds to it the wealth of experiential knowledge of people who have experienced migration. It does, however, involve their participation in all stages of the research, including its exploitation. It is a time worth taking, for a better understanding of what is at stake on both sides, for greater coherence in our research approaches, and, to quote Freire with whom we opened this article, because only the dialogical approach makes it possible to move “from shame to dignity” (Freire, 1974).

## BIBLIOGRAPHY

- Agyemang Charles, Richters Anke, Jolani Shahab, Hendriks Stevie, Zalpuri Saurabh, Yu Evan, Pijls Bart, Prins Maria, Stronks Karien and Zeegers Maurice P. (2021) Ethnic minority status as social determinant for COVID-19 infection, hospitalisation, severity, ICU admission and deaths in the early phase of the pandemic: a meta-analysis, *BMJ Global Health*, 6 (11), [online]. URL: <https://pubmed.ncbi.nlm.nih.gov/34740916/>
- Augoyard Philippe et Renaud Lise (1998) Le concept d'« empowerment » et son application dans quelques programmes de promotion de la santé, *Promotion & éducation*, 5 (2), pp. 28-35.
- Aumond Florian, Petit Véronique et Robin Nelly (2022) Éditorial : COVID-19, migrations et parcours : ruptures et continuités, *Revue Européenne des Migrations Internationales*, 38 (1-2), pp. 7-36.
- Bacqué Marie-Hélène (2018) Le concept d'empowerment s'est diffusé tardivement en France, *La santé en action*, 446, pp. 18-19
- Bacqué Marie-Hélène et Biewener Carole (2015) *L'empowerment, une pratique émancipatrice ?*, Paris, La Découverte.
- Bacqué Marie-Hélène et Mehmache Mohamed (2013) *Citoyenneté et pouvoir d'agir dans les quartiers populaires. Rapport remis au ministre délégué à la Ville*, Paris, Éditions du CGET.
- Bajos Nathalie, Spire Alexis and Silberzan Léna (2022a) The social specificities of hostility toward vaccination against COVID-19 in France, *PLOS ONE*, 17 (1), [online]. URL: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0262192>
- Bajos Nathalie, Spire Alexis, Silberzan Léna, Sireyjol Antoine, Jusot Florence, Meyer Laurence, Franck Jeanna-Eve, Warszawski Josiane and The EpiCov study group (2022b) When Lack of Trust in the Government and in Scientists Reinforces Social Inequalities in Vaccination Against COVID-19, *Frontiers in Public Health*, 10, [online]. URL: <https://pubmed.ncbi.nlm.nih.gov/35937246/>
- Beaucamp Aurélien, Bourrelly Michel, Carrier Francis *et al.* (2020) *Sortir du COVID-19 avec les citoyen-ne-s*, [en ligne] consulté le 06/05/2020. URL : [https://www.liberation.fr/debats/2020/05/06/sortir-du-COVID-19-avec-les-citoyennes\\_1787538/](https://www.liberation.fr/debats/2020/05/06/sortir-du-COVID-19-avec-les-citoyennes_1787538/)
- Calvès Anne-Emmanuèle (2009) « Empowerment » : généalogie d'un concept clé du discours contemporain sur le développement, *Tiers-Monde*, 4 (200), pp. 735-749.
- Carillon Séverine and Zoumenou Iris (2019) « Toning it down » *Co-building in Makasi'project: challenges and solutions*, AFRAVIH (10<sup>ème</sup> conférence francophone sur le VIH), [online]. URL: <https://www.projet-makasi.fr/Novembre-2020-Conference-de-l-AFRAVIH>
- Coalition Plus (2019) *La recherche communautaire en action*, [en ligne]. URL : <https://www.coalitionplus.org/brochure-recherche-communautaire-vih/>
- Coppo Alessandro, Gattino Silvia, Faggiano Fabrizio, Gilardi Luisella, Capra Paola, Tortone Claudio, Fedi Angela and De Piccoli Norma (2020) Psychosocial empowerment-based interventions for smoking reduction: concepts, measures and outcomes. A systematic review, *Global Health Promotion*, 27 (4), pp. 88-96.

Defraigne Tardieu Geneviève (2014) L'université populaire Quart-monde. Apprendre de ceux qui sont supposés ne rien savoir, *Caisse nationale d'allocations familiales/Informations sociales*, 2, pp. 63-66.

Defraigne Tardieu Geneviève (2012) *L'Université populaire Quart Monde. La construction du savoir émancipatoire*, Paris, Presses Universitaires de Paris Ouest.

Demange Elise, Henry Emilie, Bekelynyck Anne et Préau Marie (2012) Petite(s) histoire(s) de la recherche communautaire in Elise Demange, Emilie Henry et Marie Préau, *De la recherche en collaboration à la recherche communautaire. Un guide méthodologique*, Paris, ANRS, pp. 15-24.

Desgrées du Loû Annabel et Dupont Jano (2019) *Ikambere : la maison qui relève les femmes*, Ivry-sur-Seine, Les éditions de l'Atelier.

Desgrées du Loû Annabel et Lert France (Dir) (2017) *Parcours de vie et santé des Africains immigrés en France*, Paris, La Découverte.

Desgrées du Loû Annabel, Pannetier Julie, Ravalihasy Andrainolo, Le Guen Mireille, Gosselin Anne, Panjo Henri, Bajos Nathalie, Lydie Nathalie, Lert France and Dray-Spira Rosemary (2016) Is hardship during migration a determinant of HIV infection? Results from the ANRS PARCOURS study of sub-Saharan African migrants in France, *AIDS*, 30 (4), pp. 645-656.

Desgrées du Loû Annabel, Pannetier Julie, Ravalihasy Andrainolo, Gosselin Anne, Supervie Virginie, Panjo Henri, Bajos Nathalie, Lert France, Lydie Nathalie and Dray-Spira Rosemary (2015) Sub-Saharan African migrants living with HIV acquired after migration, France, ANRS PARCOURS study, 2012 to 2013, *Eurosurveillance*, 20 (46), pp. 31-38.

Freire Paulo (1974) *Pédagogie des opprimés suivi de Conscientisation et révolution*, Paris, François Maspero.

Gosselin Anne, Carillon Séverine, Coulibaly Karna, Ridde Valéry, Taéron Corinne, Kohou Veroska, Zoumenou Iris, Mbiribindi Romain, Derche Nicolas and Desgrées du Loû Annabel (2019) Participatory development and pilot testing of the Makasi intervention: a community-based outreach intervention to improve sub-Saharan and Caribbean immigrants' empowerment in sexual health, *BMC Public Health*, 19 (1646), [online]. URL: <https://bmcpublikehealth.biomedcentral.com/articles/10.1186/s12889-019-7943-2>

Gosselin Anne, Desgrées du Loû Annabel, Lelièvre Eva, Lert France, Dray-Spira Rosemary, Lydié Nathalie and the Parcours Study Group (2018) Understanding Settlement Pathways of African Immigrants in France Through a Capability Approach: Do Pre-migratory Characteristics Matter?, *European Journal of Population*, 34 (5), pp. 849-871.

Gosselin Anne, Warszawski Josiane, Bajos Nathalie, EpiCov Study Group, Bajos Nathalie, Warszawski Josiane, Bagein Guillaume, Beck François, Counil Emilie, Jusot Florence, Lydié Nathalie, Martin Claude, Meyer Laurence, Raynaud Philippe, Rouquette Alexandra, Pailhé Ariane, Rahib Delphine, Sillard Patrick, Slama Rémy and Spire Alexis (2022) Higher risk, higher protection: COVID-19 risk among immigrants in France – results from the population-based EpiCov survey, *European Journal of Public Health*, 32 (4), pp. 655-663.

Kabeer Naila (1999) Resources, Agency, Achievements: Reflections on the Measurement of Women's Empowerment, *Development and change*, 30, pp. 435-464.

Karp Celia, Wood Shannon N., Galadanci Hadiza, Sebina Kibira, Simon Peter, Makumbi Fredrick, Omoluabi Elizabeth, Shiferaw Solomon, Seme Assefa, Tsui Amy and Moreau Caroline (2020) "I am the master key that opens and locks": Presentation and application of a conceptual framework for women's and girls' empowerment in reproductive health, *Social Science & Medicine*, 258,

[online]. URL: <https://www.sciencedirect.com/science/article/pii/S0277953620303051?via%3Dihub>

Le Bossé Yann (2005) De l'« habilitation » au « pouvoir d'agir » : vers une appréhension plus circonscrite de la notion d'empowerment, *Nouvelles pratiques sociales*, 16 (2), pp. 30-51.

Le Bossé Yann, Gaudreau Lorraine, Arteau Marcel, Deschamps Kathy et Vandette Line (2002) L'approche centrée sur le développement du pouvoir d'agir : aperçu de ses fondements et de son application, *Canadian Journal of Counselling and Psychotherapy*, 36 (3), pp. 180-194.

Minkler Meredith, Garcia Analilia, Rubin Victor and Wallerstein Nina (2012) *Community-based participatory research: A strategy for building healthy communities and promoting health through policy change*, [online]. URL: <https://www.policylink.org/sites/default/files/CBPR.pdf>

Ninacs William A. (2005) Empowerment et service social : approches et enjeux, *Service social*, 44 (1), pp. 69-93.

Nutbeam Don (2000) Health literacy as a public health goal: a challenge for contemporary health education and communication strategies into the 21st century, *Health Promotion International*, 15 (3), pp. 259-267.

Oetzel John G., Wallerstein Nina, Duran Bonnie, Sanchez-Youngman Shannon, Nguyen Tung, Woo Kent, Wang Jun, Schulz Amy, Keawe'aimoku Kaholokula Joseph, Israel Barbara and Alegria Margarita (2018) Impact of Participatory Health Research: A Test of the Community-Based Participatory Research Conceptual Model, *BioMed Research International*, [online]. URL: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5941804/>

OMS (1986) *Charte d'Ottawa pour la promotion de la santé*, [en ligne]. URL : <https://www.canada.ca/fr/sante-publique/services/promotion-sante/sante-population/charte-ottawa-promotion-sante-conference-internationale-promotion-sante.html>

Rajan Deepa, Rohrer-Herold Katja, Kock Kira and Soucat Agnes (2020) Voice, agency, empowerment: handbook on social participation for Universal Health Coverage, [online]. URL: <https://apps.who.int/iris/bitstream/handle/10665/342704/9789240027794-eng.pdf?sequence=1&isAllowed=y>

Ridde Valéry, Carillon Séverine, Desgrées du Loû, Annabel and Sombié Issiakia (2022) Analyzing implementation of public health interventions: a need for rigor, and the challenges of stakeholder involvement, *Revue d'Épidémiologie et de Santé Publique*, [online]. URL: <https://doi.org/10.1016/j.respe.2022.06.001>

Schulz Peter J. and Nakamoto Kent (2013) Health literacy and patient empowerment in health communication: the importance of separating conjoined twins, *Patient Education and Counseling*, 90 (1), pp. 4-11.

Sen Amartya (1985) *Commodities and capabilities*, Amsterdam, North Holland.

Sorensen Christine, Van den Broucke Stephan, Fullam James, Doyle Geraldine, Pelikan Jürgen, Slonska Zofia, Brand Helmut and (HLS-EU) Consortium Health Literacy Project European (2012) Health literacy and public health: A systematic review and integration of definitions and models, *BMC Public Health*, 12 (80), pp. 1-13.

Van den Broucke Stephan (2020) Why health promotion matters to the COVID-19 pandemic, and vice versa, *Health Promotion International*, 35 (2), pp. 181-186.

Van den Broucke Stephan (2014) *Health literacy: a critical concept for public health*, [online]. URL: <https://archpublichealth.biomedcentral.com/articles/10.1186/2049-3258-72-10>



Vaughn Lisa M. and Jacquez Farrah (2020) Participatory Research Methods – Choice Points in the Research Process, *Journal of Participatory Research Methods*, [online]. URL: <https://jprm.scholasticahq.com/article/13244-participatory-research-methods-choice-points-in-the-research-process>

Veisse Arnaud, Wolmark Laure, Revault Pascal, Giacomelli Maud, Bamberger Muriel et Zlanatova Zornitza (2017) Violence, vulnérabilité sociale et troubles psychiques chez les migrants/exilés, *Bulletin épidémiologique hebdomadaire*, 19-20, pp. 405-414.

Vescovacci Khaldia et Dommange Perrine (2021) Accompagner les exilés pour qu'ils deviennent acteurs de leur santé, *La santé en action*, 455, pp. 31-33.

Wallerstein Nina (2020) Commentary on Community-Based Participatory Research and Community Engaged Research in Health for Journal of Participatory Research Methods, *Journal of Participatory Research Methods*, [online]. URL: <https://jprm.scholasticahq.com/article/13274-commentary-on-community-based-participatory-research-and-community-engaged-research-in-health-for-journal-of-participatory-research-methods>

Wallerstein Nina (1992) Powerlessness, empowerment, and health: implications for health promotion programs, *American journal of health promotion*, 6 (3), pp. 197-205.

Wallerstein Nina, Duran Bonnie, Oetzel John and Minkler Meredith (Eds.) (2018) *Community-based participatory research for health: Advancing social and health equity*, San Francisco, Jossey-Bass.

Zoumenou Iris, Carillon Séverine, Coulibaly Karna, Gosselin Anne, Ravalihasy Andrainolo, Ridde Valéry, Mbiribindi Romain et Desgrées du Loû Annabel (2020) *Co-construire une recherche interventionnelle pour réduire les infections à VIH chez les immigrants d'Afrique subsaharienne en France, défis et solutions du projet Makasi*, AFRAVIH (10<sup>ème</sup> conférence francophone sur le VIH), [en ligne]. URL : <https://www.projet-makasi.fr/Novembre-2020-Conference-de-l-AFRAVIH>

## NOTES

1. Throughout this article, we use the term community in its broad sense, i.e. a group of people sharing common characteristics (migratory status, neighbourhood, chronic illness, etc.) (Desgrées du Loû and Lert, 2017: 16).
2. <https://www.santepubliquefrance.fr/dossiers/coronavirus-covid-19/coronavirus-outils-de-prevention-destines-aux-professionnels-de-sante-et-au-grand-public>
3. <https://www.santepubliquefrance.fr/presse/2022/mobco-une-mobilisation-de-connaissances-pour-favoriser-l-acces-a-la-vaccination-contre-la-covid-19-des-populations-en-situation-de-precarite>
4. In each of these associations, chosen for their commitment to an empowerment approach, the first-mentioned author conducted interviews with the team, attended general meetings and observed activities.
5. In fourteen towns/cities in 2021: Evry-Courcouronnes, Grigny, Ris-Orangis, Aulnay-sous-Bois, Clichy-sous-Bois, Montreuil, Saint-Denis, Villetaneuse, Villiers-le-Bel, Paris, Lille, Roubaix, Villeurbanne and Marseille. Cf. [www.voisin-malin.fr](http://www.voisin-malin.fr)
6. Interview with a neighbourhood coordinator from the association, February 2021.
7. Work in this area is currently underway, as part of the doctoral research of the last-mentioned author of this article.
8. The results are made available on the [www.projet-makasi.fr](http://www.projet-makasi.fr) as and when they are published in the scientific literature.

---

## ABSTRACTS

Empowerment is a concept that is hardly used in the field of migration. However, this approach, which is based on participation, promotion of experiential knowledge, peer support, strengthening through exchange with others who have experienced similar difficulties, and change by and with the communities affected, is particularly relevant to an understanding of the migration experiences of immigrants in precarious situations, dealing with the difficulties of exile and arrival in a new country. This article aims to show how empowerment is a useful concept for designing and implementing interventions and research aimed at immigrants, provided that it is used in all of its dimensions, including the collective dimension based on social participation. After reviewing the history and the contours of this concept, its possible drifts and the importance of its collective and participatory dimension, the article analyses, using examples from the field of health promotion, how the participation of immigrants in programmes and research concerning them makes it possible to activate this empowerment.

*L'empowerment*, ou renforcement du pouvoir d'agir, est un concept peu mobilisé dans le champ des migrations. Pourtant cette approche qui s'appuie sur la participation, la valorisation des savoirs expérientiels, le soutien entre pairs, le renforcement par l'échange avec d'autres qui ont connu des difficultés similaires, le changement par et avec les communautés concernées, est particulièrement pertinente pour la compréhension des expériences migratoires des immigrés précaires en butte aux difficultés de l'exil et de l'arrivée dans un nouveau pays. Cet article vise à montrer en quoi *l'empowerment* est un concept fructueux pour concevoir et mettre en place des interventions et des recherches à destination des immigrés, dès lors qu'il est mobilisé dans l'ensemble de ses dimensions, dont la dimension collective qui s'appuie sur la participation sociale. Après un retour sur l'histoire et les contours de ce concept, ses possibles dérives et l'importance de sa dimension collective et participative, il analyse à partir d'exemples du champ de la promotion de la santé comment la participation des personnes immigrées aux programmes et aux recherches qui les concernent permet de rendre opérationnel ce renforcement du pouvoir d'agir.

El empoderamiento es un concepto poco utilizado en el ámbito de la migración. Sin embargo, este enfoque, que se basa en la participación, la valorización del conocimiento experiencial, el apoyo entre semejantes, el refuerzo a través del intercambio con otros que han experimentado dificultades similares, y el cambio por y con las comunidades afectadas, tiene un papel particularmente relevante en la comprensión de las experiencias de inmigrantes que se enfrentan a las dificultades del exilio y a la llegada a un nuevo país. Este artículo pretende mostrar cómo el empoderamiento es un concepto fructífero para la preparación y la implementación de intervenciones y de investigaciones para inmigrantes, siempre que se emplee en todas sus dimensiones, incluida la dimensión colectiva basada en la participación social. Tras repasar la historia y los contornos de este concepto, sus posibles derivas y la importancia de su dimensión colectiva y participativa, el artículo analiza, con base en ejemplos en el ámbito de la promoción de la salud, cómo la participación de los inmigrantes en los programas y las investigaciones relevantes permite activar este empoderamiento.

## INDEX

**Palabras claves:** capacitación, inmigrantes, precariedad, programas, investigación, participación, promoción de la salud

**Keywords:** empowerment, immigrants, precariousness, programmes, research, participation, health promotion

**Mots-clés:** pouvoir d’agir, immigrés, précarité, programmes, recherche, participation, promotion de la santé

## AUTHORS

### ANNABEL DESGRÉES DU LOÛ

Demographer, Director of Research, IRD, Université Paris Cité, Inserm, CEPED, Paris, France;  
Fellow of the French Collaborative Institute on Migration; <https://orcid.org/0000-0002-2223-5316>; [annabel.desgrees\[at\]ird.fr](mailto:annabel.desgrees[at]ird.fr)

### KARNA COULIBALY

Doctor of Demography and Public Health, Université Paris Cité, IRD, Inserm, CEPED, Paris, France;  
Fellow of the French Collaborative Institute on Migration; <https://orcid.org/0000-0001-5038-8523>; [karna.coulibaly\[at\]ceped.org](mailto:karna.coulibaly[at]ceped.org)

### IRIS ZOUMENOU

Healthcare facilitator, health psychologist, Afrique Avenir, Paris, France;  
[iris.zoumenou\[at\]afriqueavenir.fr](mailto:iris.zoumenou[at]afriqueavenir.fr)

### ANNE GOSSELIN

Demography and Public Health, Research Fellow, Ined, Aubervilliers, France; Fellow of the French Collaborative Institute on Migration; <https://orcid.org/0000-0002-6876-8249>; [anne.gosselin\[at\]ined.fr](mailto:anne.gosselin[at]ined.fr)

### SÉVERINE CARILLON

Anthropologist, PhD, Université Paris Cité, IRD, Inserm, CEPED, Paris, France; <https://orcid.org/0000-0001-9487-7433>; [severine.carillon\[at\]ceped.org](mailto:severine.carillon[at]ceped.org)

### ANDRAINOLO RAVALIHASY

Statistician, Université Paris Cité, IRD, Inserm, CEPED, Paris, France; <https://orcid.org/0000-0003-0880-6319>; [andrainolo.ravalihasy\[at\]ird.fr](mailto:andrainolo.ravalihasy[at]ird.fr)

### JULIA ÉID

Doctoral candidate in public health, Université Paris Cité, IRD, Inserm, CEPED, Paris, France;  
<https://orcid.org/0000-0002-1103-9889>; [julia.eid\[at\]ceped.org](mailto:julia.eid[at]ceped.org)

## TRADUCTEUR\_DESCRIPTION

ALEXANDRA POMÉON O'NEILL (TRANSLATION)

KA-Lex Traduction; kalextrad[at]gmail.com

KATHERINE BOOTH (TRANSLATION)

KA-Lex Traduction; kalextrad[at]gmail.com