

On the uses of photo-voice by teachers and community health care workers working with youth in rural KwaZulu-Natal to address HIV and AIDS

Introduction

What does it mean, practically, to engage in African scholarship in schools and communities in rural KwaZulu-Natal in relation to HIV and AIDS? How do university researchers draw on the voices of the people who most crucially must be heard in debates about curriculum and care, and how can the research itself do more than just *draw on* the voices, but make sure that those voices are *heard*? In the case of rural communities, how do groups such as teachers and community health workers, both of whom have a great deal to contribute to the issues around challenges and solutions in working with young people, hear each other? These were some of the issues that our research team made up of researchers from Education, Social Work and Public Health were concerned with when we first proposed the Learning Together project to the National Research Foundation, a study which set out to explore the ways in which participatory methodologies could contribute to having community health care workers and teachers, each responsible for the same young people but from different vantage points see each other's work and "learn together".

Educators in South Africa, we argued in our original proposal for funding, are often sidelined from the main work of AIDS prevention, treatment and care and left out of the discussions all together even though they know youth. Community health care workers may only see a young person if and when he or she comes to the local clinic for testing or because of an STD, and then in the urgency of taking a sexual history and providing the primary care that is needed right at that moment, may not be able to develop a relationship that would ensure that they can also address issues of prevention and support. There is virtual consensus that until a vaccine is found, education, broadly defined, is the only realistic hope for having a meaningful and global impact in the fight to contain the effects of AIDS. Ironically, the one area of education that has received relatively little attention to date relates to teachers themselves, even though they remain 'on the front lines' when it comes to working with youth. Few policy makers either in Health or Education seem to see teachers as central to the process of change in relation to HIV and AIDS. Indeed, two years ago at a forum on the role of schools in addressing HIV/AIDS held at the former University of Natal, no one from Education was even invited to speak. Teachers as a group are seldom seen as part of the solutions. Rather the emphasis has been placed on developing 'teacher proof' materials, youth-to-youth peer education programs and strategies for getting health care personnel into the schools so that they can be involved in giving out correct information, rather than seeing the teachers themselves as a resource. While it is the case that many teachers lack even the rudimentary knowledge to pass on to young people, that youth-to-youth programming can be an effective approach, and that there is a need for health care workers to be involved with schools, at the same time the issues are too complex and vast to leave out a large group of professionals who work with young people every day, and who may have the closest and most direct relationship with young people in the community. In a country where the student enrolment rate is close to 90 per cent at least for basic education, educators as one of the largest professional groups in the country could have an enormous impact on communities.

The Study: Seeing for ourselves – Community health workers and teachers as photographers

Given the few resources in rural areas, and the significance of reaching young people who are the most vulnerable population in relation to HIV and AIDS, it seemed particularly appropriate that these two groups, teachers and community health workers, come together. We wanted our research to be more

than ‘just another project’ where as researchers we ‘go in’, collect the data, analyze it, write it up, submit it to a journal and perhaps some time later return to the community to let them know of the results. Given the urgency of HIV and AIDS in rural communities, and the significance of those working on the ground and with youth to bring about change, we knew it was vital to work with methodologies that would, from the very beginning, also serve as interventions. Our project is set in the Vulindlela district, a ninety minute drive from Durban, and our participants are 18 community health workers attached to the Mafakatini Clinic and 18 teachers from 3 secondary schools fairly close to the clinic. We met over a number of sessions together at the Clinic, a space that we thought important as a starting point, since teachers are so often limited to school settings.

Our approach, which we believe contributes to an ongoing investigation into ‘what does it make to do African research’, relies heavily on visual methodologies. Drawing on the burgeoning body of work on photo-voice, performance, video documentary and other visual approaches, we decided that the most appropriate way for teachers and community health care workers to come to see the work of the other, and to share concerns was to give everyone a ‘point and shoot’ camera so that all the participants could not only ‘see for themselves’ but also show others how they see the issues of HIV and AIDS in their communities. In the study, the teachers and health care workers explored two pivotal questions through their photographs: What are some of the key issues that affect young people? How are young people involved in solutions?

Creating dialogues through the photographs

The photographs in the collection, numbering more than 500, serve in their sepia expressiveness, as poignant narratives of race, gender, life and death: we see a bus waiting to pick up community members on their way to yet another funeral, pictures of AIDS Awareness Days in a school, a health care worker walking past a few cows and into the mountains every day to visit a patient, a group of white people sitting in the open space of the Clinic. We are shown an 18 year old boy who has just learned that he is HIV positive, and a young girl asking to be photographed on the day her father died, and so on. Their comments about the photographs are also illuminating:

I took a picture of this bus because it represents for me what AIDS is doing to our community. This bus is taking a group to a funeral. Another AIDS-related funeral” (Fig. 1)

“I took this picture in a beauty salon. The chairs are empty. You would expect to see pretty young women sitting under these hair-dryers but they are not there. They are sick and can’t go out. Or they are dead.” (Fig. 2)

Using their photographs as entry points, the two groups engage in visual and spoken dialogue, and they comment on how their pictures are similar and how they are different:

“Teachers must work with whole groups of young people and they see them every day. As community health workers we mostly deal with individuals”.

“Community health workers have more access to equipment and materials. They have transportation.” “Teachers can speak and write better than we can.”

“Dealing with death is what we all have in common” is an overall realization. “The loneliness and frustration” is another shared element of their work.

At the same time our team was struck by how often young people were, in a sense, ‘demonized’ by the adults. As teachers observed, *‘they’ (young people) need more information about condoms*, *‘there is a need for more interventions that keep them from ‘jolling’*. There was an overall sense that young people were the cause of the problem. Symbolically the teachers represented these challenges through a variety of images including empty classrooms and empty school yards. A photograph of any empty bed, they said, was symbolic both of death and of unprotected sex. Bulletin boards were photographed that had been appropriated by learners as ‘love notices’ where someone would record their affections for another. While on the one hand it was important for teachers and community health workers to recognize the vulnerability of youth, we were at the same time struck by the ‘them and not us’ feature of their work and could only speculate how this might also affect their teaching. Many of the young people with whom we have worked previously, for example, in arts-based projects have lamented the ‘moral tone’ of adults, and we could see firsthand how this might be operating. The teachers and community health workers gave little acknowledgement that they too are also experiencing death in their own families, that many of their colleagues are too sick to come to school, or if at school too sick to teach.

The groups however did begin to think about solutions. *“We need a mobile voluntary counselling and testing unit”*. *So many of our learners don’t even know their status. They need to know.”* The teachers said they themselves need more information and want to work more closely with the community health workers they’ve met. The community health workers want to help out but it is only through hearing the teachers talk that they realize the complexity of the problems. The participating schools and the Clinic are hosting their own exhibitions of the photographs, using these images as ways to facilitate dialogue with community members more generally about the issues that need to be addressed. One school, frustrated by the low turn-out of parents to school events. plans to set up their exhibition in the community hall rather than at the school as a way to reach as many of the community members as possible. Their choice of a venue is only one part of the strategy. The other is timing. They will have the exhibition on Pensioner Day when all the Gogos will be around. As the teachers pointed out, so many of these children are being raised by grannies. The Gogos need to be brought in to the discussions. Another school has decided that rather than having a ‘fixed exhibit’, they would like to have the photographs laminated so that they can be passed around to the learners as part of their Life Skills lessons. They want the learners to interpret the pictures for themselves and they would like the learners to have an opportunity to take their own pictures of how they see challenges and solutions in addressing HIV and AIDS. This same group of teachers noted that they were pleased to have new skills to pass on to learners.

Visual methodologies and social change: Some emerging issues within African scholarship

Participatory approaches such as the ones we have been trying out create a democratic space for communities to engage in their own research, with each of the participants using the camera as both a tool of inquiry, as well as a tool for representation. In so doing there were many issues that arose that are themselves concerns within new African scholarship. These include the technical and aesthetic. Most of the participants had never used a camera before, and although the cameras very simple to operate still require some type of training. They also include ethical dimensions. Given the stigma around HIV and AIDS who or what can be photographed? What is the difference between photographs taken as part of the research process and used only by the participants and the research team, and those used for public display? And the interpretive process itself is critical. What do the photographs mean to the individuals who took them but also to the group more generally, and to what extent can a forum for interpretation be regarded as central to the process of highlight indigenous knowledge? Each of these concerns were also ones that our own research team explored before ever embarking upon the fieldwork in Vulindlela, setting up a series of “seeing with the body” workshops where we, with research students at UKZN in

the Faculty of Education, experimented with taking our own photographs in small groups, engaging in an interpretive process around the photographs, and working with a variety of ways of using the photographs as modes of inquiry, representation, and further data collection (see also Delange et al, 2004).

Conclusion

Much of the literature on the impact of HIV/AIDS on schools in sub-Saharan African has drawn on economic which been significant in terms of helping policy makers plan for teacher shortages, for addressing the growing number of orphans, and so on. Courses and programmes on managing HIV and AIDS in school, where they exist, tend to focus on addressing issues of disclosure and absenteeism, voluntary testing, and safety issues a *management* perspective. However, they tend not to engage teachers themselves in any type of self-reflexivity that would help policy-makers, or curriculum leaders to understand the everyday realities of how teachers are actually coping (ie. their own knowledge, attitudes and personal beliefs), and the pedagogical changes that educators should consider. Moreover these studies seldom position teachers as working within communities and alongside other professionals (in this case the community health workers).

While there are many projects that use photography as way to give voice to participants, we think that giving teachers and community health workers this tool has opened up an important space for these groups to take action together. It has given a very visible face to HIV and AIDS and suggests ways that communities can come up with their own creative solutions to very serious problems. They are not waiting for the research team to come back to give them the answers (which in most cases can only be arrived at locally), and they are identifying ways that this kind of work will have an immediate impact on their learners. The photographs they have produced are beautiful, provocative, and more than anything have given the participants hope.

1. The Learning Together research team is made up of Naydene de Lange, Myra Taylor, Fikele Muzubuko, Lebo Moletsane, Claudia Mitchell, Jean Stuart, Thabisile Buthelezi, Kathleen Pithouse
2. A permanent exhibition of the photographs produced by the teachers and community health care workers can be viewed on Level 1 of the main block of the Edgewood Campus of the University of KwaZulu-natal. This exhibition the other projects using photovoice and video documentary are all part of the Visual Methodologies and Social Change unit of the Faculty of Education, a unit which links up to an international collective of scholars working in the area of visual arts-based methodologies in education and gender studies. See www.iirc.mcgill.ca

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