

Illinois Math and Science Academy

From the Selected Works of Adrienne Coleman

July, 2006

A View Through a Different Lens: Photovoice as a Tool for Student Advocacy

Fern Walter Goodhart

Joanne Hsu

Ji H. Baek

Adrienne L Coleman

Francesca M. Maresca, et al.



Available at: https://works.bepress.com/adrienne_coleman/5/

A View Through a Different Lens: Photovoice as a Tool for Student Advocacy

Fern Walter Goodhart, MS, CHES; Joanne Hsu; Ji H. Baek, BS, BA; Adrienne L. Coleman, MEd, MS; Francesco M. Maresca, PhD; Marilyn B. Miller, MA, RD

Abstract. To complement National College Health Assessment data and to further assess student lives and health needs, staff at the Rutgers University Health Services' Department of Health Education used a participatory research method called photovoice. Using this methodology, health care professionals provided a discrete and tangible way for students to feel empowered, as the students conducted the project themselves, collecting data using photography, analyzing the results qualitatively, and meeting with policy makers to discuss their photos and offer recommendations for change. Policy recommendations addressed issues of safety, nutrition, sexual health information, alcohol and drugs, and campus parking. In this article, the authors offer a description of this process as another tool for assessment and advocacy.

Key Words: assessment, college health, empowerment, participatory research, photovoice

Photovoice is a participatory research method that uses a grassroots approach and photography to bring about social action.¹ It provides cameras to community members who often have limited access to those people who make decisions affecting the community members' lives. Health specialists, policy makers, and other professionals are in positions of power and traditionally collect and analyze this type of information about the community.² In villages in rural China, homeless shelters in Michigan, and with youths in Baltimore, researchers have used photovoice to amplify the vision and experience of the grassroots community.¹⁻⁷ Photovoice helps people to use visual

All of the authors are affiliated with Rutgers University Health Services. Fern Walter Goodhart is the Director of Health Education, Joanne Hsu is the Student Photovoice Coordinator, Ji H. Baek is the Coordinator of Outreach and Assessment, Adrienne L. Coleman is a Program Development Specialist; Francesco M. Maresca is the Coordinator of Health Promotion, and Marilyn B. Miller is a nutritionist.

Copyright © 2006 Heldref Publications

evidence to recognize and voice their problems and potential solutions to policy makers.¹

Students often feel powerless to access or influence those who make decisions affecting their lives. Photovoice provides a process for assessment, analysis, and action as students record community strengths and problems through photography, discuss their photos and findings as a group—which promotes dialogue about personal and community health—and engage policy makers to bring about change.⁸

The steps to conducting a photovoice project are:

1. Conceptualize the problem.
2. Devise initial themes for taking pictures.
3. Define broader goals and objectives.
4. Conduct photovoice training.
5. Take pictures.
6. Facilitate group discussion.
7. Engage in critical reflection and dialogue.
8. Select photographs for discussion.
9. Context and storytelling.
10. Codify issues, themes, and theories.
11. Recruit policy makers as the audience to learn photovoice findings.
12. Prepare photos and captions for presentation at reception.
13. Reach policy makers, donors, media, researchers, and others who may be mobilized to create change.^{1,3}

METHODS

A student was the photovoice coordinator during the project year, arranging for a donation of 75 disposable cameras and for a local photo shop to develop the film at a discounted price. The student coordinator was available to oversee project logistics with students and staff. The Institutional Review Board reviewed photovoice as exempt.

In the 2004 spring semester, health educators in the university health services' department of health education arranged to teach its 4 courses or trainings (Health and Social Justice; Sexual Advocacy; Drugs, Culture and Society; and Nutrition Advocacy) with an overlapping class schedule. Seventy-five students enrolled and were available at the same time and place for group (plenary) work based on the class schedule and room locations. The students met together 4 times, following the steps for the project.

Step 1: Introduction and Training

During the first group meeting with the students, instructors introduced project goals and methods. A faculty colleague with an expertise in photography discussed the ethics of obtaining consent to take someone's photograph and how to compose an interesting and clear photograph.

Photovoice projects allow for many themes and research questions to emerge, but due to this group's size and time constraints, the student coordinator selected the 4 themes for students to address before the semester began. The themes, phrased as research questions, were broad enough to meet the needs of instructors and students.

How is it hard to stay healthy at Rutgers University?

Where on campus do you see social injustice (racism, classism, sexism, homophobia, able-ism, etc)?

Where on campus do you find love and kindness in the Rutgers community?

Where and how are drugs available and used on or near campus?

Homework

Students had 3 weeks to take and develop 27 pictures with their disposable cameras. We distributed consent forms and provided coupons to cover the cost of developing the photos.

Step 2: Selection

Students gathered together with their photographs and completed consent forms, and they facilitated their own small-group discussions about their experiences taking the photographs. Students selected specific photographs that they considered most important or liked the best to discuss with the group.

Homework

Students had 3 weeks to create titles and captions for the 2 to 4 selected photos that best represented their own responses to the research questions. Guidelines for creating captions included the following:

1. What were you looking to illustrate when you took the picture? What is happening in this situation?
2. What do you want people to know about this situation?
3. What does this have to do with health or social justice?
4. What circumstances have created this situation?

Why does this happen?

5. What can be done about this situation? Who has the power to do something?

Step 3: Contextualizing and Codifying (Analysis)

Students again met in small groups to describe what their photographs meant to them and how the photos reflected student experiences. The students selected photos that clearly responded to one of the questions, demonstrated a story to tell, or had some significance to them. As a group, they observed any recurrent issues, themes, or theories from these descriptions. Each small group selected for display photographs that best captured and captioned these recurrent issues and themes. The students then identified policy makers on campus with the power to influence these issues.

Homework

The student coordinator enlarged and mounted the selected photos and captions for display and prepared the reception exhibit. We invited the identified policy makers to the reception.

Step 4: Engaging Policy Makers (Action)

Students displayed 50 photos at a reception in an academic building lounge, standing near their own photos to engage the 15 attending policy makers. Student leaders and media also attended, further amplifying the student voice. Policy makers in attendance included the vice president of student affairs, the police chief, the deans of first-year students, the counseling center director, the health center director, the chief sanitarian (vending machines), the chef (dining halls), the campus newspaper reporter, the president of a student governing association, the head of transportation and parking, the head of facilities maintenance, the coordinator of residence halls, the director of the convenience store, and the director of pharmacy.

Photos addressed a range of issues important to the students, such as the social acceptance and popularity of alcohol. Students took pictures of other students drinking heavily and of empty alcohol bottles filling up garbage cans or decorating rooms. Through their campus environmental scan, students found that student attitudes toward marijuana and alcohol were similar and noticed that both drugs were used as stress relievers or to combat boredom. Students captured these ideas with pictures of anonymous people smoking marijuana and with a picture of an empty plastic bag used for packaging marijuana discarded in front of a school building. They also displayed pictures of cigarettes being sold in campus convenience stores and of cigarette butts littering campus lawns.

Selected photographs also depicted the prevalence of the issue of insufficient healthy foods being offered on campus. There were pictures of junk food sold at campus convenience stores, vending machines, and "grease trucks." Students addressed sexuality issues

such as the perceived lack of resources (condoms and information about sexually transmitted infections or contraceptives) available for students at student centers, residence halls, or health centers. For example, photos included a picture of a bare wall in a residence hall where a condom vending machine used to be.

We reserved display space in 1 of the student centers for 2 weeks at the end of the project to exhibit the selected photographs and captions shown at the reception. This display further explained the project and its recommendations to the student body.

DISCUSSION

What We Learned

The reception provided the students a unique opportunity to interact individually and in small groups with the policy makers. In the words of 1 student, "It gave students a forum to discuss the issues with each other. It gave students a chance to think critically about their environment. Students are most of the time thinking about their grades, friends, or situations that affect them individually. They are not provided the chance to think on a larger scale as they did with photovoice." This environment was effective for students to share their concerns and ideas for solutions with policy makers who attended.

The issues represented in the photographs included marijuana availability and use, tobacco sales and signage, drinking behavior and advertising, nutritional food availability and quality, sexually explicit images and insufficient sexual health information or condoms, student safety and parking, and graffiti on campus. Most of the policy makers recognized that the pictures were accurate representations of issues at Rutgers. Some policy makers wanted students to come up with more specific solutions or guidelines for future solutions for the identified problems, whereas some students wanted the policy makers themselves to solve the problems that students identified.

The biggest criticism from the policy makers was that students were not taking responsibility for actions that concern student health. One policy maker felt it was his duty to offer options to students but not his duty to regulate the actions of students. Other policy makers indicated their intentions to follow up on students' ideas. For example, the sanitarian will ensure that vendors include healthy choices in the vending machines and will revisit the issue of condom vending machines. The police chief will ensure that the bulbs in the emergency lighting are always checked, and the coordinator of residence life will look for ways to increase education on specific health topics to third- and fourth-year students living in the residence halls. The sale of cigarettes in the convenience stores on campus continues to be a source of debate. The photographs or discussions on this issue apparently did not

influence the store manager, as she was not convinced to change the store policy.

Photovoice is valuable because it empowers the students to become more aware of their surroundings. Students see themselves as researchers collecting data, analyzing those data, and doing something with them to help solve problems. It provides a process and resources for students to amplify their voices in order to influence and gain power to shape the university policies.

Special Issues

Problems associated with this project included first using generic cameras purchased early, rather than brand-name cameras donated later in the semester, resulting in many poorly developed photographs that could not be used. In addition, some students valued the experience and felt empowered, whereas others did not take the assignments seriously and waited until the last minute to complete them or thought they took too much time away from their specific classes. Students expressed concern that getting consent forms signed was awkward. Many of these students ended up taking photographs of inanimate objects.

The ethics of a photovoice project revolve around capturing a person's image on film and include protecting privacy, not intruding into personal space, not placing someone in a false light, and not using a person's likeness for commercial gain. We reviewed these issues during the initial training, and discussion continued throughout the project. We developed double photographs in order to give the people in the photo copies for themselves.

Students also questioned the potential unintended consequences of taking a picture of underage drinking or other illegal uses of drugs. Would they be held responsible for taking pictures of illicit activity, or would their friends be punished for the illegal activities done in the privacy of their homes? We instructed students to be honest and not to photograph any activity that could harm themselves or their subject. Therefore, students chose either not to photograph illegal activity that they saw or to depict it anonymously or with consent.

Recommendations

A photovoice project is replicable in many campus settings, whether as part of student training, small or large group projects, or other student development or academic experiences. Meeting regularly with the students to discuss their experiences of thinking about and taking the photographs is an important part of the reflection and dialogue aspect of the project. Discussing with them the follow-up with policy makers to support desired changes is equally important. Gaining support from policy makers early in the project also creates an environment of support, rather than making the policy makers feel challenged by shortcomings documented in the photographs. More information on this process can

be found on the Web site created by Caroline C. Wang, creator of this approach (<http://www.photovoice.com>).

The process of photovoice allows students to pay attention to their institution and environment from a different point of view, potentially sharpening their awareness of the problems that they face. Photovoice allows students to see the causes and effects of the problems and to start finding solutions.. Photovoice is a unique way to engage undergraduate students because the process fits into their busy lives. Taking pictures as part of a class experience is a spontaneous and accurate way to capture a moment, compared with writing a paper or having group discussions with no evidence present to back up people's opinions. Photovoice is a way for students to take class information (about drugs, sexuality, and social injustice) outside of the classroom to see where and how it applies to their surrounding community.

NOTE

For comments and further information, please address correspondence to Fern Walter Goodhart, MS, CHES, Director of Health Education, Rutgers University Health Services, 319 Hurta-do Health Center, 11 Bishop Place, New Brunswick, NJ 08901-

1180 (e-mail: goodhart@rci.rutgers.edu).

REFERENCES

1. Wang C, Burris MA. Photovoice: concept, methodology, and use for participatory needs assessment. *Health Educ Behav.* 1997;24:369-387.
2. Wang C, Burris MA. Empowerment through photo novella: portraits of participation. *Health Educ Q.* 1994;21:171-186.
3. Wang CC, Yi WK, Tao ZW, Carovano K. Photovoice as a participatory health promotion strategy. *Health Promot Int.* 1998;13:75-86.
4. Wang CC. Photovoice: a participatory action research strategy applied to women's health. *J Womens Health.* 1999;8:185-192.
5. Wang CC, Cash JL, Powers LS. Who knows the streets as well as the homeless? promoting personal and community action through photovoice. *Health Promot Pract.* 2000;1:81-89.
6. Strack RW, Magill C, McDonagh K. Engaging youth through photovoice. *Health Promot Pract.* 2004;5:49-58.
7. Wang CC, Morrel-Samuels S, Hutchison PM, Bell L, Pestronk R. Flint photovoice: community building among youths, adults, and policymakers. *Aust J Polit Hist.* 2004;94:911-913.
8. Wang CC, Redwood-Jones YA. Photovoice ethics: perspectives from Flint photovoice. *Health Educ Behav.* 2001; 28:560-572.