Within the Eyes of the People

Using a Photonovel as a Consciousness-raising Health Literacy Tool with ESL-speaking Immigrant Women

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ABSTRACT

Objectives: This research examines if the process of creating and using a participatory photonovel can empower immigrant ESL-speaking women and also act as a tool to educate these women about a specific health topic.

Methods: Data were collected through a) two separate interviews with each participant, b) two focus groups, c) field notes during the meetings the author had with the women once a week, and d) photographs of the photonovel project.

Results: The women created a participatory photonovel about nutrition entitled *From Junk Food to Healthy Eating: Tanya's Journey to a Better Life* (to view this photonovel go to: <http://www.photonovel.ca>). The findings demonstrate that the photonovel can be an effective health literacy tool for immigrant ESL-speaking women, that it created community among the women, that it helped the women feel important and that it shifted their consciousness about nutrition in Canada.

Discussion: More funding should be given towards participatory research to ensure that ways to address the health literacy needs of ESL-speaking immigrant women in Canada match their needs. This means researching ways to create health literacy materials that have visuals that are representative of the diverse population of Canadians and with language that can be understood. In order to ensure that health literacy materials are going to be effective, it is essential that the participants be involved in the process.

MeSH terms: Vulnerable population; health literacy; health promotion

Some of the most vulnerable populations in Canada today are recent immigrants. Researchers at the Canadian Institute for Health Information examined health data from the 2000-2001 Canadian Community Health Survey and found that the majority of immigrant women said that they were in good to excellent health for the first two years after arriving in Canada. However, after having been in Canada for 10 years, when they were asked again, immigrant women reported poorer health and had developed chronic health conditions like arthritis, diabetes, or asthma.¹

According to the Canadian Public Health Association, despite Canada's having one of the healthiest populations in the world, major health disparities continue to persist, especially in female population groups.² In particular, immigrant women experience greater stress, are less likely to know preventive behaviours, and have lower health care use rates.³ Immigrant women tend to be at a lower socio-economic status than Canadian-born women; they also face a lack of host language skills, have a lack of access to dignified jobs and uncertain legal status. Despite high education levels, immigrant women tend to earn less, are more likely to be unemployed or underemployed, and are more likely to live in low-income situations than their Canadian-born peers.⁴ Most troublingly, "there is also growing concern in Canada that immigrant and minority women are not always included in health research".⁵ Despite Canada's open-access public health care system, ESL (English as a second language) speakers still face obstacles obtaining health information; that is, they lack sufficient levels of health literacy.

A specific form of contextual literacy, health literacy is "the ability to read and comprehend prescription bottles, appointment slips, and other essential health related materials or the capacity to obtain, interpret and understand basic health information and services needed to make appropriate health decisions".⁶ Nutbeam argues, however, that the traditional definition of health literacy misses much of the deeper meaning and purpose of literacy. By facilitating access to information, critical health literacy enables individuals to make informed choices, to influence events, and to exert greater control over their lives.⁷ In fact, critical health literacy is

La traduction du résumé se trouve à la fin de l'article.

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defined by the World Health Organization as more than being able to read pamphlets and successfully make appointments. Critical health literacy involves the ability to analyze information critically, increase awareness, and participate actively to use information to exert greater control over one's life, which allows for greater autonomy and personal empowerment.⁸

METHODS

My research looked at how the process of creating and using participatory photonovels can empower immigrant ESL-speaking women and also act as a tool to educate these women about a specific health topic. This research was unique because it was the first study done that uses the photonovel as a health literacy tool with ESL-speaking immigrant women in Canada.

Of the many approaches aimed at educating ESL speakers about health information – that is, in assisting them to become more health literate – I found that user-created participatory photonovels are an effective way to have them think and learn about health.⁹⁻¹¹ Photonovels are formulated like comic books, but they contain photographic stills with balloon-captioned text that is usually expository; that is, it is meant to inform the reader about something (e.g., refs. 9, 11, 12). A photonovel is participatory because it gives learners the opportunity to choose a specific topic and create the photonovel themselves. Based on Freire's educational philosophy that promotes critical consciousness and empowerment, having participants create the words and images to form a health-specific photonovel challenges a more traditional educational approach where the learner is a receiver and not a creator of information.^{10,13}

The participants in this study were ESL-speaking immigrant women who attend the Inter-Cultural Association of Victoria (ICA) women's group to learn about various settlement issues. The core group was composed of five women ranging from the ages of 35-80 years old. Their time in Canada ranged from 10 months to 35 years. All of the women spoke English as a second language, and their degree of fluency in English ranged from about a low-intermediate to intermediate level of English. Three women were landed immi-

grants, the other two did not have immigrant status yet. Three women had a university education, and the other two had gone to high school. Finally, two women were currently working in insecure jobs, one woman was at home with her child, and the other two women were at retirement age and thus not working.

This study took place from October to December for two hours every Friday at the ICA. At our first meeting, the women indicated, collaboratively, that nutrition was their main health concern upon immigrating to Canada. Thus, at our next meeting I hired a public health nurse to come in and teach the women about healthy foods and diets in Canada. The subsequent few meetings involved having the women create characters and a script for their photonovel. The final few sessions included the women taking photographs and directing their photonovel titled *From Junk Food to Healthy Eating: Tanya's Journey to a Better Life*. (to view this photonovel, go to: <http://www.photonovel.ca>)

Upon receiving approval from the University of Victoria's human ethics board, I collected data through a) two separate interviews with each participant, b) two focus groups, c) field notes taken during the meetings I had with the women once a week, and d) photographs of the photonovel project. Data were analyzed by identifying theme generation in the focus groups and individual interviews, which was guided by the work of Colaizzi.¹⁴ I reduced his procedure from seven steps to four steps since two of his steps referred to generating the essence of phenomenon, which was not the purpose of my study. Furthermore, I omitted a step that suggested having the participants verify the data analysis because I felt that the participants' level of English was not high enough for them to understand and interpret the analysis sufficiently. I added one more step concerning the validation of findings – this consisted of validating the themes with a competent judge¹⁵ and asking myself if I really understood and described the data in the same way that the people who live it would.¹⁶

RESULTS

A functional health literacy tool

Overall, the women felt proud of the photonovel and spoke of it being a memo-

rable and enjoyable process and educational tool. The women also believed the photonovel could function as an effective health literacy tool for other ESL-speaking immigrant women. For example, one woman noted how “*you don't need English to understand it, you just have to point at the picture and look at it*”. Overall, the women were quite vocal about how the pictures in the photonovel helped them understand health information and about how the language within the photonovel is comprehensible to them and other ESL speakers because it was written at a low level of English using simple words.

Creating community

It was also notable that the women commented in their initial focus group and individual interviews about being affected emotionally by a lack of social support in Canada (see also ref. 17). I found that relationships within the group started when the women wrote the photonovel and created it. Actually, the women felt as though they were part of a team and got to know each other better by participating in the photonovel project. One woman said “*this experience was positive for me because I met a lot of women in this group and we doing something together...*”. Furthermore, one of the intermediate-level English speakers pointed out that “*it is important to feel you are working with people and that you have the same idea and vision and are working for the same goal...forming better connections with other women helps with this whole sense of community ... it helps because ... one thing that I noticed when I came to people is that ... there are so many people alone here*”. By the time the photonovel project ended, comfortable relationships among the women had been established. They laughed together and argued good-naturedly about editing the photonovel.

Feelings of importance

Another empowering component of the photonovel project was the women's comments around increased self-esteem, confidence, and feelings of importance after having completed the photonovel. These are significant sentiments because there were many times in their initial interviews that the women touched on feelings of being minimized in our society, commenting on such topics as a lack of being repre-

sented in the media and in society, not being understood empathetically by health professionals, and not having access to medical care because of immigrant status. There were a lot of comments from the participants about how good it made them feel to have themselves represented in the photonovel. For example, one woman said, *"it really helps to have health materials where you can see other immigrant people portrayed there"*, while another commented that *"when you take pictures and say your story you feel important"*. Another participant even pointed out that the photonovel project was kept *"within the eyes of the people"*, which she believed was positive because it helps represent the immigrant experience from the perspective of immigrants themselves.

Shifts in consciousness

It also became apparent that by taking photographs together and creating a representation of their reality, the women were able to think more critically about their situation and determine ways to take action to change their realities. In the initial focus group and individual interviews, the women expressed many of their feelings around issues related to their health here in Canada. For example, some of the women noted a change in diet upon moving to Canada and how it impacted their self-esteem. For example, one woman noted that she felt exhausted and tired all of the time because of her diet here. Most interestingly, however, there was an obvious shift in consciousness as the women spoke about being responsible for nutrition after they had created the photonovel.

One woman initially focused a lot on how her frustrations around her non-status situation inhibited her access to medical care. She said that *"if you are not a landed immigrant, you cannot access medical and that has been really frustrating, cause sometimes I have needed to go to the doctor. It certainly has affected me"*. However, after we had done the photonovel and in the later sessions and final interview and focus group, her focus shifted and she started to talk more about taking responsibility for her health by eating more Chilean meals and by not eating out as much. For example, she said this about her thoughts on nutrition: *"if I keep my Chilean way of cooking and food...it will help me. That would*

be a good point and not to be seduced by the Western habits so much". Her thoughts on the importance of eating well showed a subtle but significant change in her focus for maintaining well-being and illustrate the effect the photonovel project had on her consciousness. The participant's thoughts also became more centred on her taking action with her health, rather than her feeling disempowered by the restrictions she faced with accessing health care in Canada.

The findings demonstrate that the photonovel can be an effective health literacy tool for immigrant ESL-speaking women. Although the findings illustrate that the photonovel project acted as a catalyst towards empowerment for the women, the latter represents just a small step in the empowerment process of a cohort of women in our country who experience marginalization on a daily basis. Not only does health literacy involve comprehension, it also involves the ability to think critically and take control of one's life.

DISCUSSION

According to Statistics Canada, about 60% of adult immigrants have difficulty with reading and numeracy tasks commonly encountered in everyday life, compared to 37% of the Canadian-born population.¹⁸ Although there is a lack of information on the effects of high health literacy numbers on health expenditures, the magnitudes suggested by the few studies available alert us to the significance of addressing limited health literacy from a financial viewpoint.¹⁹ Considering that groups with limited English proficiency, like recent immigrant women, contribute to the high rates of health illiteracy and the probable financial burden of this issue on our health care system, and given the projected rapid increase of immigrant numbers over the next decade,²⁰ I recommend that education and health-related government agencies put more funding into research studies that focus on effective and empowering health literacy strategies for ESL-speaking immigrant women. More funding should be given towards participatory research to ensure that ways to address the health literacy needs of ESL-speaking immigrant women in Canada match their needs. This means researching ways to create health li-

teracy materials that have visuals that are representative of the diverse population of Canadians and use language that can be understood. In order to ensure that health literacy materials are going to be effective, it is essential that the participants be involved in the process. This has the simultaneous benefit of helping empower this population living within Canada. When we draw on the participants' expertise and voice, it sends a message that their perspectives are not only of value and importance but that we rely on their voice to be able to access other Canadians like them. Finally, I recommend that educators and health practitioners be educated about research findings with regard to the health literacy needs of this population of Canadians and be informed about appropriate ways to actively implement these findings in real life. It is important that research be done within this area in the academic forum, but that there also be creative solutions given to those who are working with ESL-speaking immigrant women on a daily basis in the community.

CONCLUSIONS

Although creating a society where everyone has the skills they need to obtain and understand health information in a meaningful and empowering way is an immense and complex challenge, I think it is possible to progress towards achieving this vision. Meeting this challenge perhaps requires researchers to think outside of the box and come up with creative solutions in collaboration with ESL-speaking immigrant women themselves. Traditional health literacy strategies are, frankly, not working with this population. The participatory photonovel is one way we can address this challenge and meet the health literacy needs of ESL-speaking immigrant women in Canada, while also empowering the women involved in the process. This research study is just a step towards investigating an empowering way for ESL-speaking immigrant women to access information. Within health literacy's many facets, there is a dire need for research that focuses on an often-overlooked population within health research in Canada. The photonovel technique gives us an empowering tool that allows us to intervene and act quickly now while we continue to open multiple

dialogues on ways to access the dynamic health needs for specific immigrant populations in Canada.

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RÉSUMÉ

Objectifs : Cette recherche consiste en l'étude du processus d'élaboration et d'utilisation d'un photo-roman participatif comme outil efficace d'émancipation des immigrantes allophones et d'éducation de ces femmes sur des sujets particuliers liés à la santé.

Méthodologie : Les données ont été tirées a) de deux entrevues distinctes réalisées auprès de chaque participante; b) de deux groupes de discussion; c) de notes prises sur le terrain pendant les rencontres hebdomadaires entre l'auteure et les femmes; et d) de photos puisées dans le projet de photo-roman.

Résultats : Les femmes ont participé à un photo-roman portant sur la nutrition, intitulé *From Junk Food to Healthy Eating: Tanya's Journey to a Better Life* (De la malbouffe à une alimentation saine : le parcours de Tanya vers une vie meilleure). Ce photo-roman peut être consulté sur le site <http://www.photonovel.ca>. Les conclusions démontrent que le photo-roman peut constituer un outil efficace d'information sur la santé pour les immigrantes allophones, qu'il a permis de créer des liens entre les femmes, qu'il a aidé les femmes à se sentir importantes et qu'il a changé leur perspective de la nutrition au Canada.

Discussion : Un financement plus important devrait être accordé à la recherche participative afin de s'assurer que les méthodes visant à répondre aux besoins des immigrantes allophones en matière d'information sur la santé au Canada sont adaptées à leurs besoins. Il faut trouver des moyens d'élaborer des documents d'information sur la santé qui comportent des images représentant la diversité de la population canadienne, et ce, dans un langage compréhensible. Afin de s'assurer que la documentation d'information sur la santé sera efficace, il est essentiel que les participantes prennent part au processus.