Looking, Listening and Learning from Young People through Photographs: a Photovoice Project with Young Aboriginal people in Carnarvon, Western Australia

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Tourist brochures describe Carnarvon as a land of contrasts: where the desert meets the sea and tropical fruit plantations sprout out of the red dirt of Australia’s centre. It is situated on the Western Australian coast, approximately 900 kms north of Perth. In 1998, the shire had an estimated resident population 6270. According to the 1996 census, 14% of the residents were Aboriginal or Torres Strait Islander peoples. The shire’s unusual age distribution has relatively few young people between the ages of 10 and 19 (only 11% of the shire population compared to 15% for the whole state) and 26% in the retirement ages between 55 and 74 years old compared to the state total of 14% (see Figure 1).

Figure 1  Carnarvon’s age and sex distribution, 1996

Many people in Carnarvon live in poverty. Thirteen per cent of all privately occupied dwellings are rented from the state housing authority. Sixty-one per cent of children under 16 years old lived in families receiving an income support or family payments
above the minimum level, the 12th highest out of 113 rural and remote statistical local areas in Western Australia. Overall, 20% of families had a low income (defined as less than $400 per week).

Since 1994, the Gascoyne Public Health Unit has conducted a sexual health prevention program, focusing of HIV/AIDS prevention, treatment, care and support. Prevention activities have included distribution of printed materials (brochures, calendars, magnets, etc), community education sessions held by health promotion officers and community members, condom distribution, and intensive counselling of people known to be HIV positive.

In 1996 and again in early 1998, Donovan Research Consultants evaluated the impact of the education program through phone interviews of Carnarvon adults generated from random dialling. A separate sample of Aboriginal residents was generated from a map of Aboriginal households. Details about the sampling procedures were not fully explained in the report but many factors would suggest that neither sample was representative. Nonetheless, the studies did highlight that awareness of HIV/AIDS was extremely high in both the first and the second survey. There were no direct questions regarding individuals’ own behaviour, but only about one-third of both non-Aboriginal and Aboriginal groups believe that all or most people in their age group used condoms with a new partner. Recall of local educational activities was very high among the Aboriginal group.

Several Aboriginal people, including co-author Elsie Mitchell, have staffed the Public Health Unit’s program for five or more years. When reflecting on the program, they concluded that there was considerable awareness among Aboriginal people regarding HIV/AIDS issues and, importantly, attitudes about sexuality, condoms, and HIV positive people have improved to the extent that discussion about these issues are not as sensitive as they once were. Significant lessons had been learned about how to approach Aboriginal people, how to conduct awareness sessions and how to involve community members. They also agreed that there has probably been relatively little change in risk behaviours.

The staff identified a range of current or emerging challenges and problems that were not adequately addressed in previous or current education programs. Perhaps most importantly, the existing educational strategies did not address peoples’ motivation for unsafe sexual practices. Within the Public Health Unit, there was a lot of interest in whether young people could be involved in promoting good sexual health as peer educators. Young people in Carnarvon communities were identified as the research population because the epidemiological evidence that points to this group being at especially high risk of developing sexually transmissible infections (STIs).

Staff also recognised behaviour change programs had to be relevant to the everyday experiences of young people. They realised that they knew very little about what young people thought about the programs that had already been run and what their perceptions were of risk behaviours, the contexts in which risky behaviour occurred and feasible strategies to reduce risk. Together with the Combined Universities Centre for Rural Health, the Gascoyne Public Health Unit resolved to conduct a qualitative research program to enable staff to learn directly from young people. Funding for the research
program was provided by the Health Department of Western Australia. This paper presents the processes, impact and some of the findings from the first project.

INTRODUCTION TO PHOTOVOICE

The method used to engage young Aboriginal people to discuss their sexual health is called photovoice. It is a participatory action research method that has been used with urban disadvantaged youth in the United States and in developing countries with target groups as diverse as women in China and young people in the highlands of Papua New Guinea. As far as we know, this is the first time photovoice has been used in Australia. An excellent overview of photovoice is available at www.photovoice.com maintained by Caroline Wang, an academic at the University of Michigan and the leading proponent of the method.

The intellectual roots of photovoice are the same as other participatory action research methodologies. At the risk of vastly over simplifying this intellectual tradition, participatory action research can be thought of as the fusion of the liberation pedagogy that developed in the peasant societies of Latin America and the work of World Bank-sponsored economists in South Asia and Africa. Most writings on participatory action research cite the seminal work of Paulo Freire who identified that the role of inquiry in developing a critical consciousness was essential for challenging existing inequalities. For Freire and his followers, empowerment that starts with education to encourage critical thinking and enhanced self-esteem, leads ultimately to collective action against oppressive systems. In contrast, developmental economists were attracted to participatory forms of research when they recognised that the poor knew more about poverty than they did. They wish to make use of peasants’ knowledge rather than to expand it. Development workers saw that community members had sophisticated understandings of the sources of their own poverty and the feasibility of interventions to alleviate poverty. Development programs that failed to take local standards into account could actually worsen the well-being of people they were intended to benefit.

The tension between research for self-determination versus research for better implementation of externally mandated interventions remains a feature of participatory action research, and photovoice, to this day. Yet in practice, most projects have elements of both aims. In any photovoice exercise there are elements of empowerment and liberation for the participants. As Wang and colleagues suggest, photovoice empowers participants by putting cameras into their hands and giving them an opportunity to record and reflect on their lives and health needs. In our project, young Aboriginal people were entrusted with cameras and given freedom to choose what photographs they took. They controlled the direction and content of the interviews and they received public, although anonymous, accolades from the public as a result of the exhibition. The test as to whether young people felt positively about their participation will come when we seek volunteers for the next stages of the research programs.

A higher priority for the project was to influence the thinking of public health unit staff and the broader network of local service providers in the health, education, and welfare sectors. Our project aimed to provide these key stakeholders with a nonthreatening but powerful insight into how young people viewed their life and their town. Photovoice was a vehicle for “looking, listening and learning” about young people.
METHODS

We used the photovoice methods recommended by Wang and colleagues as guides, modifying as necessary for the local context. Typically, photovoice participants are provided with a camera and some training about its use. Rules regarding permission to take and to show photographs are established. Participants are told to take pictures related to a particular topic. The topic may be broad, such as “what is life like for young people in this community” or narrow “what would you like improved in your school.” After the photographs have been taken, the photographers are invited to participate in a group discussion about what the photographs mean to them.

The research information from photovoice comes through analysing the subject matter of the photos and the text of interviews that take place after the photos are taken. The strength of this method is that it gives the maximum voice to the participants allowing them to express themselves without the confines of a predetermined question line.

To obtain community involvement and to maximise the opportunities for organisations to benefit from the project, we formed an Aboriginal Community Reference Group, comprised of representatives of key community-controlled organisations and invited individuals with a longstanding interest in youth health issues. This group approved the concept of photovoice, assisted in identifying interested young people and gave guidance in the selection of photographs for the exhibition. In the future this group will reconvene to discuss how to address the issues raised by young people and how to continue to involve young people in determining priorities for policy and programs.

Unlike Wang’s preference for using groups of participants who are trained together and meet after taking photographs to discuss together the photographs and their implications, our project involved the participants as individuals. Although in some cases friends participated together, interviews were held separately except for one group discussion with young people recruited as youth workers.

Through the summer of 1999–2000, young Aboriginal people were recruited to take photographs with disposable cameras provided by the project. The young people were asked to take pictures that show what young people in Carnarvon think about HIV. Your pictures should show whether or not HIV is important to young people; in what ways are Carnarvon Aboriginal youth protected from HIV; and what are the reasons young people may be at risk (Project information sheet).

The young people returned the cameras and attended a taped interview at which they explained why they took each photograph. They also selected photographs they wanted displayed at an exhibition. Elsie Mitchell recruited most of the photographers and conducted most of the interviews. At the interviews, photographers were asked to group their photographs in themes. They were then asked to tell the interviewer about each photograph in each group. Probes and prompts were used to explore how the young person saw particular subject matter related to HIV. On occasion the interviewer would probe to clarify the young person’s own values regarding the subject matter, such as drinking in public places or HIV education messages.
A total of ten interviews were held; individual interviews with five girls and four boys, ranging from 14 to 25 years old and a further interview with a group of youth workers — four girls and one boy. Out of a total of 243 photos, the photographers chose 43 photos for the exhibition on topics including family, friends, recreational activities, positive and negative images of Carnarvon, alcohol and drug use, health education messages, and health services. Interviews ranged between ten minutes and an hour and were fully transcribed for further analysis with a qualitative software package.

The photographs nominated by the photographers, along with related text from the interviews, were displayed at a public exhibition in Carnarvon on 25–27 October 2000. Permission to display the photos and text were confirmed with all of the photographers prior to the exhibition, even though their identities were not be recorded. The organisers decided to exclude a few photos including a person, even though permission could have been obtained. All of the photographs considered for display, along with the text, were shown to members of the Aboriginal Community Reference group for their approval.

Ethics approval was sought and obtained from The University of Western Australia Human Research Ethics Committee and the Western Australian Aboriginal Health Information and Ethics Committee.

**CONDUCTING PHOTOVOICE**

We do not want to suggest that conducting a photovoice exercise is easy. Our experience was that many young Aboriginal people were initially reluctant to participate. At the beginning of the project, we recruited six youth workers to recruit photographers. They attended a three-day training course in which the purpose of the study was explored, and there were opportunities for role plays and practice sessions. Nevertheless we failed to give them adequate support and by the end of the project not one of the workers had actually recruited another young person to take photographs and to participate in an interview. For the youth workers, the interview was the main concern. They did not have confidence to conduct the interviews themselves or to convince other young people to be interviewed by someone else.

Our next strategy was much more successful. Elsie Mitchell, who has lived in Carnarvon all her life and is a member of a large local Aboriginal family, undertook to recruit young people herself. Even for her the process was a challenge. She sought out specific young people she felt would be interested in participating. Finding them was frequently difficult as the project took place over the summer. In most cases, numerous visits to family, friends and workplaces were required to first discuss the project with the young person, then locate the camera again and finally to conduct an interview at a convenient time and place. The young peoples’ mobility was remarkable with most of the youth workers and photographers being out of town at least once during the duration of the project.

Despite these difficulties two-thirds of the cameras distributed were returned and all but one of those photographers were interviewed.
THE PHOTOVOICE EXHIBITION

One of the incentives for young people to participate in the project was that their photographs would be displayed in a public exhibition. As expressed on the project information sheet “This is your chance to be creative and to help other young people”.

We stressed to the photographers that this was an opportunity to tell other people what they thought about life in Carnarvon for young people. The other rationale for a public exhibition was to raise awareness in the Carnarvon community of the value of young peoples’ opinions about their town, their everyday life and their health.

The ethical issues surrounding photovoice cannot be taken too seriously. Based on guidelines suggested by Wang and colleagues and the experiences of the first author in supervising a photovoice project in a Pacific Island country, strict processes were put in place. First, all photographers were told to ask permission before taking someone’s picture. They were also assured that nobody outside of the project team would see the pictures they had taken, unless they gave permission. During the interview, if a photographer selected a photograph of the exhibition that included a person, they were told that written permission from that person would be necessary.

Photographs selected for the exhibition were matched with the photographers’ suggested captions and other text in the interview related to the picture. The text and photographers were shown to members of the Aboriginal Community Reference Group to ensure that the photographs were appropriate for public display. No photographs or text were rejected by reference group members. Photographers were approached prior to the exhibition for further approval to display the photographs and text. Prior to the exhibition, the project team decided not display any photographs including a person, even if permission had been granted. At no time were the names of the photographers revealed to anyone outside of the project team. Anonymity was considered particularly important in the local context of a small community and the marginalised role that young Aboriginal have within that community.

The exhibition was held in a community hall. Approximately 100 people visited the exhibition, with about 60 present for the opening. Photographs were displayed in themes: services, activities with friends, graffiti and vandalism, sexual health, school, and outdoor activities. Comments in the visitors book were very positive. Most adults reflected that they found young people’s views “thought-provoking” and supported more opportunities for young people to have “a voice in their community”. There are plans to display the exhibit in other venues in Carnarvon and surrounding areas.

IMPLICATIONS OF THE PHOTOVOICE PROJECT

It remains to be seen if local organisations incorporate the lessons from the photovoice exhibition. However, the three investigators have become true believers in grounding sexual health interventions on young peoples’ understandings. Analysis of the photographs and the text provided a number of insights which will be addressed in the next phase of the research.
A detailed exposition of these issues is beyond the scope of this paper. We intend to only give a flavour of the power of this method through two examples: testing for HIV and other STIs and condoms.

Four photographers took pictures or talked about the sexual health clinic adjacent to the Gascoyne Public Health Unit. In the interviews they volunteered that they knew what is was and that they thought people, especially females, went to it. This is an obviously gratifying result for the clinic staff. It suggests that the clinic is providing an appropriate service for young people and it may be possible to extend its role. On the other hand, young people who brought up the issue of testing displayed confusion. When discussing fighting and blood, one young woman mixed up a tetanus shot with an HIV antibodies test. A young man showed a picture of a blood bank as a place for being tested. None of the young people asked thought that many other young people had had an HIV test. The Gascoyne Public Health Unit will need to do further work to investigate if young people would find it acceptable to use regular testing for STIs as a part of personal strategies to minimise risk for themselves and their partners. The photovoice exercise suggests that the idea has not even occurred to these young people.

The interviews reaffirmed the Gascoyne Public Health Unit’s conviction that, at least for HIV, overall awareness and basic knowledge was high. What was also encouraging was that condoms were well known and readily associated with HIV/AIDS prevention. Three photographers took photographs of the condom machine located in the hospital foyer and condoms were mentioned in nine out of the ten interviews. There was a strong sentiment that young people could access condoms easily and that it was common for them to carry them. A 23-year-old woman said, “Oh yes, I see a lot of girls there grab condoms from baskets wherever they’ve been situated ... and not like just one or two, they take hand fulls” (text unit 472). A 15-year-old boy thought “Most fellas carry condoms around in their wallet or something” (text unit 258) and the 23-year-old woman thought that “all the girls” carry condoms. Yet, despite access, awareness and a fairly open and positive attitude towards condoms, use is far from universal. The young people told us “some do and some don’t” and “the majority use”.

CONCLUSION

In Carnarvon we found photovoice to be a powerful tool to engage young Aboriginal people in public health issues. There were challenges in implementing the project. However, in this case, the winning solution was the involvement of an Aboriginal health promotion officer who combined knowledge of the community with an unswerving commitment to learning from young people rather than imposing her views on them.

An additional strength of photovoice, beyond that of conventional qualitative research methods, is the public display of the photographs and text. As we have mentioned, we do not yet know if the exhibition will have a direct bearing on young peoples’ interest in public health. For the wider community and for the Public Health Unit and other services, the exhibit has created a window of opportunity to challenge them to look, listen and learn from young people instead of deciding what is best for them from afar.
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REFERENCES


AUTHORS

Ann Larson is a demographer and director of the Combined Universities Centre for Rural Health in Geraldton, Western Australia. Her involvement in photovoice grew from extensive research and consulting experience in sexual and reproductive health and in illicit drug use through Asia and the Pacific and with Indigenous Australians in Queensland. Ann has a strong interest in devising research methodologies that bridge the gap between health professionals and the populations they serve. She is the author of numerous peer-reviewed articles, reports and manuals on these subjects.

Elsie Mitchell is an Aboriginal woman and a health education officer with the Gascoyne Public Health Unit. She has a degree in Aboriginal Health and Community Development from Curtin University. Elsie has been working in the field of sexual health education for many years. Using her knowledge of the community, and her commitment to involving young people, she undertook most of the work of the photovoice project, from training, to recruiting, to consulting with the Aboriginal reference group to organising and opening the public exhibition of photographs.