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By

**Bong-Ho Mok**

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**Keywords:** Self-help group participation, intrapersonal empowerment, interpersonal empowerment, community / political empowerment, social support, social learning, leadership

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# **Empowerment Effect of Self-help Group Participation and Its Covariates in a Chinese Context**

## **Introduction**

Participation empowers! When participants interact with each other to make meaningful changes and to assert influences individually and collectively, empowerment occurs. Past research has shown that participation and empowerment are closely related (Berger & Neuhaus, 1977; Schulz et al., 1995; Rappaport, 1987; Zimmerman & Rappaport, 1988). However, this relationship may be complex and complicated. Itzhaky and Schwartz (1988) found that not all the elements of empowerment are affected by all the elements of participation. Itzhaky and York (2000) further suggest that the relationship between participation and empowerment can be erratic, although the former can well be an antecedent of the latter. When participation affects empowerment, the path can be direct, indirect or combined (Zimmerman, 1990; Prestby et al., 1990; Chavis & Wandersman, 1990; Speer & Hughes, 1995).

Participation in self-help groups certainly help members to empower themselves (Chesler, 1991; Nylund, 2000; Mok, 2001). Self-help group activities empower members to cope with problems and stresses, and they also empower members in their relations with the organizations that serve them, and with the community where they live. Empirically, it was found that participation in self-help group activities is instrumental in reducing family burden, loneliness, and guilt-feeling, and at a macro-level, self-help group members' advocacy activities can affect government policies (Citron, et al., 1999; Medvene & Krauss, 1989). The strong correlation between self-help group participation and self-confidence,

self-efficacy, civil responsibility, and political efficacy has also been supported in research studies (Florin & Wandersman, 1984; Zimmerman & Rappaport, 1988).

Various social science theories, such as the theories of affiliation, attribution, change, coping, deviance and social exchange provide some explanation of why participation in self-help groups empowers members. Steward (1990) concluded, after synthesizing some theoretical and empirical studies, that the provision of social support and social learning in self-help groups is the major factor in self-help group effectiveness. In a study of three organizations (one of which was a mutual help organization for persons with severe mental illness), Maton and Salem (1995) found that the reason why they are so empowering is because they have a belief system that inspires growth, an opportunity role structure that is pervasive, highly accessible and multi-functional, a support system that is encompassing, peer-based, and provides a sense of community, and leadership that is inspiring, talented and shared.

Although self-help group participation and its empowerment effect have been widely discussed, very few studies have been conducted in a Chinese context. To what extent are members of Chinese self-help groups empowered individually and collectively as a result of their participation in these groups? What are the covariates of self-help group empowerment in such contexts? This paper explores and analyses these questions, based on a pioneering and comprehensive study of self-help groups in Hong Kong. It is contended that self-help group participation in Chinese communities should lead to individual and collective empowerment, as is the case in Western communities. It is further argued that participating in self-help groups will enable members to obtain social support and social learning opportunities which have a direct and indirect effect on empowerment. Finally, the author believes that the leadership of self-help groups could have an impact on their

empowerment effects. A hypothetical model with regard to the interrelationships among self-help group participation, social support, social learning, leadership and empowerment is developed for testing in future research. To set the stage for later discussion, a brief review of the self-help groups' situation in Hong Kong is presented.

### **Self-help Groups in Hong Kong**

The rapid growth of self-help groups in the field of social welfare in Hong Kong is only a recent phenomenon (Chau, 1996; Chow, 1996). Self-help groups for vulnerable populations mushroomed in the 1980s and most of them were initiated and formed with the assistance of social workers. Local literature shows that self-help groups have been developed for a wide range of populations, including the mentally ill and their families (Ma, 1992), battered women (Ko & Chang, 1994), persons with disabilities and their care-givers (Chan, 1991), single parents (Cheung & Ng, 1989), and senior citizens (Mok & Mui, 1996). In health care, patient self-help groups were established by medical social workers, or other medical professionals to provide support and assistance for people with various chronic illnesses (Wong, 1996; Liu, 1997; Chan et al., 1996). There are also patient self-help groups that have been set up and assisted by community organizers. For example, community organizers of the Society for Community Organization helped organize a number of patient self-help groups in various hospitals in the early 1980s. Subsequently, some of these groups have coalesced to form the Alliance of Patients Self-help Groups.

In spite of the rapid growth of self-help groups in Hong Kong, the full potential of utilizing self-help groups remains untapped. One of the reasons may be attributed to the lack of systematic research and solid methodological foundations. Little was known about how helpful self-help groups are to members, and what kind of social impact they have

produced. The research component of the self-help phenomenon has clearly been eclipsed by the self-help movement itself.

## **Method**

Using a simple random sampling method, 100 out of the 211 self-help groups that have been identified in a previous study (Mok et al., 2002) were selected and all members of the selected groups were invited to participate in this study during the period of December, 1999 to April, 2000. They were requested to fill out a structured, self-administered questionnaire in a group with the help of one or two research assistants, depending on the size of the group. These group interviews were normally arranged on the same day as the groups' regular meetings (before, during or after the meeting, according to their preference). If this was inconvenient or impossible, a special meeting for the purpose of this research was organized. The questionnaire was completed in about 30-45 minutes. Each participant was given a small souvenir of HK\$15 (about US\$2) as appreciation for their participation in the study. A total of 719 valid questionnaires were finally completed.

In addition to the questionnaire survey, in-depth interviews and participant observation were carried out with 10 groups, which were purposively selected to represent different types of self-help group. The aim of the in-depth interviews and participant observation, among others, was to understand how the groups empower the members, and why they succeed or fail to achieve their group goals.

In this study, the empowerment effect of self-help groups was studied from the members' perspective. Data collected was basically subjective, and the research adopted a cross-sectional survey design, supplemented by qualitative, in-depth interviews and

participant observation. Ideally, objective data from a more rigorous design such as experimental or quasi-experimental design would yield more reliable and valid findings. However, given the exploratory – descriptive nature of this study (the first Hong Kong-wide research), the present design and method of data collection are viable and realistic approaches. It is also noted that in the self-help research literature, the use of subjective measurements and a cross-sectional survey design are acceptable, although not necessarily conventional practices.

### **Background of Respondents**

There are many different self-help groups in Hong Kong based on the types of common problem that members share. In this study, respondents participated in a variety of these groups, ranging from groups for the chronically ill, groups for persons with mental illness, groups for the physically and mentally disabled, to other social/marginal groups such as single parents, families on welfare, divorced women, new arrivals from Mainland China, and rehabilitated drug abusers. As shown in Table 1, most respondents belong to the chronically ill groups (46.7%) followed by those who are members of the physically/mentally disabled groups (21.8%), the social/marginal groups (16.6%) and the mentally ill groups (14.9%). There were more female than male members in all groups, especially in the social/marginal groups which had many single parents, families on welfare and new arrivals from Mainland China. Most respondents were between 30-60 years old, indicating that most self-help group members are normally adults or older persons. The majority of respondents had a low educational level, ranging from primary level or below (34.8%), to lower secondary education (24.9%). This is especially true for the social/marginal groups, with 76% of the members having an educational level of lower secondary or below. Over 60% of the respondents were married, but a substantial number were divorced (9.2%) and widowed

(7.9%). Again, the figures for the social/marginal group members (34% and 13% respectively) were significantly higher than those of other groups. On employment status, about one third of the respondents were employed in one way or another and 12% were unemployed. It was noted that over half of the respondents were either housewives (31.8%) or retired (19.2%).

Table 1 also shows that respondents' participation in their self-help groups is not particularly long. Three quarters of them remained with their group for four years or less, which may support the claim that the growth of self-help groups in Hong Kong is only a recent phenomenon. Their participation in the groups, however, is regular and for some members, quite frequent. Most of them (37%) attended group meetings/activities monthly, while some did so weekly (10%) and bi-weekly (18%).

### **Self-help Group Participation and Empowerment**

As pointed out rightly by Rappaport (1985), the absence of empowerment is easy to notice, but its presence is difficult to define. Over the years, researchers have attempted to operationalize the concept of empowerment in various ways (Rappaport, 1987; Zimmerman, 1996; Dunst et al., 1992; Zimmerman, 1995; Rich et al., 1995). In this study, empowerment is conceptualized as a process through which members of self-help groups gain power at intrapersonal, interpersonal and political/community levels (Parsons, 1995; Gutierrez et al., 1998). Intrapersonal empowerment was measured by the self-help group members' perception of their ability to make personal changes or choices. Measures of interpersonal empowerment include the extent to which members can relate positively to others. Political/community empowerment was measured by members' perception of their ability to influence community attitudes and social policies.

A total of 14 statements / questions on the three levels of empowerment were posed to the respondents, and their answers are summarized in Table 2.

The findings clearly indicate that members of the self-help groups surveyed had a rather strong perception of being empowered as a result of self-help group participation. At the intrapersonal level, an overwhelming majority of the respondents felt that since joining the self-help group, they had become more positive (95%), more hopeful (92.6%), more open (91.2%), more gregarious (93.3%), more decisive in taking action (88.5%) and most importantly, more confident in solving their problems (93.7%). At the interpersonal level of empowerment, there was also a great majority who responded that since joining their self-help group, they had become more capable of helping others (93.1%), had learnt to care for others (95.6%), to get along well with others (95.2%), and to understand more about their rights (94.6%) and obligations (92.7%) in society. In terms of political/community empowerment, a substantial number of respondents (53.1%) agreed that their self-help group could help to change society's attitudes towards vulnerable populations, to become more understanding and accepting, and less discriminating. However, when asked about whether their self-help group could impact on social policies, such as welfare, health and housing policies, only one third of them agreed. This finding indicates that members' sense of community/political empowerment is not as strong as their sense of intrapersonal and interpersonal empowerment.

Members' feelings of being empowered in the self-help groups was further supported by the data obtained in the in-depth interviews. As an example, a stoma cancer patient used to be very dependent on the advice of his doctor but later developed strong confidence in problem solving by means of sharing and joint effort in the group. He said: "*The doctors*

*give you theory, that is, they talk about how things can be theoretically. But on a practical level, it can be our problem. For example, for what we have to do, the doctors may not be able to tell us anything, then we have to do it ourselves, and we would tell the new members. For example, the stoma is itchy. The doctor may tell you to put on some ointment. That's the standard procedure. We would tell them to wipe it first, or not to do certain things. For instance, not to put on Vaseline because then the bag cannot be attached. We would tell them these kinds of tips. The other example is farting. As long as we move our body, there will be gas. Then the bag will be inflated. The doctor's advice is that you go to the toilet and let go of the air. But how can you go to the toilet all day to let go of the air? So we teach them to pin a hole in the bag and tape it. Then we just have to take off the tape in the toilet and put it back, then the smell will not go out as much. That is, sometimes the doctors cannot think of a solution but we have our own tips because we have our own experience. That is, in after-care we have our suggestions but the doctors have their theory."*

For the parents of mentally ill children, joining the group opened up their world. A founding member noted: *"There was a parent with two sick children. Her family blamed the problem on her and she had no one to turn to. After she joined our group, we talked together and we brought her along to all the activities. Now she is very fine. She has become more initiative and participates in organizing activities. And she won't be insecure just because she has mentally-ill children."*

A mental patient from another self-help group, said that *before she joined the group, she always burst into tears for no reasons and felt very stressed. After joining the group, she felt much more relaxed. She said that knowing the illness is common and that she was not the only one, that medication and technology have improved, she become more hopeful that she would be recovered.*

This feeling of empowerment did not stop at the individual level, but extended to the interpersonal level. A member of a pneumoconiosis self-help group recalled an unforgettable experience when he visited another group member who was admitted to the hospital because of breathing difficulty: *“When he saw me, he started crying and holding my hands with his hands tightly. He was a quiet member in the group, but this time I saw him, he had so much to talk to me about. I felt that my sheer presence there was so warm, so helpful and so therapeutic to him. I felt that I could help others and could make a difference.”*

Similarly, the Deputy Chairman of a cancer self-help group told of his experience: *“In the past years at the group I have seen people come and go. When they came in, they were very sad. Many people were very frightened. Then gradually I see them grow like a child. They evolve from a very depressed, fearful and sad person to be a very positive and happy person. They can even turn around and help others. This is the most rewarding part. That’s also what has kept me here for so many years... In fact, many people who came here have their own problems. One of them is family. When they first came here they might have very poor relations with their family. But after they were here for a while, not only did they change themselves, but they also changed the relations with their family.”*

In some instances, the self-help groups acted collectively to express their concern on matters affecting their lives, to change community attitudes and to fight for their rights. For example, a self-help group for the physically handicapped complained to the Equal Opportunity Commission about the lack of public facilities in the building of their office to cater for their special needs. They also met with officials of the Transport Department and bus companies to voice their concern on the mass transportation system with regard to the needs of the physically handicapped. A parent group (with cleft lip and palate children) has

actively organized exhibitions, media interviews and community education programs to eliminate community misunderstanding towards, and discrimination against cleft lip and palate patients, and to seek support and acceptance from the general public. Another self-help group for the pneumoconiosis patients adopted a more radical approach, including demonstrations, situations and rallies, to struggle for compensation for their disease.

In short, responses from the questionnaire and in-depth interviews pointed to the same conclusion: Self-help group participation invariably has an empowerment effect, intrapersonally, interpersonally and collectively.

### **Social Support and Social Learning in the Self-help Groups**

Why are self-help groups so empowering? Two possible factors were identified in this study: Social support and social learning.

Members of self-help groups perceive that they obtain a great deal of benefit from their groups in terms of receiving help from others (94.4%), meeting others with similar problems (98.5%), developing coping strategies (96.9%), knowing more about social resources (96.8%) and fostering a sense of belonging to the group (96.6%). The support they experienced through the self-help group was overwhelming as evidenced by their highly positive answers to the statements in the questionnaire. Table 3 provides a summary of the findings.

Indeed, one of the biggest benefits of joining self-help groups is meeting people who have the same condition when feelings of pain and suffering can be shared, and mutual support developed. The following statements from members of self-help groups are

revealing:

*“Very often when you are sick, the most important thing is fear. How do I care for myself? There are a lot of worries. Even relatives and friends may not be able to help because they may not understand. When patients get in touch with cancer self-help groups, they find many peers here. They feel a strong sense of identification and support. They often see many friends here. So many people give their testimonials and everyone is sitting here. If they ask around, they will find this one got the disease so many years ago, the other one so many years ago, etc. Somehow they feel some kind of encouragement indirectly.”*

*“The treatment is a huge challenge to cancer patients because the process is quite tough and painful, both physically and mentally. They are really tough. But very often they get support from other patients here. Sometimes the treatment is hard and they would call here. When we exchange greetings, we already feel the support. Sometimes we talk about how badly we throw up, or how many times we throw up. Oh yeah, that time I threw up eight times. If you throw up five times it is not that bad. Sometimes it is fun. Sometimes just these conversations can make us feel better.”*

*“Yes. For example sometimes when you are down or when something is troubling you, you talk about it during sharing time. Then you will feel much better. Sometimes people can be with you, or think of a solution for you. Sometimes you really cannot think and their suggestions are not bad. If you think just by yourself you would go crazy. Sometimes your brain is blank and you cannot think of anything. Once I worked as an account clerk under an Indian woman ... she was almost edging me to a relapse. I shared it with my members and they offered some solutions for me to solve the problem.”*

*“We feel that this group of people are all waiting at the specialty clinic because this is a special clinic for cleft lip and palate children... When us parents sit together, we would talk. As long as we are carrying a child with cleft lip and palate, we would sit together and talk and share our care for the kid. Then we would feel better.”*

*“After they come here they gradually pass over the question of life and death. Through the activities and interactions with friends they discover the meaning of life. I think that’s the most important part because cancer patients are mostly disturbed by these two words: Life and death. Actually, many people who come here can ponder... and begin to think over the meaning of life, the relations with family, relations with friends, or even their own work attitude and then there are changes. I think that is the most important part. We provide them with a place. That is, we do not tell them directly what happens between you and your family. But when they come here they see their friends here and there and they would think about themselves and they would change. Or they receive support and encouragement from their friends and fellow patients and they would change.”*

In addition to social support, the self-help group provides ample opportunities for social learning for its members. As recalled by members, there were many activities related to formal and informal instruction, and role modeling. For example, the single parents’ group regularly held training courses on personal development, parenting skills, household maintenance and voluntary social services; the group for families of mental patients organized medical and health seminars and communication workshops to enable group members to take care of their loved ones at home; and the parents’ group of cleft lip and palate children held medical seminars with topics surrounding reconstructive surgery, dentistry, orthodontics, and speech therapy. The cancer self-help group, on the other hand, conducted activities that were of a more philosophical nature. The chairman of the group

said: *“Our education: The ultimate fear of a cancer patient is death. Everyone is afraid to die. We teach them to accept death. To put it simply, of course we cannot name the topic to be death. We have had a large-scale lecture for three weeks in a row. The title is the value of life. That is, we use different names to describe these seminars, hoping to educate our members. We welcome people from outside too. We would like them to accept this matter of death ... that it is something unavoidable. So if you can accept death, what else are you afraid of? That’s the only fear you have ... Right? The worst is you are going to die. If you are not even afraid of death, we hope ... that is, the time you have now is precious.”*

The regular self-help group meetings are important events for members to listen to others and learn to cope with their own problems. This type of informal learning occurred all the time in each of the 10 self-help groups under study. More significantly, members’ social learning was not limited to dealing with their personal and emotional problems. They also learned more about their rights and the social resources that are instrumental to promoting their well-being.

Role modeling was common according to those members involved in the in-depth interviews. In the parents’ group of cleft lip and palate children, experienced members were responsible to guide the incoming parents of affected newborns in all aspects. They exchange phone numbers so that immediate advice and help can be provided. The parents’ group for the mentally ill children identified some senior members to teach the new members the best ways to take care of their children.

The preceding analysis indicates that self-help groups provide tremendous social support for members and they create ample opportunities for social learning in the group. Attaining

social support and the benefit of learning from others appears to make members feel stronger, help them foster a spirit of hope and enable them to develop a higher level of social consciousness.

### **Leadership and Empowerment**

The findings from the in-depth interviews show that strong leaders have a formidable impact on the formation, development and survival of the self-help groups. Their creative thinking, caring spirit and commitment to service contributes to the successful achievement of their group goals. The research found that they were instrumental in empowering the members individually, and the group as a whole.

The cancer self-help group is a typical example: Its founder was a breast cancer survivor. After recovering from breast cancer, she intended to do something to help breast cancer patients. As a result, she opened a shop selling products to breast cancer patients such as artificial breasts and special bras to suit their special needs. Every time she did business with the customers, she showed concern for their health condition and had much to share with them about her own rehabilitation experience. Her conviction that she could provide information on cancer rehabilitation and give emotional support to her customers, convinced her that she should set up a sharing group for breast cancer patients. The first meeting was held in a corner of the shop and attended by nine people. However, as the meetings continued, progressively more people were attracted to join the group. She said: *“They (breast cancer patients) first come to the meeting with poor health and depression. Some of them weep over this disease. But after a while, many of them felt better and gradually developed a more positive outlook on life. What have I done? I just told them my experience of dealing with cancer. That’s it. Perhaps I am always optimistic and this*

*may have some influence on them.”*

As the group grew bigger, the shop became too small for the meetings. With the help of a social worker, the group was able to secure financial support from the Hong Kong Cancer Fund to rent a place for regular meetings and to hire a full-time staff officer to implement its services. At this point, the founder believes that in helping others, the group members were actually helping themselves in building up their confidence and ability to solve their own problems. She encouraged group members to visit other cancer patients in the hospital to give them support and encouragement. She noted: *“Of course, their health was not good and they always burst into tears while talking. Sometimes they felt very confused. For example, the doctor asked them if they want chemotherapy or electrotherapy. So a patient had to make her own decision. Do I want to undergo electrotherapy? This is the time that we can give our support.”*

Under the strong leadership of the founder, the group has grown from a small group of 9 people to a larger group consisting of over 1,000 members. The founder, together with other leaders in the group, have decided to join the Alliance for Patient’s Mutual Help organizations which is renowned for its social action activities. In so doing, they believe that they could further benefit members by influencing social policies and fighting for their rights.

The experience of the cancer self-help group underlines the need for a strong leader who is also a member of the group, but this does not negate the importance of a professional in the group’s development. The data in this study suggest that professionals, both social workers and medical workers, always play a major role in helping to establish and operate the self-help group. As noted by the self-help group leaders, members lacked information and

ideas for running a self-help group and organizing activities. Without the help and advice of relevant professionals at the beginning phase of group development, it is dubious whether the group could become well established with sufficient resources.

In some instances, particularly in leading self-help groups for mental patients, the involvement of a professional is almost essential. The professional leader in these groups is vital in making the group processes work. The self-help group for ex-mental patients is a case in point: The worker was a psychiatric nurse who has been working with this group since its inception. He described his role in this group as a facilitator, a supporter and a role model for human relations. As a facilitator, he encouraged members to tell each other their own experience in taking care of themselves in order to avoid suffering a relapse. As a supporter, he provided tangible and emotional support to members during group meetings and outside the group. As a role model for human relations, he set an example for members to learn the appropriate ways of relating to and communicating with others. The researcher discovered an additional role of the psychiatric nurse during a meeting which he attended as a participant observer - that is, a gatekeeper. It was observed that group members argued with each other quite frequently, with some members aggressively dominating the discussion. The worker had to interrupt the arguments and restore order. A strong and sometimes authoritarian figure was needed to ensure that the meeting could move on.

## **Conclusion and Discussion**

In this study, a major finding from the quantitative and qualitative data indicates that self-help group participation invariably has an empowerment effect on participants individually, interpersonally and collectively. However, the finding also shows that while an overwhelming majority of respondents have attained a high degree of intrapersonal and

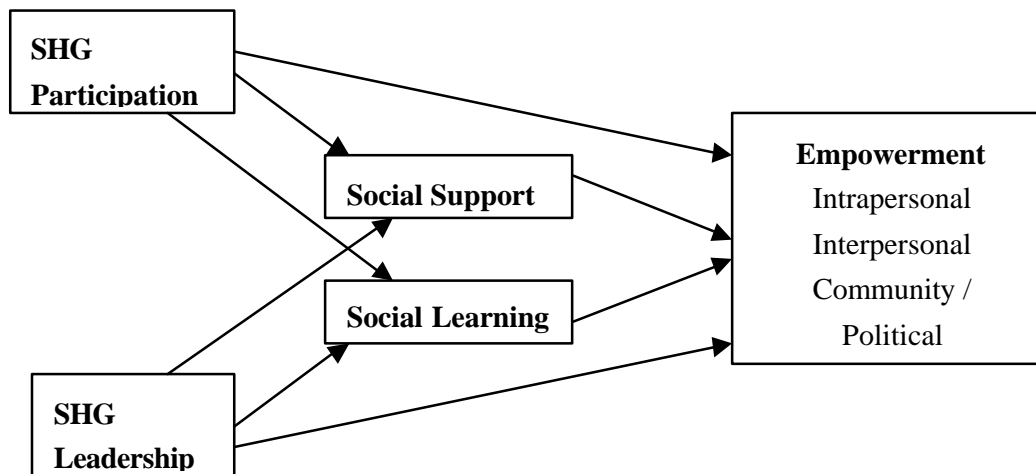
interpersonal empowerment, a remarkably smaller number of them felt that they could impact on social policies or public attitudes. This is in contrast with the situation of self-help groups in Western countries. In the United States of America, for example, self-help groups have been in the forefront of social change – they not only empower individuals, but also lead to political activism. Gartner & Riessman (1998) pointed out that the self-help movement has become an important part of the social fabric of American life and that self-help represents a new political potential. In Finland, a study (Nylund, 2000) shows that over 40% of self-help groups have socially oriented goals, including collective goals to promote employment, prevent social exclusion and raise the status of single parents; welfare reform goals to provide better welfare and unemployment benefits and promote cooperation between patients and professionals; and advocacy goals to influence legislation and alter public attitudes.

Why then, have Hong Kong self-help group members felt relatively powerless in influencing social policies? First, self-help groups in Hong Kong are still in the early stage of development. Most groups devote their energy and resources to helping members cope with their personal problems, and impacting on social policy is not seen as their priority. Secondly, most self-help groups in Hong Kong serve the vulnerable populations - the chronically ill, the disabled, and the socially handicapped. It is not surprising to find that they often feel powerless and consumed with low-esteem. Finally, the small size of most self-help groups in Hong Kong is a significant negative factor affecting their ability to influence social policies. Therefore, it is important for self-help groups in Hong Kong to organize and form links with each other, so that they can impact on policies that affect their lives.

Another major finding in this study suggests that social support, social learning, and leadership are closely linked with empowerment. While social support and social learning

were identified as possible contributing factors to self-help group empowerment, strong leaders were considered instrumental in empowering members individually and the group as a whole. This finding is consistent with the theories and empirical findings in the self-help literature (Bloom et al., 1991; Caplan, 1979; Cohen & Wills, 1985; Bandura, 1986; Katz, 1993; Kurtz, 1997; Maton & Salem, 1995; King et al., 2000). The issue at stake here is that the findings on the major variables and their linkages are preliminary and crude. The empowerment effects of self-help group participation and its three covariates have been explored in this study but their relationships have yet to be firmly substantiated. Based on existing data, a hypothetical model of self-help group effects is presented below:

*A Hypothetical Model of Self-help Group (SHG) Effect*



The model proposes that social support and social learning are two important social/psychological processes affected by self-help group participation and self-help group leadership, and both processes are believed to bolster empowerment. Specifically, self-help group participation and self-help group leadership have a direct effect on empowerment, social support and social learning, and they also have an indirect effect on empowerment through their interaction with social support and social learning. In turn, social support and

social learning affect empowerment directly.

Implicit in this model is a set of research questions that need to be asked and answered. For example: To what extent does the length and intensity of self-help group participation affect different levels of empowerment (intrapersonal, interpersonal and collective/community/ political levels)? What is the impact of leadership style (democratic vs. autocratic) and nature of leadership (lay vs. professional) on empowerment? How do SHG participation and leadership interact with social support and social learning in producing an indirect effect on empowerment? What degree of impact do social support and social learning have on empowerment?

This model is intended to be hypothetical as the relationships among the major variables requires further empirical evidence if firm conclusions are to be drawn. Though hypothetical, it provides direction for future self-help research in Hong Kong. Findings from this study indicate that self-help group participation empowers participants, but further and more specific analyses of self-help group effects are warranted.

**Table 1: Background of Respondents**

<b>Type of Group</b>	<b>N = 719</b>	<b>%</b>
Chronically ill	336	46.7
Mentally ill	107	14.9
Physically / Mentally Disabled	157	201.8
Social / Marginal	119	16.6
<b>Gender (N)</b>	<b>N = 719</b>	<b>%</b>
Male	275	38.2%
Female	444	61.8%
<b>Age (N)</b>	<b>N = 695</b>	<b>%</b>
Below 30	50	7.2%
31 – 40	188	27.1%
41 – 50	210	30.2%
51 – 60	112	16.1%
61 and above	135	19.4%
<b>Education background (N)</b>	<b>N = 706</b>	<b>%</b>
Primary level or below	246	34.8%
Lower secondary	176	24.9%
Upper secondary	184	26.1%
Pre-tertiary and above	100	14.2%
<b>Marital status (N)</b>	<b>N = 719</b>	<b>719</b>
Single	147	20.4%
Married	439	61.1%
Divorced	66	9.2%
Separated	10	1.4%
Widowed	57	7.9%
<b>Employment (N)</b>	<b>N = 710</b>	<b>%</b>
Employed full-time	141	19.9%
Employed part-time	57	8.0%
Self-employed	23	3.2%
Odd Jobs	17	2.4%
Unemployed	85	12.0%
Housewife	226	31.8%
Student	12	1.7%
Retired	136	19.2%
Others	13	1.8%
<b>Length of participation (N)</b>	<b>N = 706</b>	<b>%</b>
1 year or less	186	26%
13 months to 2 years	177	25%
25 months to 3 years	114	16%
37 months to 4 years	74	10%
49 months to 5 years	85	12%
61 months to 6 years	35	5%
More than 73 months	35	5%
<b>Frequency of participation (N)</b>	<b>N = 709</b>	<b>%</b>
Weekly	71	10%
Bi-weekly	128	18%
Monthly	262	37%
Bi-monthly	78	11%
Once several months or less often	170	24%

**Table 2: Self-help Group Participation and Empowerment**

1. Intrapersonal empowerment: Since joining the group, I have become more:		Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree
	N	%					
(1) Positive	706	30.2%	40.7%	24.1%	3.3%	1.3%	0.6%
(2) Hopeful	697	22.7%	40.5%	29.4%	4.9%	2.0%	0.6%
(3) Open	691	23.7%	36.8%	30.7%	5.8%	2.2%	0.9%
(4) Gregarious	693	27.8%	41.1%	24.4%	3.8%	1.9%	1.0%
(5) Decisive in taking action	693	21.8%	35.4%	31.3%	7.2%	3.2%	1.2%
(6) Confident in solving problems	694	23.3%	36.7%	30.4%	6.5%	2.2%	0.9%

2. Interpersonal empowerment: Since joining the group, I have learnt (to):		Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree
	N	%					
(1) Be more capable of helping others	699	23.0%	40.5%	29.6%	4.9%	1.1%	0.9%
(2) Care for others	709	27.2%	49.2%	19.2%	2.5%	1.3%	0.6%
(3) How to get along well with others	703	22.8%	48.8%	23.6%	2.7%	1.7%	0.4%
(4) Become more considerate	704	26.8%	46.4%	22.2%	3.4%	0.6%	0.6%
(5) My rights in society	711	27.1%	41.8%	25.7%	3.7%	1.0%	0.7%
(6) My obligations to society	708	19.1%	42.5%	31.1%	4.5%	1.6%	1.3%

3. Political / community empowerment: Do you agree that your self-help group:		Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree	Don't know
	N	%						
(1) <u>Can</u> help to change society's attitudes towards vulnerable populations to become more understanding and accepting and less discriminating?	718	9.5%	15.6%	28.0%	26.5%	6.4%	7.0%	7.1%
(2) <u>Can</u> impact on social policies such as welfare, health and housing policies?	718	6.0%	13.4%	17.3%	24.8%	11.1%	17.3%	10.2%

**Table 3: Social Support from Self-help Group**

I have benefited from my self-help group in:	N	Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree
		%					
(1) Receiving help from others	714	23.9%	42.6%	27.9%	3.1%	2.0%	0.6%
(2) Meeting others with similar problems	715	46.6%	40.4%	11.5%	1.3%	0.0%	0.3%
(3) Coping strategies	715	23.2%	49.4%	24.3%	2.2%	0.4%	0.4%
(4) Knowing more on social resources	714	31.9%	45.7%	19.2%	1.4%	1.4%	0.4%
(5) Sense of belonging to self-help group	708	30.4%	46.0%	20.2%	1.8%	1.0%	0.6%

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