



# Application of Freire's theory in Health Promotion Interventions: A Narrative Review

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## Article Info.

Received: 1 June, 2025

Revised: 28 June, 2025

Accepted: 2 August, 2025

## Abstract

**Background and Objective:** Freire's approach emphasizes the social determinants of health and aligns with health promotion by fostering critical awareness and collective action. Despite its potential, a systematic synthesis of its application in health interventions is lacking. This narrative review examines the application of Freire's theory in health promotion interventions, with a focus on participants (e.g., healthcare workers, community members, etc.), interventions (e.g., culture circles, educational programs, etc.), and outcomes (e.g., empowerment, behavioral change, etc.).

**Methods:** We conducted a PRISMA-compliant narrative review of studies from 2015 to 2023 using PubMed, Scopus, Web of Science, and Google Scholar. Search terms included "Freire Theory", "health promotion intervention", "critical consciousness", and "empowerment". Two reviewers independently screened titles/abstracts, extracted data (e.g., study design, sample characteristics, and key findings), and assessed quality using standardized criteria for quantitative and qualitative research.

**Findings:** Of 144 identified studies, 6 met the inclusion criteria. Freire's framework consistently enhanced health promotion by fostering dialogue, critical thinking, and empowerment across diverse settings (e.g., rural elderly, nurses, adolescents, etc.). Key outcomes included improved self-medication behaviors (Gharouni et al., 2021) and reduced moral distress in nurses (Nancy, 2020).

**Conclusion:** Results underscore the significance of Freire's theory in health promotion. Limitations include small sample sizes and reliance on self-reports. Future research should prioritize larger, more diverse samples and longitudinal designs.

**Keywords:** Anxiety, Mindfulness, Self-efficacy, Students

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## 1. Introduction

The process of health and disease in a society is inherently complex, as it is influenced by a multitude of factors, including social, economic, cultural, environmental, and political forces. To effectively address these issues, interdisciplinary action is necessary to create comprehensive solutions that take into account the various facets of society that contribute to overall health and well-being (1).

The World Health Organization (WHO) defines health as a comprehensive state of complete physical, mental, and social well-being, rather than merely the absence of disease (2).

Building on this holistic definition, WHO describes social determinants of health (SDH) as the conditions in which individuals are born, grow, live, work, and age. These conditions are shaped significantly by the distribution of money, power, and resources at various levels—internationally, regionally, and locally. In contemporary society, individuals face significant health challenges, including obesity, cardiovascular diseases, diabetes, and depression, which often result in non-communicable diseases. These health issues are exacerbated by socioeconomic factors that contribute to societal stratification and disparities in health outcomes across various social classes, genders, and ethnicities (3).

Health promotion, as defined by the Ottawa Charter, emphasizes the role of education in empowering individuals and society to take control of their health. The process aims to improve the quality of life and increase participation in managing health determinants. It goes beyond simple health education, instead focusing on giving people more control over their overall well-being (4).

As a multi-level structure encompassing individual, social, and organizational domains, empowerment is widely recognized as a fundamental value and goal in health promotion. The World Health Organization and health agencies globally acknowledge empowerment as a core concept in promoting health and striving for social equity. Implementing programs aimed at empowerment has the potential to yield positive health-related outcomes across various social and cultural contexts (5).

Education is a pivotal tool for fostering societal change towards sustainability by promoting critical reflection and empowering individuals. It equips people with the knowledge to understand their impact on the environment and society, enabling them to drive sustainable practices (6). Similarly, education empowers individuals to make informed health decisions, improving outcomes and enhancing autonomy. Therefore, prioritizing education is

essential in promoting both sustainability and public health (7).

The training of health care professionals should prioritize methods that facilitate comprehensive learning, critical thinking, analytical capacity, problem-solving skills, effective communication, leadership development, innovation mindset, teamwork integration, and adaptability. These crucial skills are necessary for providing high-quality patient care and ensuring success in the rapidly evolving healthcare industry (8). In educational situations for teaching about health promotion, it is imperative to incorporate active learning processes and present social realities. Health education is a continuous process that occurs at the graduate level, specifically targeting adults who are already working in healthcare services (9). In light of this, education must be founded on andragogy. This scientific approach focuses on catering to the unique needs and interests of adult learners, thereby fostering a more effective and engaging learning experience (10).

Freire's work is widely regarded as a significant contribution to the use of education as a tool for social change. His writings and teachings have had a profound impact on the field of education, and continue to inspire educators and activists around the world (11). In Freire's model, awareness, practical thinking, and transformation are essential for both educators and learners. These components are vital as they cultivate critical thinking and empowerment among individuals. Critical awareness is also a central aspect of Freire's model, encouraging individuals to question societal norms and power structures to promote social change (12).

Critical awareness is a vital asset for educators to comprehend the societal landscape and recognize topics that can prompt valuable conversations. It also empowers students to not only comprehend their surroundings but to actively strive to improve them. Through open dialogue with their teachers, students can become agents of social change. Freire stressed that genuine human advancement is facilitated by this kind of dialogue and deliberate engagement, which encourages introspection and action (13).

Critical thinking skills are essential for effectively analyzing and solving complex problems. It enables individuals to expand their perspectives and consider alternative solutions beyond their initial thoughts. Research indicates that integrating problem-solving education into the learning curriculum enhances technical, social, cognitive, managerial, research, educational, and knowledge-based skills. Therefore, cultivating critical thinking abilities is crucial for personal and professional development (11).

Freire's approach underscores the social determinants of health and illness, emphasizing that effective health

promotion necessitates collective action and active participation from learners in the educational process. By enhancing group awareness and encouraging collaborative efforts, Freire's model presents a valuable framework for advancing health promotion initiatives (14). This narrative review aims to investigate the application of Freire's theory in health promotion interventions.

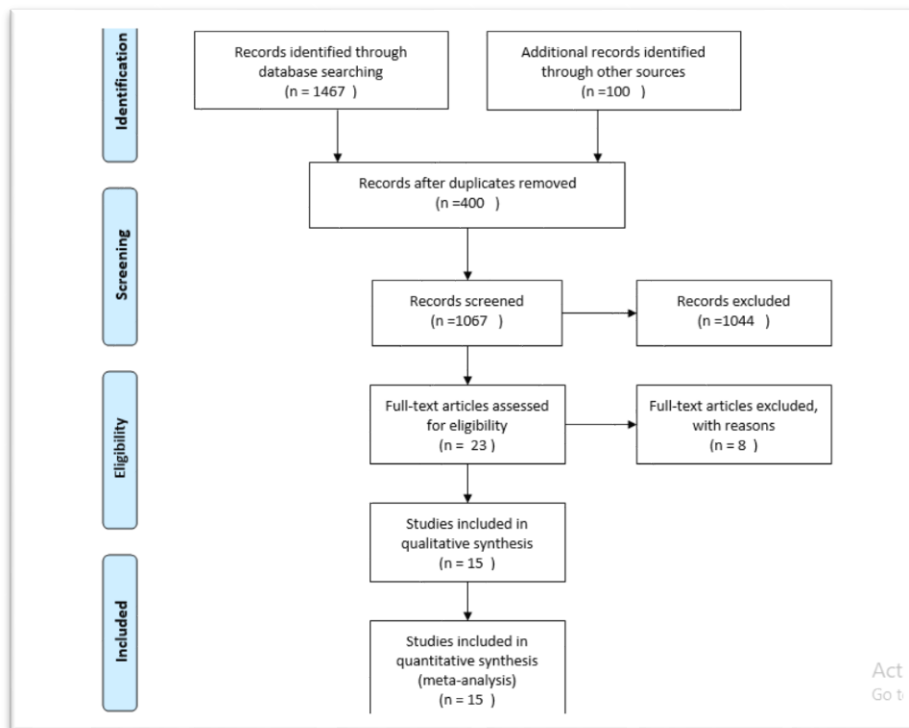
**2. Method**

We conducted a PRISMA-compliant narrative review of studies from 2015 to 2023 using PubMed, Scopus, Web of Science, and Google Scholar. Search terms including "Freire Theory," "Health promotion intervention "Andragogy," "Dialogue", "Concretization", "Praxis", "Transformation", and "Critical consciousness" were used to find relevant sources. Two reviewers independently screened titles/abstracts, extracted data (e.g., study design, sample characteristics, key findings), and assessed quality using standardized criteria for quantitative and qualitative research.

In addition to the database searches, further potential sources were identified by manually checking the reference lists of related articles. The studies selected for the review had to meet specific inclusion criteria. They needed to have applied or examined Freire's theory or related constructs—like dialogue,

conscientization, praxis, and critical consciousness—within a health promotion intervention. The review considered quantitative, qualitative, and mixed-methods research designs. We excluded studies that were non-empirical, had inaccessible full-texts, or lacked the essential Freirean components. This last exclusion criterion applied even to studies with quantitative research designs.

Two independent reviewers first reviewed titles and abstracts and identified potentially suitable articles. Information extracted from selected studies included authors and year of publication, research objectives and questions, research design and methodology, sample characteristics (e.g., size and aggregate demographic information), and key findings related to the examination of the application of Freire's theory in health promotion interventions. This comprehensive approach facilitated analysis of themes and patterns, enabling a nuanced understanding to support health promotion programs. The quality and scientific rigor were evaluated using specific criteria for quantitative research to assess methodological strengths and weaknesses for overall reliability. Thematic analysis identified patterns in intervention design, implementation challenges, and outcomes.



**Figure 1:** "PRISMA Flow Diagram for Scoping Review (No Meta-Analysis Conducted)"

### 3. Results

A total of 144 studies were initially identified through comprehensive database searches, with 23 studies undergoing a detailed review. Finally, 6 studies met the inclusion criteria for this narrative review, all of which used Freire's theory in health promotion interventions. The included studies consistently focused on examining the role of Freire's theory in health promotion

interventions. The findings uniformly emphasized the importance of critical thinking and critical education as a theoretical-methodological framework for both education and health promotion. Across diverse cultural and socioeconomic contexts, the studies concluded that individuals can engage in critical dialogue, that educational practice is based on freedom, and that health education and promotion is a fundamentally people-centered process. (Table 1)

**Table 1.** Characteristics of the included studies

Study	Study design	Intervention content	Freirean concepts applied	Comparison with other health promotion models	Main findings
Antonini et al. (2022)	Qualitative	Health promotion in educational settings	Critical thinking, praxis, dialogue	Participatory models, teacher-centered health behavior change	Improved teacher health awareness and enhanced decision-making skills in the workplace
Gharouni et al. (2021)	Randomized controlled trial	Educational intervention for elderly care	Critical thinking, praxis, and self-awareness	Integration with the Health Belief Model increased elderly participation in self-care	Improved health behaviors through action-reflection and dialogue
Lemões et al. (2022)	Qualitative	Use of "Culture Circles" for rural elderly	Dialogue, collaboration, and cultural sensitivity	Health promotion in rural communities, considering local culture	Increased elderly participation in health discussions and improved decision-making
Bakhtiar et al. (2019)	Randomized controlled trial	Modifying self-medication behaviors in the elderly	Adult education, reflection, dialogue	Health Belief Model, active participation in health decision-making	Reduced self-medication and increased adherence to proper treatments
NA Bevan. (2020)	Mixed-methods	Reducing moral distress in nurses	Self-awareness, ethical transformation, group dialogue	Group empowerment, addressing moral distress in healthcare settings	Increased ethical empowerment and reduced moral distress in nurses
Shirdel et al. (2022)	Survey and descriptive	Mental health education for students	Dialogue, self-awareness, and individual empowerment	Individual empowerment in managing social and psychological crises	Improved stress management and awareness during the pandemic
Shokouhi et al. (2019)	Randomized controlled trial	Adult learning theory on oral health in the elderly	Dialogic Learning, critical thinking, and Critical Consciousness, individual empowerment	Precede-Proceed model, Adult Learning Theory, Health Belief Model	Improving oral health-related quality of life among the elderly

### 4. Discussion

Paulo Freire's critical pedagogy provides a transformative framework that has shown substantial potential in the field of health promotion. Traditionally, health promotion has been framed within a top-down educational model, where experts dictate health information to passive recipients. However, Freire's model advocates for a dialogical approach, wherein both the educator and the learner engage in mutual reflection and learning. This pedagogical approach emphasizes empowerment, participatory practices, and community involvement, which are particularly important in health promotion interventions (15). This scoping review followed the PRISMA-ScR guidelines. We included both English and Persian studies, a detail explicitly stated in the Methods section. To ensure the rigor of the included research, we conducted a quality appraisal using established tools, such as the CASP checklist for qualitative studies.

One of the central outcomes identified in the reviewed studies is empowerment. Freire defines empowerment as the process through which individuals gain the

ability to critically reflect on their lives and social conditions, and subsequently act upon them. The studies reviewed consistently demonstrated how Freire's pedagogy enhances empowerment by encouraging individuals to engage critically with their health decisions.

For instance, in a study targeting teachers, participants reported increased capacity to reflect on and manage their health-related behaviors through structured dialogue based on Freire's principles (16). Similarly, an educational intervention conducted by Gharouni et al. (2021) among older adults revealed that Freirean methods encouraged reflection and significantly improved responsible medication practices (15). These findings support Freire's concept of conscientization, where individuals begin to understand the socio-political determinants of their health and act to improve them (13). An important study by Shokouhi et al. (2019) also applied Freire's Adult Education Model in a randomized controlled trial to improve oral health-related quality of life among elderly participants, demonstrating significant positive outcomes through empowerment and participatory education approaches

(17). Their study further supported the applicability and effectiveness of Freirean pedagogy in diverse health promotion contexts.”

In another randomized controlled trial, Bakhtiar et al. (2019) applied Freire’s Adult Education Model to reshape elderly participants’ beliefs about self-medication. The results showed improved awareness of perceived risks and benefits, aligning with the constructs of the Health Belief Model (15). These studies confirm that Freirean education can effectively reshape both knowledge and attitudes to promote better health behaviors. However, unlike traditional top-down models such as HBM, Freire’s pedagogy encourages a deeper critical reflection on social and structural determinants of health, which broadens the scope of empowerment beyond individual beliefs. This comparison is further analyzed here to critically contrast Freirean and traditional health promotion models.

Central to Freire’s pedagogy is dialogue—a two-way exchange through which participants and educators co-create meaning and develop actionable knowledge. This is a departure from traditional health education models where knowledge is simply delivered to the learner.

Pinto et al. (2022) implemented culture circles in a rural Brazilian community to foster dialogue among elderly participants. These circles enabled mutual learning and created a sense of community responsibility for health (18). Dialogue allowed participants to feel heard, to share health experiences, and to propose culturally relevant solutions.

A similar approach was employed by Shirdel et al. (2022) who facilitated group discussions among high school students during the COVID-19 pandemic. The intervention emphasized socio-emotional reflection and peer learning, empowering students to better manage mental and social health challenges (2). This participatory approach highlights the importance of voluntary engagement and trust-building as prerequisites for successful dialogue-based interventions, which we note as a critical factor in implementation. These studies reinforce that participatory, Freirean-inspired models are particularly effective in fostering collective awareness and health autonomy.

Freire’s emphasis on contextual relevance and cultural sensitivity plays a key role in health promotion. His pedagogy insists that learners’ lived experiences and cultural identities are critical foundations for meaningful education (19). For example, the culture circles implemented in rural Brazil were tailored to the unique socio-cultural conditions of elderly participants. This not only increased participation but also led to a deeper

integration of health promotion practices into daily routines (18). Likewise, in Iran, culturally informed discussions in elderly care settings helped participants confront traditional self-care practices and find balanced, informed alternatives (15). These examples show that Freirean pedagogy is not only flexible across demographics but also highly effective when grounded in local cultural contexts.

Freire’s pedagogy also offers tools to support healthcare providers. In a pilot study in the U.S., Bevan and Emerson (2020) used Freirean dialogue techniques among critical care nurses experiencing moral distress. Discussions helped participants collaboratively process ethical challenges. This process enhanced their sense of empowerment and improved professional well-being in healthcare settings by providing ethical clarity (19). This demonstrates the applicability of Freirean pedagogy beyond community health promotion, showing that its principles can support both community-based health initiatives and professional well-being within healthcare systems. Although the reviewed studies highlight Freirean pedagogy’s many benefits, there are challenges. Implementing participatory approaches requires skilled facilitators, adequate time, and a commitment to relationship-building. For example, in school settings, students responded positively to dialogue-based health education, but only when trust had been established and participation was voluntary (2). Additionally, scaling Freirean models remains a concern. While small-group interventions showed positive results, questions remain about how to implement such methods in large-scale public health programs without diluting their core values (5, 14).

#### Future Directions

Future research should examine long-term outcomes of Freirean interventions to assess sustainability. There is also a need for comparative studies evaluating Freirean models alongside traditional health promotion methods to understand their relative effectiveness and scalability.

Researchers should also consider integrating Freirean methods with existing models like the Health Belief Model or Social Determinants of Health frameworks (3, 12), creating hybrid interventions that are both theoretically grounded and practically scalable.

#### Conclusion

Freire’s pedagogy emphasizes empowerment, participation, and dialogue—principles that align well with contemporary demands for equitable, community-centered health promotion. Evidence suggests that Freirean models foster critical

consciousness, strengthen cultural relevance, and improve individual and collective health behaviors. As health systems worldwide face rising disparities and social challenges, Freire's approach offers a compelling framework for promoting sustainable and participatory health transformation.

#### Limitations

Freire's model requires significant resources for effective implementation, particularly in terms of trained facilitators, time for participatory dialogues, and community engagement. This poses challenges for scalability, especially in resource-constrained settings such as low-income or rural areas where healthcare systems may lack the capacity to implement such programs effectively. To address this limitation, several strategies can be proposed:

- **Train-the-Trainer Programs:** By empowering experienced facilitators to train additional trainers, this cascade approach can build local capacity efficiently and reduce dependence on scarce expert resources.
- **Digital Tools:** Utilizing online platforms, virtual workshops, and e-learning modules can lower the demand for in-person facilitation, enhance accessibility, and reduce costs.
- **Blended Facilitation Models:** Combining digital resources with targeted in-person sessions can optimize resource use while preserving the quality of participatory engagement.
- **Implementing Freire's approach,** which emphasizes critical thinking, active participation, and dialogue, may face resistance in healthcare environments that are traditionally hierarchical. In many clinical settings, healthcare providers are accustomed to a more directive, top-down approach to patient care, which can conflict with Freire's model. Shifting towards a participatory approach may require overcoming institutional resistance and changing entrenched attitudes towards power dynamics in healthcare.
- The heterogeneity of populations studied (nurses, the elderly, students) also limits the generalizability of findings and is acknowledged here as a limitation.

#### Footnotes

#### Acknowledgments

This study was conducted with the collaboration of the research librarians to access scientific articles at Shiraz University of Medical Sciences, and the authors would like to express their gratitude for their support."

#### Conflict of Interests Statement

The authors declare no conflict of interest. Data Availability: All data generated or analyzed during this study will be available from the corresponding author on reasonable request.

#### Data Availability

By PRISMA guidelines emphasizing transparency, all data analyzed and presented are included within the manuscript. However, the extracted data, including coding frameworks and other related materials used during the systematic review process, are available from the corresponding author upon reasonable request. This ensures transparency and facilitates reproducibility of the findings.

#### Funding/Support

The present study received no funding/support.

#### Ethical Approval

This narrative review was conducted based on previously published studies. No new data were collected from human participants or animals, and according to the regulations of the university and the Ministry of Health, narrative articles do not require an ethics code (The relevant letter is attached to the article).

#### Authors' Contribution

KH. J and MH. K developed the study concept and design. LGH. Acquired the data. KH. J and MH. K analyzed and interpreted the data and wrote the first draft of the manuscript. All authors contributed to the intellectual content, manuscript editing, and read and approved the final manuscript. KH. J and MH. K and LGH provided administrative support.

#### Informed Consent

Not applicable

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