Using Photovoice as a participatory approach to promote youth health literacy

Paola Ardiles, Marlies Casteleijn, Charlene Black and Kristine Sørensen

Introduction

Health literacy is critical to empowerment (Kickbusch, 2005) as it entails the knowledge, motivation and competence to access, understand, appraise and apply information to form judgements and make decisions in everyday life (Sørensen et al, 2012; see Chapter 1, this volume). It encapsulates healthcare, disease prevention and health promotion to maintain and promote the quality of life. Health literacy goes beyond the narrow concept of health education and individual behaviour-oriented communication by addressing the environmental, political and social factors that determine health (WHO, 2016; see also Chapters 11 and 14, this volume). Understanding health literacy, in turn, contributes to an in-depth comprehension of health education, aiming to influence individual lifestyle decisions and enhance the awareness of the determinants of health through methods that go beyond campaigns and information sharing (WHO, 2016). Health literacy emphasises social participation (see Chapters 40 and 44, this volume) and critical thinking, leading to enhanced health literacy with personal and social benefits as well as community action that supports the development of social capital (WHO, 2016).

We need a shift in how we perceive, measure and design interventions to incorporate the comprehensive understandings of health, health literacy and social participation across the lifespan. This chapter presents a case study related to the use of Photovoice to promote youth health literacy. The potential challenges and benefits of using Photovoice, along with future recommendations that arose from conducting the case study, are discussed in the following sections.
Background

Health literacy

The concept of health literacy, embedded in modern-day health promotion practices (Stewart et al, 2008), is grounded in the principles of empowerment, human rights, ethics, values and equity, in accordance with the Ottawa Charter for health promotion (Lindström and Eriksson, 2011). In line with the health promotion perspective of enabling people to increase control over and improve their health, health literacy is recognised as being critical to empowered, active and informed participation in health and healthcare (Coulter and Ellins, 2006; Kickbusch and Maag, 2008). The importance of health literacy is well established by numerous researchers as an important public health goal and aspect in modern health promotion practice (Nutbeam, 2008; Mitic and Rootman, 2012). To date, health literacy has largely been constructed through an individual healthcare lens that emphasises preventive services, skills and competencies needed to effectively navigate through primary healthcare systems (Massey et al, 2012). Current health literacy understandings do not encompass broader concepts of health (Osborne et al, 2013), and fundamental factors of health are insufficiently identified or taken into account (Baker, 2006; Nutbeam, 2008). As such, Nutbeam (2008, p 2077) states that:

improving health literacy in a population involves more than the transmission of health information, although that remains a fundamental task…. If the goal of promoting greater independence in health decision-making and empowerment among the individuals and communities is to be achieved, there is a need for more sophisticated … efforts to ensure that the content of health communications not only focuses on personal health but also on the social determinants of health.

With this statement, Nutbeam (2008) emphasises the importance of active citizenship and focuses on the broader social determinants of health in current health literacy conceptualisations.

Youth and participation

Youth health literacy policies and initiatives have primarily been viewed using a lens that focuses on adults (Bennett et al, 2003). It is undetermined how health literacy can successfully be applied in interventions targeting youth (Brey et al, 2007; Manganello and Shone, 2013). Moreover, the perspectives of youth on the constituents of health and its influencing factors are relatively unknown (Woodgate and Leach, 2010). Including participatory approaches among youth and recognising their contributions is often the exception rather than the rule,
so their strengths and assets in addressing health issues have been insufficiently recognised (Wong et al, 2010). Thus, it is necessary to conduct more research about health literacy regarding youth in order to improve their outcomes.

Citizen participation is an important element in the promotion of health (Rodrigues Coser, 2010), since it acknowledges that individuals, including youth, need to be engaged in the process of designing solutions to their own health problems through meaningful participation, capacity building and development (WHO, 1986; Rootman et al, 2001). Youth participation is defined as ‘the democratic practice of young people actively engaging with their social environment’ (Wong et al, 2010, p 106), and seen as ‘the process of involving young people in knowledge development at the community level’ (Checkoway and Richards-Schuster, 2004, p 85). In this participatory view, youth are not merely seen as subjects in health promotion initiatives, but as directors and decision-makers (Rodrigues Coser, 2010) who have a central and meaningful participation in the process (Checkoway and Richards-Schuster, 2004). Applying a participatory approach with youth means that their ‘opinions and experiences are valued and recognised in the knowledge creation, by giving them decision-making power through the processes of collaboration, co-learning and capacity-building’ (Rodrigues Coser, 2010, p 6).

Collaborative efforts with youth employing strength-based approaches are acknowledged for their potential to engage youth to critically analyse complex health and social issues (Checkoway et al, 2003). As these participatory approaches actively involve youth and build on their intrinsic strengths, issues that they self-identify can be addressed (Wong et al, 2010). Moreover, youth are enabled to recognise and further develop their own assets, become critical thinkers and engage as problem solvers (Cargo et al, 2004). Participatory approaches have been associated with enhanced problem-solving capacities, in which participants learn to critically analyse social problems and become agents for social change themselves (Cargo and Mercer, 2008).

Participatory asset-based approaches in studies, such as youth empowerment, have been emerging in empirical literature over the last few decades (Cargo et al, 2004). Prior to this recognition, children and adolescents were rarely asked to voice their opinions and were often not included in the development of research and programmes designed for them (Wong et al, 2010). Nygreen et al (2006) state that there is a strong need to investigate the particularities of involving youth as collaborators. In order to arrive at a deeper understanding of youth’s health issues and their perceptions of health, research employing participatory procedures with youth is advocated (Woodgate and Leach, 2010).

**Photovoice as a participatory and empowerment tool**

For the last few decades, the Photovoice method has been widely recognised as a participatory action and empowerment tool used to engage underserved youth to increase their critical consciousness (Freire, 1970). Photovoice is referred to as
a process in which people can identify, represent and enhance their community through a specific photographic technique that is used as a means for the production of knowledge. Photographic cameras are provided to people, enabling them to be potential catalysts for change as this promotes an effective, participatory means of sharing expertise and needs (Wang and Burris, 1997). People are given the possibility to record and catalyse change in their communities, rather than being the passive subjects of other people’s intentions and images. The images produced, and issues addressed and framed, by the participants may stimulate social action, as they ‘become advocates for their own and their community’s wellbeing’ (Wang and Burris, 1997, p 373).

The requirement to engage the youth throughout the participatory action research process is acknowledged in academic literature. As such, Photovoice is not commonly used in isolation and often accompanied with methods supporting and providing reflection on the photos produced (Strack et al, 2004; Necheles et al, 2007; Shea et al, 2013). In doing so, accompanying methods potentially mobilise the process of action and change on issues identified and captured in the participants’ photos (Necheles et al, 2007). The importance of the incorporation of an action component in the Photovoice process is highlighted, as action research directly contributes to and facilitates the development of capacities, learning and empowerment (Rice and Franceschini, 2007; Wagemakers, 2010). Participatory action research is about seeing people as assets and partners in research, and holds the promise of empowering people and engaging them in community-level action and change (Koch and Kralik, 2006). The following section presents some of the benefits and challenges of a Photovoice method for youth.

Benefits in using Photovoice with youth

**Fostering advocacy and empowerment**

Photovoice is recognised as a tool to foster advocacy and empowerment with regard to health issues, through which youth are encouraged to identify and take action on personal and community-level issues (Necheles et al, 2007; Williams et al, 2007; Wilson et al, 2008; Gray et al, 2010; Markus, 2012; Shea et al, 2013). As such, Photovoice is a strengths-based approach, emphasising individual and community assets, and recognises youth as critical thinkers and problem solvers (Wilson et al, 2008; Markus, 2012). Additionally, Photovoice as an empowerment method enables group dialogue and reflection, and elicits deeper thinking that can lead to action (Wilson et al, 2008).

**A means for sharing and knowledge exchange**

Youth can present their identified issues and understandings to promote knowledge exchange and facilitate community awareness (Strack et al, 2004; Bader et al, 2007; Necheles et al, 2007; Gray et al, 2010; Markus, 2012; Shea
et al, 2013). By sharing work that contains a health-related message with peers, family members, friends and other community members, the youth can contribute to a health promotion process that may have an impact on their communities (Gray et al, 2010; Markus, 2012). As such, the photographs can stimulate dialogue between participants and function as catalysts for discussion (Necheles et al, 2007).

**Fostering youth’s skills**

Photovoice builds on youth’s capacities and strengths as a means for health promotion activities and increases their confidence in initiating social action (Strack et al, 2004; Necheles et al, 2007; Wilson et al, 2008; Markus, 2012). As such, youth’s problem solving, teamwork and leadership skills are promoted, leading to social action, perceived influence over the world and civic participation (Bader et al, 2007; Wilson et al, 2008). Furthermore, youth develop a sense of social morality to become active members in their communities (Strack et al, 2004). Importantly, for this case study, Photovoice can be used to complement skill building and leadership programmes (Necheles et al, 2007).

**Youth as an ideal target group**

Youth have limited social capital to initiate change and action, and often feel marginalised in a world controlled by adults in which their voices are often unheard and undervalued (Wilson et al, 2008; Shea et al, 2013). Photovoice serves as a mechanism for people with a lack of financial ability, power or social status to engage and advocate for change (Strack et al, 2004; Bader et al, 2007) that allows their voices to be heard, their wisdom and strengths to be integrated in health promotion initiatives and their leadership potential to be acknowledged (Wilson et al, 2008; Markus, 2012). Furthermore, Photovoice is a culturally appropriate method as it engages participants through creative expression, traditionally used in indigenous communities (Gray et al, 2010; Shea et al, 2013).

**Highly adaptive method**

Photovoice is a flexible participatory method, and can be adapted to the specific needs of the project and target group (Strack et al, 2004; Necheles et al, 2007; Shea et al, 2013). As such, it can be used in a number of contexts, and can accommodate different groups, communities and health-centred topics (Strack et al, 2004; Necheles et al, 2007; Shea et al, 2013).

**Appreciation by youth**

Youth are highly receptive and enthusiastic with regards to the engagement method of Photovoice (Bader et al, 2007; Necheles et al, 2007). They enjoy the
opportunity to express their opinions and share their stories, and thereby feel empowered (Bader et al, 2007).

**Challenges with using Photovoice**

**Time restrictions**

A sufficient amount of time needs to be allocated for the photo-taking process, and developing the final product for the Photovoice project (Strack et al, 2004). Time is also required to enable critical dialogue and reflection for resultant learning to occur (Wilson et al, 2008). The number of participants and facilitators influences the time needed (Bader et al, 2007; Necheles et al, 2007), and a fewer number of participants due to time restrictions leads to broad generalisations (Bader et al, 2007; Necheles et al, 2007).

**Consistent engagement of youth participants**

Getting youth interested in taking pictures, as well as addressing real-life issues and facilitating a group discussion, can be challenging (Strack et al, 2004). As such, some youth will need heavy guidance and structure (Strack et al, 2004). In order to keep youth actively engaged, hands-on activities should be incorporated into each Photovoice session (Strack et al, 2004).

**Need for flexibility**

The importance of being adaptable in the Photovoice research design is highlighted, in which room for flexibility with respect to the photographs made and also the method of Photovoice is important (Strack et al, 2004; Shea et al, 2013).

**Further research needed**

In order to substantiate the effectiveness of the Photovoice method when used with youth, further research is needed to determine the efficacy of Photovoice (Wilson et al, 2008; Gray et al, 2010; Markus, 2012). Also, future research is needed to determine the potential of youth initiatives using Photovoice as a method to raise awareness about the social determinants of health (Wilson et al, 2008).

**Case study: Moving health literacy upstream**

For this case study we proposed a conceptualisation of health literacy that includes a comprehensive understanding of health literacy focusing on: (1) having the skills and capacity to understand that health is not merely physical health, but entails emotional, mental and spiritual health (for example, holistic health); (2) is largely
influenced by the everyday circumstances in which people live (for example, determinants of health); as well as (3) understanding the importance of active engagement and participation in the promotion of one’s health and wellbeing.

An explorative study using participatory research was conducted based on group interviews, the Circle of Health and Photovoice to induce youth’s critical thinking to holistic health principles and to provide them with a means to reflect on their fostered knowledge. The participatory research was carried out by members of Bridge for Health (Bridge for Health, 2014), a local and global co-operative association promoting social innovation in health based in Vancouver, Canada. The youth participants were recruited from the Youth Warrior Program involving participants from two partner organisations: Red Fox Healthy Living Society and Big Brothers of Greater Vancouver. The participants were aged between 16 and 19; primarily newcomer immigrant or refugee youth and Indigenous urban youth.

The Youth Warrior Program supports and empowers youth coming from lower socioeconomic families who face challenges in everyday life. Its main goal is to engage the youth in a participatory approach by supporting them in gaining leadership and life skills. This focus on leadership and life skills stems from the notion that interventions and outcomes focusing solely on prevention have been insufficient for youth to fully prepare for healthy adulthood. Youth need to develop life, academic and vocational skills (Pittman et al, 2003) to cultivate their assets and strengths (Rodrigues Coser, 2010). It is assumed that in order to learn life skills, ‘youth need … ongoing support and challenging opportunities to encourage growth, healthy relationships, empathy, critical thinking and leadership skills’ (Rodrigues Coser, 2010, p 5). These components are considered essential for promoting healthy behaviour and improving youth’s health and wellbeing (Kreipe, 2006).

Participatory research sees community members as active players joining the research team to identify the problem, needed information, preferable methods, procedures to obtain data, analysis of data and desired action (Koch and Kralik, 2006). The use of participatory research fitted the Youth Warrior Program vision of supporting youth to become active community agents for social change. The aim was to induce critical thinking and foster youth’s health literacy through the use of Photovoice along with accompanying methods provided in the workshops.

**Workshops and group discussion**

Nine Youth Warrior workshops with 12 participants were held between October and December 2014. The workshops were two hours in length on weekday evenings. Three of the nine workshops were organised by Bridge for Health and consisted of group discussions using the Circle of Health framework (see below). The remaining six workshops were organised by youth coordinators from two partnering organisations, and focused on the themes of personal health, community engagement and physical activity.
The Circle of Health (see Figure 16.1) was used for the first Youth Warrior workshop and is based on the Ottawa Charter for health promotion (WHO, 1986). It is a dynamic and interactive educational tool that provides a complete picture of health promotion at a glance, including its values and strategies. The circle is used to induce critical thinking towards health and understand how health is influenced by culture, environment, economic status, lifestyle ‘choices’ and health behaviours (The Quaich Inc, 2009). The centre circle of the tool depicts four domains related to health – physical, mental, emotional and spiritual components – that the researchers referred to as ‘holistic health’ for the purpose of this case study.

Group discussion using the Circle of Health included questions such as ‘What does health mean to you?’ and ‘What did you do to improve (or affect) your health today?’ Also, questions such as ‘What does “holistic” health mean to you?’ and ‘Have you ever considered how your education (income/social support/living and housing situation/community/neighbourhood) influences your health and

**Figure 16.1: The Circle of Health**

*Source: Circle of Health, Copyright © 1996 PEI Health and Community Services Agency, Charlottetown (PE, Canada)*
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wellbeing?’ were asked. Additional group discussions formed a central component throughout the Youth Warrior workshops, in which a certain theme or topic was discussed with the youth to elicit critical thinking and dialogue.

Introduction of Photovoice

Following the group discussion in which the terms ‘holistic health’ and ‘social determinants of health’ were introduced, Photovoice was explained to the youth. As such, Wang and Burris (1997) state that it is crucial for participants to know what is expected from them, as well as how to use a camera correctly and for the right purpose. Since all youth had access to a camera through their mobile phones, there was no need to provide disposable cameras. Next, the Youth Warrior Photovoice project was explained to them. The youth were invited to ‘walk around in your community/neighbourhood and make pictures of things that remind you of health.’ In this way, they were provoked to put their fostered knowledge about holistic health and the social determinants of health into practice. The participants had five weeks to make photos, until the end of the Youth Warrior Program. They were allowed to take pictures of anything and take as many as they liked, as long as it depicted their perspective on health and wellbeing. Furthermore, they had to write a short paragraph explaining (1) why they made this/these picture(s) and (2) what the photo says about their perception of health and wellbeing.

Analysis

Content analysis, a flexible method for analysing qualitative data, was used to analyse the data (Cavanagh, 1997; Bowling and Ebrahim, 2005). The method is derived from phenomenology and requires the identification of codes to begin the categorisation of data (Bowling and Ebrahim, 2005). The photos produced by the youth were organised in overarching themes: culture; family/friend; food; physical activity and physical space/nature. Codes were informed by the data produced by the youth and categorised by the researcher. The field notes and written captions supported the categorisation of photos as they clarified the theme of the photos and the link to physical, emotional, mental and/or spiritual health: (1) culture and health; (2) loved ones and health: family/friends/pets; (3) food and health; (4) physical activity and health; and (5) physical space/nature and health.

Results

Eight of the twelve participants shared their photos, and the number of photographs submitted per youth differed, ranging from one photo to ten. The four participants who did not submit photos explained that either they forgot to, had no time or just did not feel the need to do so.

The photos produced by the youth demonstrate how they perceived health after their active involvement in the Youth Warrior Photovoice project. Many of the
photos represented the youth’s families, loved ones and their cultural heritage; referring to emotional and spiritual health, as well as the social and economic determinants of health. The vital influence of physical settings (for example, playgrounds, recreational parks, streets and alleys) on their physical, mental and emotional health and wellbeing was also evident in many of the photos. Furthermore, the data revealed that youth reported physical activity as related to staying fit, but also to stay mentally and emotionally healthy. Having the ability to clear one’s mind, going into nature to ‘unwind’, was pointed out as very important for one’s sense of wellbeing. Furthermore, the presence of healthy food options and grocery shops was perceived as being important for one’s physical fitness, emotional health and healthy lifestyle, alluding to the importance of food security as an important social determinant of health. As such, the photos produced by the youth and supported by their written statements represented various aspects of holistic health principles and social determinants of health.

Discussion

Many health literacy interventions that focus exclusively on individuals or specific diseases often fail to acknowledge the core health promotion principles of empowerment, the holistic nature of health, the influence of the determinants of health and the importance of youth participation. This case study developed by Bridge for Health aims to contribute to the broadening of current youth health literacy understandings, taking into account health promotion principles, social determinants of health and a youth engagement approach. The collaboration with community partners provided an opportunity to demonstrate how youth’s health literacy can be fostered through a participatory approach, inducing critical consciousness among youth about holistic health and determinants of health. The Circle of Health and group discussions served as a means to start and support the critical thinking process. In turn, the photos produced by the youth functioned as a reflection of their gained knowledge and skills throughout the Youth Warrior Program.

The case study has provided a first step towards identifying Photovoice as an approach to incorporate a ‘determinants of health’ lens in youth health literacy. In doing so, it applies a holistic and participatory approach towards an ‘upstream’ conceptualisation of health and health literacy. Active engagement and follow-up of the youth in the research process is required to fully establish the potential of Photovoice as a mechanism to move health literacy upstream.

Limitations

Throughout the implementation of this project it became evident that its impact was limited without ongoing and active youth engagement. Due to time and resource limitations, no action component could be added to the Youth Warrior Photovoice project. The youth’s photos did not serve as a needs assessment and no
follow-up was taken place on identified issues. A future research project informing about the use of Photovoice with youth should acknowledge the importance of the incorporation of an action component in the method.

Furthermore, a comprehensive youth Photovoice curriculum is lacking, and future research is needed to validate the effectiveness of Photovoice to engage and empower youth, and advocate for change. The importance of action, reflection and in-depth follow-up methods is highlighted in order to substantiate the potential of Photovoice and accompanying methods to foster youth’s health literacy and health promotion.

Several recommendations for future research follow from the discussion. First, it seems urgent to develop a youth Photovoice curriculum, depicting the importance of incorporating an action component and follow-up methods to fully empower youth and foster their health literacy. Second, more research is needed to study the effectiveness of participatory approaches such as Photovoice to foster youth health literacy.

**Conclusion**

The case study shows the potential that the Photovoice method has to serve as an empowerment and advocacy tool (Necheles et al, 2007; Gray et al, 2010; Markus, 2012; Shea et al, 2013). The photos reflected the youth’s perception of health after their active engagement in the programme, and served as a means for knowledge exchange with family members, peers and other members of the community. Furthermore, it provided the youth with an opportunity to reflect on strengths and concerns prevalent in their community, and promoted critical thinking towards holistic health principles.

The Youth Warrior Program provided the Bridge for Health literacy project with a valuable case study and helped identify research gaps in current academic literature. Therefore, it exemplified how a participatory approach can be used to promote youth’s perceptions towards a holistic and ‘upstream’ understanding of health. Moreover, future research is needed to (1) employ a youth Photovoice curriculum that validates the importance of the incorporation of an action component, and (2) test the effectiveness of the use of Photovoice to engage and empower youth, specifically, under-served youth populations.

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