

Exploring the Use of Photovoice

To Reduce Stigma, Increase Adherence and Effect Social Change for TB, HIV/AIDS and Beyond

Community-Based Primary Health Care
2008 Annual Pre-Conference Workshop
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What is Photovoice?

“It is a participatory-action research methodology based on the understanding that people are experts in their own lives. Using photovoice methodology, participants allow their photographs to raise the questions, “Why does this situation exist? Do we want to change it and, if so, how?” By documenting their own worlds, and critically discussing with policymakers the images they produce, community people can initiate grassroots social change.”

Caroline C. Wang, DrPh, MPH
Creator of Photovoice methodology
www.photovoice.com

Underpinnings

- **Freire's pedagogy for critical consciousness:**
Participants consider and act upon their historical, institutional, social and political conditions that contribute to personal and community problems.
- **Feminist theory:**
Everyone has a specific story, experience of the configuration of class, race, gender, sexuality, family, country, displacement.. These stories are mediated by the forms of representation available in the culture.
- **Non-traditional approach to documentary photography**

Principles

- **Images and stories teach;**
- **Pictures and stories can influence decisions and policy; and**
- **Community people ought to participate in creating and defining the images that shape healthful public policy.**

Photovoice Usage

Examples:

- **Yunnan, China: rural women advocating for reproductive health services.**
- **San Francisco, California: youth affected by HIV/AIDS.**
- **Detroit, Michigan: women's perspective on family, resources and gender.**
- **Washtenaw County, MI.: homeless men and women.**
- **Flint, MI: sexually transmitted diseases.**
- **Contra Costa County, CA: TB management.**

The Border TB Photovoice Example: Voices and Images

Goal

Increase awareness of the global burden of TB and assist in the eradication of TB.

Objectives

- ✓ **Support** and **mobilize** persons affected by TB to address policy and decision makers;
- ✓ **Conduct formative research** that can inform communication strategies and program development; and
- ✓ **Disseminate findings** through the local people's perspectives.

Global Project Sites

- Rio de Janeiro, Brazil
- Chiang Mai, Thailand
- El Paso, Texas and Ciudad Juarez, Mexico
- Tijuana and Mexicali, Mexico
- Florence, South Carolina
- 13 states throughout Mexico

Sample Photos and Stories (and please visit those displayed around the room)

¿Tu corazón, es así?



Trato de responderme una pregunta... ¿Qué tan impenetrable es el corazón de personas que no han vivido un caso de Tuberculosis?, ¿acaso tendrán que vivir el miedo de perder a un ser amado, para entonces informars?... Debemos abrir el corazón y no discriminar sin conocer la enfermedad.

Foto tomada por Alma, madre de una paciente de 3 años.

Is your heart like this?

I try to answer a question –how hard it is the heart of someone who has not lived with Tuberculosis? Do they really need to live through the fear of losing a loved one to start getting information?... We must open our heart and do not discriminate without knowing the disease.

Picture taken by Alma, the mother of a 3 year old TB patient

www.soluciontb.org



ALIANZA COMUNITARIA
SOLUCION TB
POR LA INFORMACIÓN PARA EL CONTROL DE LA TUBERCULOSIS



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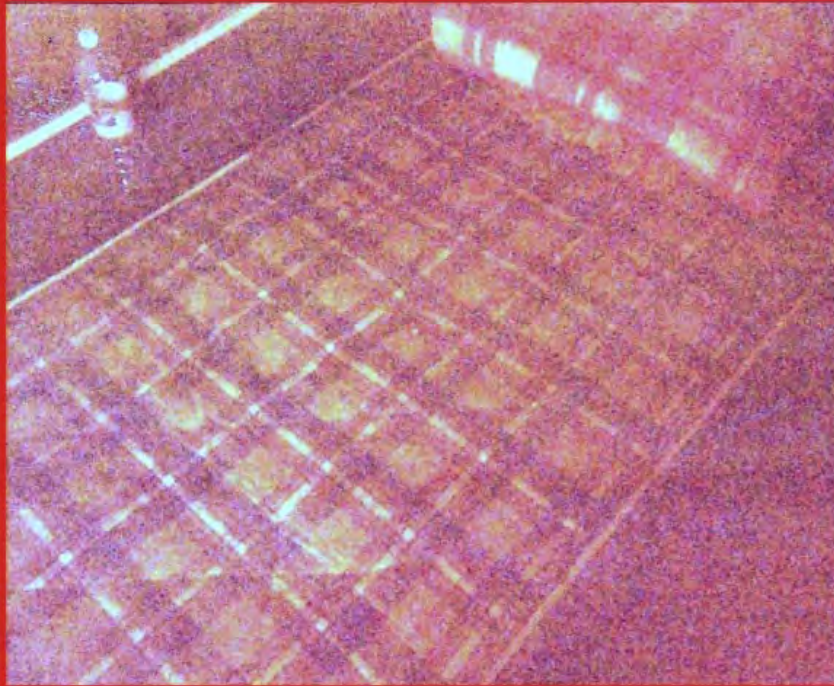
“Gift of health”



Aquí pase 8 meses acostado sin poder levantarme y trabajar,

Logré sobrevivir porque mi jefe me ayudó con algo de dinero.
Ahora ya casi termino el tratamiento y puedo trabajar.

Manuel, de 45 años que vivió con TB.



**This is where I spent 8 months of my life
laying down and not being able to work.**

I was able to survive because my boss helped me out with some money.
Now I'm almost done with treatment and able to work.

Manuel, 45 yr old person with TB.

“Discrimination and isolation”



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Photovoice Steps

1. Form a Guidance Committee
2. Recruit participants
3. Conduct participant orientation and ethics training
4. Have participants take photos
5. Convene participant meetings to discuss photos
6. Repeat steps 4-5 several times
7. Prepare presentations to decision and policy-makers
8. Guidance Committee identifies and guides advocacy/mobilization efforts
9. Disseminate findings, do community presentations, reach out to media and peer-review journals

Community Framing Questions

- **Who are the people that make up our community?**
- **What are the natural and human-made features of our community?**
- **What social systems make up our community?**

SHOWeD Questions

- What do you See here?
- What is really Happening here?
- How does this relate to Our lives?
- Why does this situation, concern, or strength exist?
- What can we Do to improve the situation, or to enhance these strengths?

Develop by N. Wallerstein and E. Bernstein and adapted for use in Photovoice by Caroline Wang and Mary Ann Burris.

Guidance Committee

- **Advisory group of policymakers and community leaders that work in partnership with the project to provide access to stakeholders to whom the group wants to present their final stories and photos.**
- **Serves as gatekeepers to decision-makers that can act on the ideas and recommendations of participants.**

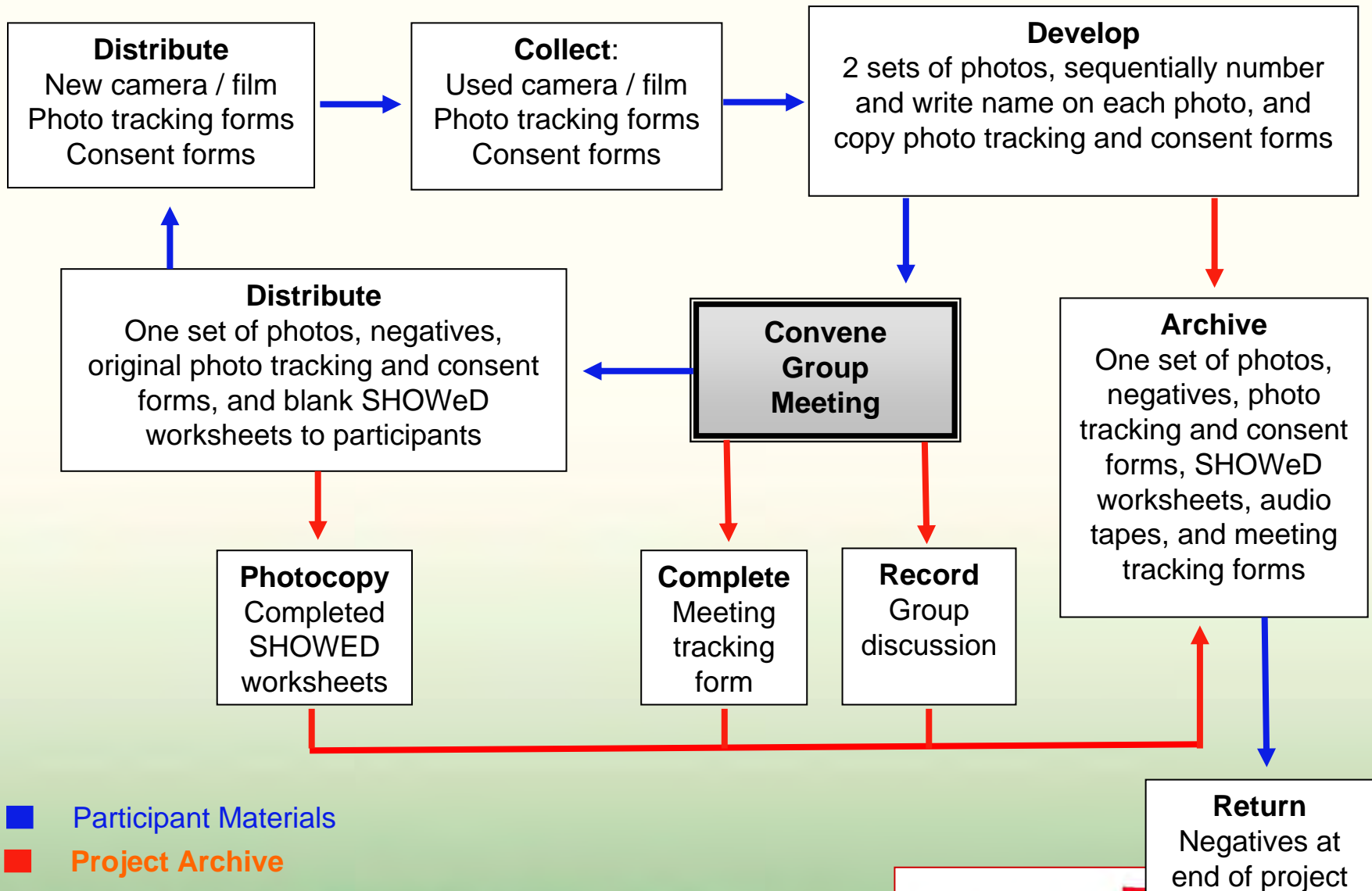
Characteristics of Guidance Committee Members

- **Political will to act on the ideas and recommendations of participants.**
- **Access to and influence with other policymakers and community leaders.**
- **Knowledge about media and other channels through which ideas and recommendations of participants can be disseminated.**

Stakeholders for Guidance Committee

- Local and regional policy and decision makers
- Journalists and other media professionals
- Health care providers and workers
- Administrators
- Researchers
- Funders
- Other community leaders

Managing the Process



■ Participant Materials
■ Project Archive

Leading to Social Change

- A person-centered and led perspective on social aspects, TB, HIV/TB co-infection and care.
- Empowerment of participants to advocate for change in their own lives and in the lives of others.
- A mechanism through which to explore:
 - Social, environmental, border and bi-national, TB risk factors;
 - TB treatment adherence issues and successes; and
 - Beliefs, psychological state, health practices and stigma.

Leading to Social Change

- **Strengthen health communication campaigns focusing on TB.**
- **Qualitative data that can inform education efforts, families, students, health professionals and workers regarding the realities of TB and the border.**
- **Support for the STOP TB Partnership strategy to engage people with TB and affected communities to demand and contribute to effective care.**



“My duty and responsibility”

“Taking medications is not easy. They taste bad and they make my stomach upset. After I take them, I don’t like anyone to talk to me. It takes a while before I feel better. I know it is my obligation and responsibility, but how much longer must I take them?”

-Participant

Thank you/Gracias!

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