

Using photovoice to examine community level barriers affecting maternal health in rural Wakiso district, Uganda

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Abstract: *Uganda continues to have poor maternal health indicators including a high maternal mortality ratio. This paper explores community level barriers affecting maternal health in rural Wakiso district, Uganda. Using photovoice, a community-based participatory research approach, over a five-month period, ten young community members aged 18-29 years took photographs and analysed them, developing an understanding of the emerging issues and engaging in community dialogue on them. From the study, known health systems problems including inadequate transport, long distance to health facilities, long waiting times at facilities and poor quality of care were confirmed, but other aspects that needed to be addressed were also established. These included key gender-related determinants of maternal health, such as domestic violence, low contraceptive use and early teenage pregnancy, as well as problems of unclean water, poor sanitation and women's lack of income. Community members appreciated learning about the research findings precisely hence designing and implementing appropriate solutions to the problems identified because they could see photographs from their own local area. Photovoice's strength is in generating evidence by community members in ways that articulate their perspectives, support local action and allow direct communication with stakeholders. © 2015 Reproductive Health Matters. Published by Elsevier BV. All rights reserved.*

Keywords: youth, photovoice, maternal health, social determinants of health, multisectoral concerns, health systems, Uganda

Uganda continues to have poor maternal health indicators. Although the maternal mortality ratio was reduced from 530 deaths per 100,000 live births in 2000 to 420 in 2005, the 2010 estimate of 310¹ is far from Uganda's Millennium Development Goal target of 131 for 2015.² Despite 95% of women receiving antenatal care from a skilled provider for their most recent birth, only 57% of deliveries were at health facilities.³ Numerous studies have established the problems causing high maternal mortality in Uganda.^{4,5} These include limited access to health services and poor health seeking practices.⁶ Those most affected are the poor, mainly living in rural areas with limited resources and few health-seeking options.⁵

Studies on community involvement in primary health care have mainly focused on community health workers, with little emphasis on youth.^{7,8}

However, youth have the energy and passion to lead community initiatives and may be an untapped resource,⁹ as has been demonstrated in some studies^{10,11} and in the significant role they have played in HIV/AIDS and mental health.^{12,13} In Uganda, not only do youth comprise a large part of the population,³ but they also have several sexual and reproductive health needs, which are largely unmet.¹⁴ Engaging youth in maternal health is important if programmes are to better understand their needs and also involve them in health improvement initiatives. This study gave youth the voice to be heard and to better understand the issues concerning them and their communities.

Community-based, participatory research has been increasing in health research,¹⁵⁻¹⁷ emphasising the engagement of participants in all stages of

the research process.¹⁸ In addition to generating knowledge, community-based participatory research is an iterative process that involves reflection, shared learning and power sharing.¹⁹ It supports a better understanding of social and physical determinants that impact the health of communities and supports communities in seeking improvements, for example in public health and livelihoods.²⁰ It is also useful in solving local problems and supporting social and policy change more broadly.²¹ The extent to which these transformational and emancipatory aims are achieved, however, depends on the magnitude of community engagement and shifts in power from researchers to communities.¹⁸

Photovoice was developed to enable people to share their experiences and the context of their environment through photographs. It has often been used as a community-based, participatory research approach by people with limited power, to capture aspects of their environment and experiences and share them with others.²² The pictures can then be used, usually with captions composed by the photographers, to bring the realities of their lives and community to public and policy makers to influence change. The discussion of photographs promotes dialogue and knowledge, and facilitates understanding community assets and needs. In this way, photovoice can be used to explore sensitive issues such as sexual and reproductive health,¹⁸ which could be challenging using other methodologies. Besides being a powerful tool for identifying community concerns and priorities,²³ photovoice has been shown to empower participants to improve their health and that of their communities through enhanced knowledge, self-confidence and critical thinking.²⁴

Photovoice enables participants' involvement in various stages of research such as taking pictures, contextualization and participatory analysis.²⁵ There is also significant control of the research process by photovoice participants.²⁶ Dissemination of the qualitative research findings to the community can be spearheaded by the photographers through community presentations, and also to various stakeholders, leading to social change²⁷ and influencing public health practice and policy.²⁸ In addition, visual data methods can generate information omitted from other forms of data.²⁹ We used photovoice to explore community level barriers affecting maternal health in rural Wakiso district, Uganda, as seen by youth. We used the methodology to learn alongside them, as they

articulated their own understanding of maternal health barriers and facilitated community discussions on the issues they identified.

Methods

The study was qualitative and used photovoice as a community-based participatory research approach. Photography was used to explore the perspectives of youth on maternal health, carry out participatory analysis and disseminate findings to stakeholders. The study was carried out in Bulwanyi parish, Ssisa sub-county, Wakiso district, Uganda. The parish is predominantly rural and in the central region of the country. The main economic activities include agriculture, animal farming and small-scale trade. The study area has high rates of maternal mortality, comparable to other rural areas of Uganda.

Study participants and training workshop

Participants in the study were aged 18–29 years. The researchers were scientists with expertise in photovoice, maternal health and qualitative methods. Meetings were held between the researchers and local leaders to introduce the study. Bulwanyi parish has five villages, from each of which one male and one female participant were selected by community leaders. Selection was based on their level of education, occupation, economic and marital status, with the aim of ensuring diverse representation. A training workshop was conducted by the researchers for the ten participants chosen, which provided them with the knowledge and skills required for the research. This workshop, carried out at one of the schools in the area, lasted five hours and consisted of training in the use and care of cameras, and ethics in photography. To minimize potential risks to the participants, the training also discussed how to approach people and get their consent before taking their pictures. General maternal health issues such as antenatal care, delivery at health facilities and the importance of postpartum care were also explained during the workshop.

Photography assignment

Participants were asked to use the cameras provided to them by the researchers to capture aspects and situations in their community that related to maternal health. The participants were allowed to take as many photographs as they could over a period of five months. Monthly team

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