



Sundarbans Health Watch Research Brief

Voices from the ground: Photovoice research on children's health in the Indian Sundarbans

'Bhalolegechilo. Monehoyechilo amra meyerao gramer manusher hoye dabi janate pari' (We loved it. We felt that women can also raise demand of the community). – Parul Bhakta, who barely makes a living by catching crabs, a perilous profession in the Indian Sundarbans known for its tigers and crocodiles. Parul and 79 other women from various parts of this climatically vulnerable region came together to learn how the use of a camera can help to capture and articulate their voice on issues that determine the health of their children. These photos along with the stories behind them were shared with decision-makers at the community level to highlight issues and demand action.



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What is Photovoice?

Unlike most traditional research methods, which are led by a researcher, Photovoice, a participatory visual action research technique is driven by the participants themselves. Introduced by Wang and Burris in 1994, Photovoice has been used by researchers in a number of parts of the world to give voice to the experiences of groups and community members in an effort to trigger positive change.

Through the photographic and the accompanying narrative-based experiential evidence generated by

the Photovoice process, participants have the tools to initiate a dialogue with people in power to highlight their concerns and pursue change. The researchers' role in the Photovoice process is to act as facilitators in the negotiations between the community and the decision makers.

Using Photovoice

The objective of this brief is to introduce the Photovoice method, highlight how it helped capture the voices of mothers in the Sundarbans, and demonstrate how the method can bridge

the gap between communities and local decision-makers. Institute of Health Management Research (IIHMR) University under the aegis of the Future Health Systems (FHS) research programme has carried out a series of research studies in different parts of the Sundarbans using innovative research approaches. Photovoice was conducted with the mothers of the Sundarbans to express and facilitate collective community voices on the determinants of the health of their children within their communities and to decision-makers.

Collecting voices

The Photovoice exploration was conducted in three of the most vulnerable blocks (administrative units of 125,000 people) in the Indian Sundarbans: Patharpratima, Namkhana and Kultali. In each of these randomly selected blocks three groups were formed, each with an average of 8-10 mothers of children between 0-6 years of age. Group members were from purposively selected villages to ensure the key representative characteristics of the Sundarbans, like geographical adversities, socio-economic marginality, and multi-caste setting, were included.

Health related issues like child malnutrition, mothers' health during pregnancy, and ill health due to non-communicable diseases, were highlighted by the mothers during group discussions as significant determinants of their child health. Malnutrition among the children was a great concern for the participants, though they agreed during the group meeting that it is difficult to capture in photographs the signs of malnutrition, such as weight loss (unless severe) or delayed cognitive development. Participants discussed how a combination of mothers' ill health and the lack of adequate food, medicine and rest during the pregnancy has negative implications for the health of new born children (Picture 1).



Water and sanitation issues, according to the mothers, are one of the biggest factors that determine their children's health. Scarcity of fresh drinking water and un-hygienic uses of the pond water are their main cause of concern. Respondents reported that uneven distribution of tube wells left them no option but to use the water from nearby ponds (Picture 2). Participants also stated that open defecation is an issue of concern especially for the children as they are more vulnerable to infection.



Parents' livelihoods was another major issue identified by the participants. They attributed household food insecurity and related malnourishment of the children to the uncertain livelihoods of the parents, which has worsened in the aftermath of cyclone Aila in 2009. They also expressed their concern for the security and care of children as both parents can be forced to pursue livelihoods (Picture 3).



All participants shared the concern about lack of access to a health provider or child care resources like ICDS (Integrated Child Development Scheme) centers. They stressed that access challenges were at the inter-island level, but also talked about the problems of accessing services within villages due to the poor conditions of roads and transportation systems (Picture 4).



The respondents had similar concerns regarding the direct and indirect impact of climate on child health. According to the respondents, due to recurrent flooding, children are increasingly suffering from water-borne diseases, mental phobia and malnutrition due to lack of household level food security (Picture 5).

The participants also unanimously agreed that social issues like early marriage, recurrent pregnancies, and



physical workload during pregnancies that affect the health of mothers and children. They consider these issues to be indirect determinants of the health of their children (Picture 6).

During the group meetings participants explained certain un-captured determinants which they thought were important for the health of their children. Issues include the lack of availability of medical practitioners, the differing views about childcare between mother-in-laws and daughter-in-laws, and domestic violence.

Engaging decision-makers

Interactions with target audiences took place in all three blocks. During these interactions one representative selected by the participants presented the significant determinants of child health that they had identified by displaying the Photovoice pictures with a projector. The participants then initiated a discussion with the audiences, which was facilitated by the FHS researchers, including highlighting those issues which they were unable to capture through photographs (Picture 7).



These interactions engaged Panchayat (local assembly) members, local non-governmental and community-based organisations (NGOs and CBOs), front line public health providers, key community leaders, local health providers, and local media on the issues identified through the Photovoice project and initiated dialogues on community-based solutions to the problems. The audience provided valuable feedback on the problems and agreed to take possible action or link the groups and their concerns with influential decision-makers. Solutions proposed by the decision-makers included, for child malnutrition,

a doctor from an NGO run facility stating they would provide nutrition supplements to children from one of the study villages.

The people the mothers engaged were unanimous that the community needed to engage more widely at the village level to build greater awareness. Members of Panchayats agreed to take the discussion forward with the representatives of the mothers in their scheduled monthly meetings. A number of the decision-makers also said that they would be interested to undertake a similar Photovoice exercise to collect their perspectives on issues regarding child health.

Conclusion

Photovoice is a valuable tool for community-based participatory research. The approach provided community members with an engaging way of visually capturing and expressing their lived experiences. A technique like Photovoice is ideally suited for representing communities' views, measuring their own capacity to make demands to decision-makers, and take their own initiative in transforming these demands into action.

However, its implementation needs prior in-depth understanding of the social, political and cultural dynamics of a particular context to increase its effectiveness.

The research has led a positive change in participants' attitude and personality by empowering them to perceive and voice their needs on various issues that directly or indirectly affect the health of their children. Further research is needed to understand what impact the approach has had in generating positive change for these communities, and to learn more about whether the participants themselves valued the approach.

CREDITS

This FHS brief was prepared by **Shibaji Bose, Upasana Ghosh, Rittika Brahmachari**, and **Sabyasachi Mandal**, with support from FHS India team. All photos in this brief, apart from the cover photo, have been taken by women from communities in the Indian Sundarbans.

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