

Designer's Corner

Photovoice: Picturing the Health of Aboriginal Women in a Remote Northern Community

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The purpose of this paper, part of an evolving ethnographic doctoral study, is to describe the use of photovoice in exploring the health beliefs and health promotion practices of pregnant Tlicho women in Canada's Northwest Territories. It is but a preliminary look at the method and its use in a remote community.

What research methods are culturally appropriate for working with Aboriginal people? Photovoice, a technique based on participation, empowerment, and self-documentation, is a culturally appropriate method for conducting rural and remote health research. It is a way of capturing images of one's everyday life experiences using a camera, then describing the images in the context of one's life, thus allowing others to gain an insider's view of everyday life in one's community. In this paper we will describe how photovoice is being used as part of an ethnographic study, provide examples of its use, and describe lessons we have learned and challenges we have encountered.

It has been said that a picture is worth a thousand words, but it is more than that. A picture is a way of gaining insight into the "humanness that surrounds us" (Collier & Collier, 1986, p. 1). In fact, Bach (1998) describes photographs as "mini-narratives." It is this aspect of photography that drew our attention to the possibility of exploring its use as part of a research project with pregnant Tlicho women from a remote community in the Northwest Territories.

The Tlicho (Dogrib) Nation is the largest Dene tribe in the Northwest Territories. The women who participated in the study were from the largest Tlicho community, which has a population of 1,864 (NWT Bureau of Statistics, 2001) and year-round road access to the city of Yellowknife.

Meleis (1996) suggests that a true understanding of the health and illness status of a group can result only from the group's own knowledge concerning its values, priorities, responses to life's disruptions, perceptions

of health, help-seeking behaviours, and contexts in which people live. We agree that an understanding of the health beliefs and health promotion practices of pregnant Tlcho women can come only from knowledge provided by the women themselves.

Photovoice

Photovoice Defined

Photovoice (originally termed *photo novella*) has been referred to as a concept, an approach, an educational tool, a participatory action research method, a participatory action tool, a participatory health promotion strategy, and a process (Wang, 1999; Wang & Burris, 1994, 1997; Wang, Yi, Tao, & Carovano, 1998). The varied language used to describe photovoice suggests its adaptability to many goals, an assortment of groups and communities, and a variety of public health issues. Wang and Burris (1997) define photovoice as “a process by which people can identify, represent, and enhance their community through a specific photographic technique” (p. 369).

With this technique, people capture images of their everyday life experiences in their communities through the use of a camera. By telling the story behind a photograph, they describe life in their communities and thus convey to others the context of their lives from their personal points of view. Lykes, Blanche, and Hamber (2003) characterize photovoice as a means of self-representation.

Photovoice Research

Photovoice has been used by village women to assess rural reproductive health needs in China (Wang, 1999; Wang, Burris, & Xiang, 1996); by homeless children, men, and women to capture the essence of their everyday lives (Hubbard, 1991; Wang, Cash, & Powers, 2000); by community members to reach policy-makers (Wang & Redwood-Jones, 2001); by research participants to evaluate the impact of social reform in New York City neighbourhoods (New York State Scholar Practitioner Team, 2002); by Mayan women in post-war Guatemala to reconcile differences and promote community change (Lykes et al., 2003); by African-American women to establish intergenerational connections between young homeless women and elderly housed women (Killon & Wang, 2000); and by elderly women to describe their everyday lives in the first 6 to 8 weeks post-hospital discharge (LeClerc, Wells, Craig, & Wilson, 2002). When photovoice was used with groups of women to assess and evaluate policy and public health issues, the participants increased their knowledge by creating a record of their own realities.

Photovoice Foundations

The theoretical underpinnings of the photovoice technique lie in empowerment education, feminist theory, and documentary photography (Wang, 1999; Wang & Burris, 1994, 1997), which Wang and Burris (1994, 1997) connect, in turn, to health policy and health promotion principles.

The empowerment and critical consciousness literature is described as originating with Friere (1970) and affirmed by photovoice through health-education methods described by Wallerstein and Bernstein (1988). Friere proposed the building up of social equity through a process of educational empowerment and consciousness-raising among ordinary people, compelling them to be agents of policy change by using photography to reflect the realities of community life. Wang and Burris (1994) build on Friere's work by having the local people themselves take the photographs about which stories will be told. Photography, critical reflection, and dialogue can serve to reveal significant social and political issues.

Feminist theory advocates that women become emancipated and made visible by acting instead of being the objects of action; feminists have objected to research methods that keep women in passive roles (Wang & Burris, 1994). Williams (1996), in discussing the politics of feminist ethnography, suggests that research consider the complexities of women's lives through the eyes of both the researcher and the researched in a manner that explores differences and acknowledges similarities. Photovoice addresses power inequalities by placing cameras not in the hands of the researchers but in those of the research participants, thus investing them with authority and responsibility (Wang & Burris, 1997).

Photovoice also has foundations in documentary photography, where visual images are used as an impetus for social change by revealing the concerns and issues of specific individuals or groups. As described by Wang and Burris (1994, 1997), photographs are used in a similar manner, to generate a story that legitimizes the contextual reality of the research participants.

Use of Photovoice with Pregnant Tlicho Women

Photovoice has three goals: "to enable people to record and reflect community strengths and concerns; to promote critical dialogue and knowledge about personal and community issues; and to reach policymakers" (Wang & Burris, 1997, p. 369). Considering that the ethnographer's concern is "to discover and describe complex patterns of behaviour" (Agar & Hobbs, 1980, p. 1), and considering that in the present study photovoice is being used as a data-collection technique within an ethnographic design, our objective is to achieve the first two of these goals. The third goal is beyond the scope of this exploratory study, although the par-

ticipants may later choose to display their photographs for the benefit of local policy-makers and community members.

We used photovoice with pregnant Tlicho women in order to better see, hear, and understand their everyday lives and to promote dialogue on their health beliefs and health promotion practices. Following the approach of Killon and Wang (2000), three questions were posed to the women in order to focus their photography: *What do you do to stay well or feel good during pregnancy? What do you believe creates, influences, and prevents being well in pregnancy? What are your health concerns during pregnancy?*

The first step in the photovoice technique is recruitment of participants. Posters were placed in strategic locations throughout the community and letters were distributed to pregnant women by the staff of the community health centre advising of a meeting about photovoice.

Since the women were at different stages in their pregnancies, assembling a group of participants proved to be a challenge. Some were near delivery while others were in their first trimester. To build trust, rapport, and respect, we accepted all pregnant women who volunteered regardless of gestational dates. At the time of writing, data collection is ongoing and all 13 participants have disposable cameras. Women who were in the first trimester on entering the study will have used up as many as three cameras to detail their experiences, one in each trimester.

We held an initial meeting with the women to discuss the cameras, ethics, and power, and to obtain their informed consent (Wang et al., 2000). As data collection progressed and more women entered the study, the approach became individualized. We introduced photovoice technique, method, and goals, and obtained informed consent. Then each woman was given a disposable camera with instructions on its use, including how to approach people, obtain consent before taking a photograph, and inform subjects that they would receive copies of photographs in which they appear.

The women returned the cameras to the researcher when they had used up all the film. The film was developed and the photographs and negatives returned to the women. The researcher kept a CD-ROM copy of all photographs. To facilitate storytelling, the photographs were loaded onto a laptop computer for use with a multimedia projector and projected onto a screen for group discussion. The CDs will be given to the women once the project is complete; no photograph will be published without the woman's consent. The researcher meets with the participants weekly at prenatal classes and individually as the photographs are developed and stories recorded.

Participatory analysis begins with the participants selecting photographs to discuss. The women share their stories individually and then as a group, articulating their health beliefs and health promotion prac-

tices. Wang et al. (1998) suggest a storytelling approach adapted from Wallerstein and Bernstein (1988) using questions related to “the acronym SHOWeD: what do you See here; what’s really Happening here; how does this relate to Our lives; why does this problem or strength exist; what can we Do about this?” (p. 80).

In the photovoice technique, data collection and analysis do not occur in isolation. Participant observation and interviewing take place concurrently, as these methods are integrated into the ethnographic design. For example, the researcher has attended prenatal nutrition classes with the participants, been present as an observer during prenatal visits, and attended the births of participants’ babies.

Use of Photovoice Within Ethnography

Ethnography has been described as a way of learning *about* people *from* people (Fetterman, 1998; LeCompte & Schensul, 1999; Roper & Shapira, 2000; Spradley, 1979). Photovoice is a natural fit with ethnography because it is a way for people to tell others about themselves through the use of pictures. Brink (2000) describes ethnography as the original “mixed method,” and in this respect photovoice, participant observation, and interviewing are the tools of the method. In ethnography, data collection and analysis develop concurrently as the story unfolds and new depths of understanding are reached. This process is also true of photovoice, as the photographs are selected and analyzed by means of dialogue and reflection. The issues, themes, and theories interpreted from photovoice are juxtaposed against the other data sources (triangulation) and integrated into the written ethnography.

Although photovoice is a unique method, photography has long been used by ethnographers engaged in fieldwork (Denzin & Lincoln, 2000; Fetterman, 1998; Morse & Field, 1995; Spradley, 1979). Fetterman suggests that the camera has several benefits in the field: it serves as a “can opener” for entry to the community, records transitions in behaviour, documents the contextual reality, assists with memory of events, and assists with interpretation. Photography has also been described as a medium for learning about people in nursing research and practice (Savedra & Highley, 1988).

Denzin and Lincoln (2000) describe photography as “the mirror with a memory” (p. 635) and go on to explain that, from a positivist paradigm, anthropologists and sociologists originally used photographs as a form of evidence. Today, researchers are questioning how photographs are used and are exploring photography in a social constructivist way, considering the power invoked by the camera, the perspective of the person taking the photograph, and the individual meaning evoked by the photograph (Harper, 2000).

Suitability of Photovoice for a Population

Wang and Burris (1994, 1997) describe photovoice as a participatory method that can be used in the context of a variety of public health issues. The health beliefs and practices of pregnant Tlicho women fall into this category, since nurses and other health professionals are concerned with the health of pregnant women and with health promotion practices. Central to photovoice is the perspective of those involved in the process and the stories they tell. The histories of Aboriginal people and the stories that reveal those histories are the bases of good Aboriginal research (Kenny, 2002; Smith, 2001).

Photovoice has been used with vulnerable groups as a means of empowerment (Wang & Burris, 1994). The power of pregnant Tlicho women has been particularly eroded through travel away from their community for birth, a practice that has been the norm for decades (O'Neil, 1988; Paulette, 1990). According to Wang and Burris (1994), empowerment "includes at least four kinds of access: access to knowledge, access to decisions, access to networks and access to resources" (p. 180). By engaging in photovoice, pregnant Tlicho women may experience improvement in all four kinds of access. They may together learn about their collective experiences in a way that provides them with the knowledge necessary to improve their health during pregnancy. By discussing health beliefs and health promotion practices among themselves, the women learn from each other, a process that can be emancipatory in and of itself. Through their pictures and their stories, they make their voices heard. For all of these reasons, the process has been an appealing one for the Tlicho women in the study.

The women are given their photographs, the negatives, and an album as a keepsake. They enjoy taking and receiving photographs and have said that this is a benefit of participating in the study. The anthropological literature contains photographs of Tlicho people; Helm (2000) includes photographs of Tlicho people taken during her fieldwork in the 1950s and 1960s. As well, photovoice has been used with Native American youths (Hubbard, 1994) and photography has been suggested as a useful tool for community-based research with Native Americans (Guyette, 1983).

Participatory research methods are considered to be culturally appropriate (Clarke, 1997; Grenier, 1998; Ryan, 1995). Through participation with local people, traditional or indigenous knowledge is recognized, respected, and utilized in decision-making processes (Grenier). The participatory nature of the photovoice technique suggests the engagement of participants, such as the Tlicho women in the present study, as members of the research team, with the camera as the primary data-

collection tool. The participants are also involved in the analysis, by articulating the meaning of their photographs with stories. If photovoice is used as the sole participatory action method, the research question should be generated by the participants themselves. This is not the case in our focused ethnographic study, but the use of photovoice may generate questions for future studies.

Findings from other studies suggest that photovoice contributes to health promotion by stimulating knowledge-generating personal and community action, and by increasing power through participation, leading to self-awareness and the attainment of a voice within the community (Wang et al., 2000). These advantages apply to Tlicho women, who, along with other Aboriginal people in Canada, have been described as victims of colonization and loss of power (Adams, 1994; Alfred, 1999; Battiste, 2000; Berger, 1991; Brown & Smye, 2002; Carter, 1999; Fumoleau, 1975; Moffitt, 2004; O'Neil, 1988; Smith, 2001; Steckley & Cummins, 2001).

A Photograph Generated Through the Photovoice Technique

The photograph shown here and its accompanying story illustrate the richness that photovoice brings to the research process. Barthes (1981) states that “the photograph possesses an evidential force...its testimony bears not on the object but on time, from a phenomenological viewpoint...the power of authentication exceeds the power of representation” (p. 88). Although this single photo authenticates and represents only a sliver of the complexity that surrounds Tlicho women's health beliefs and health promotion practices, and the context from which they arise, it makes the utility of photovoice obvious. As well as adding an aesthetic dimension to knowledge transmission, it may enhance the identity and visibility of past traditions. The process may facilitate the reclamation of indigenous knowledge, which, as Battiste (2000) states, is a critical component of health and healing for indigenous people.



One of the Tlicho women described the practice of infant packing that has been passed down from one generation to the next: "Some elders used to tell me back in those days they used to carry a baby up front and...all this caribou meat in the back and have a canoe on their forehead." Nurses have observed the practice of infant packing today, and one can also read past accounts of infant packing by Tlicho women, as described by this participant. Infant packing has been and is still today a way for women to do their work efficiently in the community.

Lessons and Challenges

Privacy and Confidentiality

Wang and Redwood-Jones (2001) discuss four kinds of invasion of privacy that may occur when the camera is used as a research tool. The first kind is intrusion into a person's private space; although in Canada we photograph freely in public, attaching a story or meaning to a photo of someone can be morally problematic. The second is disclosure of embarrassing facts about someone; people are apt to become angry when shown in a bad light in the name of social change, and this could ultimately affect the cohesiveness of an entire community. The third kind of invasion of privacy is twisting the truth, such as by using a photograph out of context to make a point or tell a story. The fourth kind is publishing a photograph in order to make money. These kinds of invasion of privacy are dealt with in several ways.

We held a group discussion about the use of cameras and issues of power and ethics as suggested by Wang and Redwood-Jones (2001). To date, most of the participants' photographs have been taken in the context of home and family; those taken outside the home setting have been in the context of the general community environment, without the inclusion of people or particular objects so that identification has not been an issue. Although this was not articulated as an ethical response during the initial meetings, the women's collective action appears to confirm it as their approach. Duplicates are made when films are developed so that participants can give copies to people they have photographed.

Representation Issues

Wang and Redwood-Jones (2001) identify several concerns around the issue of representation. Each disposable camera used in our study takes up to 27 photographs. The women were asked to choose two photographs to discuss from among the hundreds that formed the data pool. The choice of photographs to display, and who makes that choice, can pose a dilemma. This point is not always addressed in the literature; in

most published studies it was the researcher who decided which photographs and stories would be highlighted. Our concern was to balance the needs of the researcher with those of the participants and the community. We approached this challenge through dialogue and consensus, with the goal of selecting photographs that all participants agree are representative of the experiences and viewpoints of the group.

Koche and Herrington's (1998) response to questions of representation is reflexive research, described as "ongoing self-critique and self-appraisal...shaped by the politics of location and positioning" (p. 888). The researcher is engaged with and responding to the researched at the same time as the researched are engaged with and responding to the researcher, creating multiple truths so that representation can be explained only through the contextual meaning that the researcher and the researched negotiate and create together.

The other challenge posed by the photovoice technique is representing the community and its members in a balanced and fair way. The following questions concerning photographic ethics, as suggested by Wang et al. (2000), were posed in a group discussion with participants: "What is an acceptable way to approach someone to take their picture? Should someone take pictures of other people without their knowledge? What kind of responsibility does carrying a camera give? What would you not want to be photographed doing?" (p. 83)

Informed Consent

Wang and Redwood-Jones (2001) recommend the use of three separate consent forms: one for consent to participate in the study, one for use by the participants to solicit permission to photograph people, and one for consent by the photographer and the subject to publish the photograph. Informed consent is obtained from each person who agrees to take part in the research. To address the specific photovoice issues identified by Wang and Redwood-Jones, the recommendations of these authors were included on the consent forms.

Although 90% of the residents of the study community speak English (NWT Bureau of Statistics, 2001), their first language is Tlicho and that is the language the participants use to communicate with each other. The consent form was translated into written Tlicho, which is a relatively new representation of the language, the Tlicho dictionary being published only in 1996. Very few of the women can read their own language. However, they have all expressed delight that the consent form has been translated and we believe it is a respectful gesture that fosters a sense of trust. The Tlicho language is steeped in a history of oral transmission. Because of this, coupled with the fact that interaction with white health professionals is often in writing — frequently through the use of author-

itative forms — the women are uncomfortable using a form when asking people if they can take their picture; they prefer to obtain oral consent.

The Camera as Research Tool

Since all the participants are not pregnant at the same time, they enter the study at different times and begin to use a camera at different times. This has required the development of a camera-tracking system. As well, the cameras are labelled so that a camera being used for the study does not get mistaken for a personal camera. The participants in this study are busy mothers, some with as many as five children. For this reason, cameras sometimes get shelved while the women deal with matters of more immediate concern. Also, cameras are sometimes misplaced or damaged, which can have implications for the project's budget. The photovoice process is time-intensive; it requires patience and diligence on the part of the researcher, to enable the women to return films, record stories, and attend meetings.

Conclusion

The camera is a valuable tool for gaining entry to a community and for engaging participants in the research process. Photovoice has been an incentive for Tlicho women to participate in the present study and has been a source of pride for those whose photographs are chosen for discussion. Kenny (2002) proposes that policies be developed locally through discourse with local women, so that the women are the policy-makers. The photovoice technique has enabled Tlicho women to talk about and reflect on their health beliefs and health promotion practices in the context of their individual and collective lives in their community. This in turn may generate the insight and empowerment necessary to promote policy change.

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Authors' Note

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