

## ABSTRACT

Through the Eyes of Brazilian Youth: A Photovoice Study on Quality of Life

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Adolescent health can be classified using common morbidity and mortality data, but these classifications do not provide information about environmental factors, perceived society norms and peer pressure that so often influence adolescent behaviors. Photovoice is a qualitative method, which allows individuals to combine photography and personal narratives in order to demonstrate the realities of their daily lives. Its purpose is creating social change for marginalized individuals and communities. In this project, photovoice was used to prompt discussions surrounding major themes regarding adolescent community members' perception of factors that affect their health and quality of life in Anchieta, a coastal town in southeastern Brazil. The participants presented their findings to community leaders and church members in order to facilitate discussions about future health initiatives. Overarching themes from this study included: faith, community, family bonding and community building. Results will be used to develop future health interventions in collaboration with the Baylor in Brazil program directors.

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THROUGH THE EYES OF BRAZILIAN YOUTH: A PHOTOVOICE STUDY ON  
QUALITY OF LIFE

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By  
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“One cannot expect positive results from an educational or political action program which fails to respect the particular view of the world held by the people. Such a program constitutes cultural invasion, good intentions notwithstanding.”

— Paulo Freire, *Pedagogy of the Oppressed*

## TABLE OF CONTENTS

LIST OF FIGURES	vi
LIST OF TABLES	vii
CHAPTER ONE: Introduction	1
CHAPTER TWO: Review of Literature	11
CHAPTER THREE: Methods	19
CHAPTER FOUR: Results	29
CHAPTER FIVE: Discussion and Conclusions	44
APPENDICES	51
BIBLIOGRAPHY	71

## LIST OF FIGURES

FIGURE 4.1. Primeira Igreja Batista em Anchieta (PIBA).	31
FIGURE 4.2. Church Service at PIBA	32
FIGURE 4.3. Open bible with scenic background	33
FIGURE 4.4. A phone playing Netflix set over an open bible	34
FIGURE 4.5. Hands making a pinky promise against the setting sun	35
FIGURE 4.6. Hands stacked in a demonstration of camaraderie	35
FIGURE 4.7. A group of people fishing by the sea.	36
FIGURE 4.8. Docked boats in shore	37
FIGURE 4.9. Scenic landscape	37
FIGURE 4.10. Local bar.	38
FIGURE 4.11. House identified as a “den of iniquity”	39
FIGURE 4.12. Local library.	40
FIGURE 4.13. Young girl going to school.	40
FIGURE 4.14. Sesi/Senai Integrated Center for Technical Careers.	41
FIGURE 4.15. Family riding bicycles.	42
FIGURE 4.16. Girl playing soccer	42
FIGURE 4.17. Public outdoor gym.	43
FIGURE 4.18. Container with stagnant water	44

## LIST OF TABLES

TABLE 3. 1 Possible Codes	29
TABLE 4. 1 Prevalent Codes	27

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*To the people of Anchieta, Espiritu Santo-BRAZIL*



## CHAPTER ONE

### Introduction

Adolescence is a time of developmental change and critical decision-making that can significantly impact future quality of life. Teenagers frequently make health enhancing or health compromising decisions based on environmental factors, influence of peers, and perceived societal norms. These decisions may appear inconsequential at the time but can gravely impact the adolescent's future health well into his/her adult years (Rutter,1990).

Adolescent health can be classified using data on teen pregnancy, sexually transmitted infections, accidental injuries, suicide, and violence (Patton, Coffey, Sawyer, et al, 2009). Additionally, tracking and reporting tobacco and alcohol use during early adolescents' experience can help predict disability and death later in life (Lopez, Mathers, Ezzati, et al., 2006). In general, adolescent health can be assessed using common morbidity and mortality data such as accidental death rates, violence statistics, drug use and teen pregnancy rates. Such data are useful for planning effective health interventions, but they do not provide sufficient information given that these measures often do not account for cultural and environmental factors that often influence adolescent behavior and well-being ( Call, Riedel, Hein, Mc Loyd Peterson & Kipke, 2002). Gaining deeper understanding of environmental dynamic which adolescents live in is important for the design and implementation of effective health initiatives, especially in developing countries (Fatusi & Hindin, 2010). Innovative assessment tools are needed to augment

existing data and to capture the health risk factors associated with specific vulnerable populations, such as adolescents. This is especially pertinent in developing countries, where three major factors converge- comparatively higher proportion of young people in the population, disproportionately high burden of youth-related health problems, and greater resources challenge (Fatusi & Hindin, 2010).

This can be accomplished through the use of photovoice, a qualitative data collection tool which combines photography and participant narratives to create descriptive evidence of everyday health realities. As a method used in Community Based Participatory Research (CBPR), photovoice is employed to create social change and policy development that serve marginalized individuals and communities whose voices are often disregarded.

The intended purpose of this project was to assess the health needs and community assets of Brazilian adolescents in Anchieta, in the Brazilian state of Espírito Santo, using photovoice as an illustrative research method. The photovoice method was used in this project to document quality of life and barriers to health in the community surrounding the First Baptist Church of Anchieta (PIBA per its initials in Portuguese). The participants, members of a youth group within the church, presented their findings to church leaders and community members at a presentation organized by the researchers with the goal of facilitating discussions about future health initiatives. The researchers empowered participants by encouraging critical consciousness and helping them voice their dominant needs and assets to their community leaders. The narratives created during

this experience are presented as well as recommendations for further interventions within this community.

### *Rationale*

There were two researchers in this project. The principal investigator was an intern of the Baylor in Brazil summer program. Baylor in Brazil is a study abroad program led by Drs. Robert and Eva Doyle for students who are interest in global health and vocational aspects of a health career. Baylor students who participate in this program spend the second summer session on the southeast coast of Brazil completing relevant course work and working with professors and local faith-based organization to promote health in underserved communities. The program directors have partnered with the Primera Igreja of Anchieta (PIBA) for over ten years in an effort to empower the leaders of this church to better serve their congregations holistically.

As mentioned previously, the purpose of this project was to assess and address the needs of adolescents within this community in order to develop more pertinent health interventions for them. Photovoice was chosen as a research tool because as part of Participatory Action Research (PAR) and Community-based participatory research (CBPR), it provides a culturally appropriate approach that facilitate the development of health education material aimed at filling the gaps in health. Additionally, the process of photovoice allows for language and literacy appropriate communication, culturally relevant discussion, and co-learning by the researchers and participants to assess the health of the community.

Research demonstrates that photovoice is a vital tool for CBPR because of its accuracy in gathering information (Garziano, 2004). It is also helpful in establishing a partnership among local key stakeholders and involves them and the community members in aspects of the research process (Streng, 2004). By using this process, community members such as the adolescents in the communities served by the Baylor in Brazil program, may actively participate at each level of research by examining broader social, cultural, and political systems of influence.

The photovoice methodology allows participants to actively engage in research despite language barriers at each level through three fundamental goals: 1) to capture individual and community assets and concerns and to allow participants to reflect their feelings on the issues photographed, 2) to facilitate group discussion of the photographs to create dialogue and education about issues, and 3) to reach stakeholders, community leaders, and policy makers who can enact change for improved quality of life (Wang, 1999).

### *Significance of Research*

Photovoice was used as an illustrative method to assess the health needs and community assets of Brazilian adolescents in Anchieta, Espirito Santo-Brazil. The researchers empowered participants by encouraging critical consciousness and helping them voice their dominant needs and assets to community members, leaders and other stakeholders.

The application of a photovoice project in the coastal town of Anchieta in southeastern Brazilian provided a unique ethnographic opportunity for needs assessment through PAR and CBPR. The city of Anchieta is one of the oldest localities in Espírito Santo and in Brazil and has a population of nearly 28,000 inhabitants. It is located 70 kilometers from Vitoria, the state's capital, and the nearest big city is Guarapari, 30 kilometers away ("Município de Anchieta- Município", n.d.). According to state government of Espiritu Santo, the history and development of Anchieta has been defined by four major economic cycles. The first was characterized by a period of colonization and strong Jesuit influence, extending from the sixteenth century (1560) to the nineteenth century (1860), with the arrival of immigrants. The second cycle, from 1860 to 1960, was characterized by agricultural development, mainly focused on coffee, milk, and beef cattle. During this cycle, coastal activities were also strengthened via extensive fishing and local summer tourism. The third cycle of economic development occurred from 1960 to 2010. This spanned the national coffee crisis and the consequent eradication of coffee plantations as well as the process of industrialization in the state, which began with the implementation of large export-oriented industrial plants. Starting in 2010, new challenges, possibilities and careers have emerged, which constitute the fourth economic cycle. Hallmarks of this current cycle are: the emergence of a new oil production chain and the installation of a port base for *offshore* services provided the government-owned oil company, Petrobras and the possible establishment of a steel mill (which would include the construction of a specialized port and the south coast railroad) (Secretaria de Estado do Turismo - SETUR/ES, n.d.). These represent significant financial investments

in the region, which are expected to strengthen the region's economy and boost other economic segments such as: real estate, business, tourism, and commerce (“Formação econômica - PREFEITURA MUNICIPAL DE ANCHIETA - ES,” n.d.).

Adolescence is a period of transition. It is marked by physical, psychological, and cognitive (Call, 2002). Adolescents within the region of Anchieta find themselves coming of age amidst significant changes to the historical fishing town of Anchieta. Moreover, factors such as globalization, urbanization, and economic challenges have transformed their world into one that is very different from previous generations.

The societal context in which these adolescents live will shape their transition into adulthood. Therefore, it is important to recognize the significant societal changes experienced in the region of Anchieta and to understand how those changes may affect the citizens of that region. Assessing the needs and assets of the surrounding community as well as the factors that affect an individual's health, will help identify health issues that should be addressed to ensure that adolescents of this region are equipped to handle the rapidly changing economic landscape of Anchieta. This type of an assessment is conducted best with a holistic approach that contextualizes the entire lifespan and social environment of the individual (Fatusi & Hindin, 2010).

### *Research Questions*

The researchers' goal for this study was to describe the community health assets and needs of adolescents in Anchieta, Espiritu Santo-Brazil. The following research questions provided the thematic framework, which researchers used to plan guided discussions with participants:

- *What are participant perceptions regarding multidimensional health in their everyday lives?*
- *What are things in the community that keep participants from maintaining their health?*
- *What are things in the community that help participants maintain their health?*
- *What things do participants want to change in their everyday life? Or what are things they wish were different that they cannot change?*
- *What are some things about the community that make them proud? Unhappy? Worry?*

These questions were aimed at creating narratives using photographic images and discussion of everyday health factors (positive or negative). Recurring statements or words identified through discussion informed the subject matter of the photographs. Thus, in response to these questions, participants consciously created their own narratives to give insight to the researchers and stakeholders of the everyday health realities they faced.

### *Delimitations*

CBPR requires that study parameters are set by participant involvement in research decision-making. Therefore, this study was largely delimited by the participation of adolescents who are members of the Primeira Igreja Batista de Anchieta (PIBA) and its mission church in Recanto do Sol, as well as the participation and commitment from PIBA staff and other community supporters. Delimitations included:

- Relationships of PIBA and community leaders were instrumental in communication of the photovoice findings. Existing stakeholders included PIBA community leaders and members as well as Baylor in Brazil leaders.
- Fourteen adolescents from the PIBA and Recanto do Sol youth group participated in the photovoice project through focus group discussions, photo theme selection, and presentation of assigned group research findings to the community and peers.
- Cameras were provided for participants, as well as instruction for proper use of cameras. Photo printing was the responsibility of the researchers.
- The participants were given an introductory lesson to multidimensional health as well as the power of photography to create social change in order to contextualize focus group discussions.
- Artistic photography techniques were not taught or demonstrated so as to allow unedited and unfiltered glimpse into the participants' everyday life.
- The researchers served as facilitators for focus group discussions with the aid of interpreters and guidance from PIBA staff members.

- The researchers assisted the participants during the creation of their presentation posters, but these were created by the participants. The researchers did not assist in actual photography by participants.
- This project was funded by Baylor University Undergraduate Research and Scholarly Achievement Program (URSA).

### *Limitations*

Like all community activities, this particular photovoice project was limited by researchers, participant, and organizational needs. Limitations of the study were:

- Due to the structure of the Baylor in Brazil program, the researchers had only two weeks with which to work with the participants. This limited the time which researchers had to develop the prompt themes with the participants and it may also have limited the depth to which participants responded to the prompt.
- The native language of the participants was Portuguese. While the principal investigator has working knowledge of Portuguese, the group discussions and activities occurred with the aid of several interpreters.
- In order to have enough participants, the researchers recruited members of two separate youth groups, the one from PIBA, located in downtown Anchieta and the one from its mission church in Recanto do Sol.

### *Assumptions*

The photovoice concept relies heavily on participant input and organizational commitment. Assumptions of this research were:

- Shared mutual respect among all groups involved in order to improve quality of life and initiate effective change for improved health and wellness.
- PIBA youth group members and staff and students shared a commitment to sharing their perspectives on issues that affected them with the stakeholders, leaders of their community and the Baylor in Brazil program directors.
- Participants expressed genuine needs or concerns as openly and comfortably as possible, in the language most appropriate to them and communicated with the researchers through the interpreters.

The results of the study will be conveyed to the Baylor in Brazil program directors, staff members of the Baylor Public Health department and PIBA leaders to effectively address the health needs of participants and aid in planning future interventions to this end.

## CHAPTER TWO

### Review of Literature

#### *Adolescent Health*

There are nearly 1.2 billion adolescents in the world, that is 1 in 6 persons who are aged 10 to 19 (WHO, 2016). Adolescence, is a critical developmental period that has long-term implications for the health and well-being of the individual (Call, 2002). It is a period of dramatic biological change – occurring in the context of equally dynamic socio-environmental change with regard to the adolescent’s school, peer group, family, and social setting (“Alcohol Across the Life Span”, 2010). In 2012, the leading causes of death among adolescents were road injury, HIV, suicide, lower respiratory infections, and interpersonal violence. Despite this, adolescence is one of the healthiest periods of the life of an individual, though major shifts in health take place as new health risks become prominent.

It is during this period in which individuals develop knowledge and skills, learn to manage emotions and relationships, and acquire attributes and abilities that will be important for enjoying the adolescent years and assuming adult roles (WHO, 2016). Adolescents are charged with making decisions that may enhance or hinder their health for years to come given that health-compromising and health-promoting behaviors initiated during adolescence often continue into adulthood (Rutter, 1990). These decisions and subsequent behavior modifications drive the changes in disease burden between childhood to adulthood, with nearly 35% of the global burden of disease being

rooted in adolescence (WHO). Thus, health profiles change rapidly from early adolescence to young adulthood, with many serious illnesses in adulthood being the result of lifestyle choices made during an individual's adolescent years (Patton et al., 2009).

While negative health behaviors pose a threat to the health status of adolescents and might affect their quality of life well into adulthood, it is important to recognize that their health is integrally shaped by the daily contexts in which they develop and live (Call, 2002). Morbidity and mortality data often fail to provide adequate information about environmental factors, perceived society norms and peer pressures that influence adolescent behaviors. Therefore, embracing a definition of health that goes beyond a narrow focus on mortality and morbidity is essential for addressing health threats of this population.

#### *Photovoice-Overview*

Public health approaches, such as participatory action research (PAR) and community based participatory research (CBPR), are used to facilitate effective needs assessment and program planning in vulnerable and marginalized populations. An example of PAR and CBPR is the photovoice process, which allows for language and literacy appropriate communication, culturally relevant discussion, and co-learning by the researcher and participants to assess the health of the community. Photovoice was developed in the 1990s by Wang and Burris as a CBPR method to empower normally overlooked and underserved communities (Catalani & Minkler, 2009; Wang, Cash, & Powers, 2000). It is grounded in a combination of three theoretical concepts: 1) feminist

theory—an empowering tool for change because value is placed on the participant's knowledge gained from their life experiences (Wang & Burris, 1994); 2) a community-based, alternative approach to documentary photography-- by providing a camera to those who would normally be the subjects photographed (Freire, 1970; Rosler, 1989); and 3) Paulo Freire's notion of critical consciousness—the process enables participants to produce photographic evidence of the issues affecting their ability to be healthy. This evidence facilitates discussions in which participants collectively analyze and share experiences, social conditions, and health status (Freire, 1970; Wang & Burris, 1994).

Photovoice is a grassroots approach to social justice and an educational tool that allows for normally research-resistant communities to critically reflect upon and share their felt needs with the broader community (Wang & Burris, 1994). This tool has been successfully used to examine poverty (Palibroda, Krieg, Murdock, & Havelock, 2009), homelessness (Wang & Burris, 1997), youth with disabilities (Whitney, 2006), mothers with learning difficulties (Booth & Booth, 2003), and social and health issues of youth (Strack, Magill, & McDonagh, 2004; Wang, 1999) in multiple countries. The development of critical consciousness through photography is designed to empower individuals to have the ability to discuss their conditions as they see them, not as the policymakers and community leaders think they see them (Wang & Burris, 1994). Wang and Burris (1994) recognize that some social issues such as homelessness and poverty do not lend themselves to quick solutions, however, empowering individuals to voice their concerns increases quality of life and critical consciousness in participants while raising awareness among policymakers and community leaders.

## The Photovoice Model

### *Photovoice Goals*

Photovoice employs PAR and CBPR primarily for participatory needs assessment, though it could also be employed to carry out participatory evaluation (Wang & Redwood-Jones, 2001). While each photovoice project is unique, all should have as a basis the following goals: to enable people 1) to record individual and community assets and concerns and to allow people to reflect their feelings on the issues, 2) to facilitate group discussions of the photographs to create dialogue and education about the issues photographed, and 3) to reach policymakers (Wang, 1999). Having these three goals as a basis ensures a valid research method for each project.

### *Photovoice Concepts*

There are five prevalent core concepts in the use of photovoice (Wang 1999):

- 1) *Images teach.* A photograph is much more than the image it portrays, its importance lies in the reaction it elicits from its viewers. An image allows people to look at their surroundings in new ways. The major implication of photography in PAR and CBPR is the development of a voice. It is through photography, that we can learn about the health concerns of marginalized populations and create awareness of disparity, difference, and potential for change (Wang, 1999).
- 2) *Pictures can influence policy.* Images that we see influence our focus and our world view (Wang 1999, p. 186). In addressing various audiences, images play a role in influencing not only policy, but a larger society, as well (Wang, 1999).

- 3) *Community members should participate in creating and defining the images that shape healthful public policy.* Taking photographs is not enough, photographers must actively explain their pictures and let policy makers and societies know the implications of each image and therefore creates a fuller understanding of its meaning (Wang, 1999). Through this creation of narrative, community members may identify and voice the assets and concerns of a community to outsiders. Community members of varying backgrounds must be involved in policy in order for change to occur where change is needed.
- 4) *The process requires that organizers bring policymakers and stakeholders to serve as an audience to the perspectives of community members.* Effective communication requires a sender (community participant) to create a message and a receiver (policy maker) to collect and interpret the message. The entire concept of learning is based on the ability to effectively communicate the message from sender to receiver and for the intended message to be properly interpreted. In order for anything to be learned from the images produced by photovoice, there must be an audience present to receive the messages from the photos, thereby learning the meanings behind the photos. Therefore, the researcher must serve as community organizer to recruit policy makers and influential decision makers from the earliest stages of program planning in order for effective communication to take place (Wang, 1999).
- 5) *Photovoice emphasizes individual and community action.* Other participatory research techniques such as focus groups and nominal group process may be used

in conjunction with photovoice (Wang 1999). This denotes the important dual-importance of community and individual change.

### Theoretical Framework

Photovoice methodology was developed upon three theoretical frameworks: critical consciousness, feminist theory and documentary photography (Lai & Goo Kuratani, 2011.). All of these emphasize the importance of community participation in order to incite social action and bring about social change. The theoretical frameworks begin by first directing change at the individual level, transforming perceptions such as self-worth. The focus is then directed to the community level to improve quality of life and then finally to the institution level to enforce change through policies (Wang & Burris, 1994).

#### *Critical Consciousness*

Freire's (1970) empowerment education theory specializes in encouraging individuals to become vocal about the needs of the community. This starts with data collection, in which individuals go into their communities and document their concerns through photographs. Once complete, individuals are encouraged to share and discuss their photographs within a facilitated discussion. This group dialogue encourages participants to build upon one another's concerns and identify the most prevalent needs within a community. Through this process they are transformed into advocates for the community given that they are invited to become agents of change by actively participating in policy for the betterment of their community (Wang, 1994).

### *Feminist theory*

Feminist theory and practice has shed light on the male bias that has influenced participatory research and acknowledges the experiences of women as catalyst for social change. Thus, empowerment education is used concurrently with feminist theory concepts in an effort to transform the thought processes of all community members in order for them to recognize and appreciate their own role as researchers, advocates and participants ( Wang et al., 1996). The use of this theory encourages women to share their knowledge and expertise regarding their understanding of the forces that affect daily life within their communities. This leads to women assuming leadership roles, which enable them to enact social change rather than being passive recipients of change (Wang, et al., 1996).

### *Documentary photography*

The last theoretical framework, documentary photography has been historically used to provide vulnerable populations with an outlet to communicate their stories and worldview (Lai & Goo Kuratani, 2011.). Vulnerable populations often include women, children, and the elderly given that these groups are often the ones who suffer greatly from structural violence. The use of photovoice grants the oppressed groups control of their own narrative and allows them to become their own representatives and become agents of change as members of their community (Wang, 1994). The researchers deemed the three theoretical frameworks as an essential foundation from which to explore the inner life of the community through the eyes of its members.

## CHAPTER THREE

### Methods

In this study, the researchers used the planning process demonstrated in Appendix A in order to effectively develop and execute this photovoice study (APPENDIX A). In regard to photovoice methodology, the researchers also tailored a standard nine-step photovoice methodology to assess and describe personal health issues and concerns adolescent members of the PIBA youth group. Addressed in the methods section is the selection of participants, survey and reporting instruments, how the nine-step photovoice methodology was tailored to this project, and data analysis.

#### *Participant Sample*

Study participants initially consisted of fifteen adolescents who were members of the Primeira Igreja Bautista youth group in Anchieta (PIBA), Espiritu Santo. The participant sample was purposively recruited from the established youth group with the help of PIBA leaders and staff. The sample size was larger than the recommended 8 to 10 participants for a focus group because of the likelihood that some of the adolescents would not complete the study. . The researchers recruited members from two separate youth groups, PIBA, located in downtown Anchieta and its mission church in Recanto do Sol. Recanto do Sol is a small rural suburb in the outskirts of Anchieta which has a considerable higher poverty rate and less livelihood diversification. This suburb was originally established and populated by employees of Samarco, an international mining company. Most families still have family members employed within it. (C. Mozer,

personal communication, April 28, 2018). Recruiting participants from two different communities may have adversely affected group dynamics because there was a marked difference of socioeconomic status between the ten participants from PIBA and the four participants from Recanto do Sol.

Though fifteen participants initially signed up for participation, only fourteen attended the first meeting. Participants were informed in Portuguese (through the aid of an interpreter) of the expectations for study participation and signed informed consent statements which were available in English (APPENDIX B) and Portuguese (APPENDIX C), compliance as well as parent/guardian release forms which had been translated into Portuguese (APPENDIX D). All of the participants and their respective parents or legal guardians consented to participation in the study.

### *Instruments*

Two focus groups and one meeting occurred for data collection and preparation for final presentation. During the focus groups, the researchers facilitated discussion using open-ended questions, allowing for free-flowing answers and conversation among participants. The basic components of the Focus Group #1 included an introduction of the social action plan, photography training, facilitated discussion, exhibition and debrief. In the first meeting, the researchers introduced the study and used a visual aid (APPENDIX E) to introduce the concept of multidimensional health. The researchers then had Jean Vargas, one of the interpreters who has an extensive academic background in photography, illustrate the concept of photojournalism in order to demonstrate the

potential impact which their photographs and narratives might have in their community. After this, participants were given a simple tutorial on the use of the low-end digital cameras, and were instructed to take no more than twenty photographs in response to the themes developed during discussion.

In Focus Group #2, participants were invited to share the photographs they had taken and provide fellow participants with the reasoning behind them. During this meeting, they were asked to select eight pictures which they would like to present. The researchers then printed and organized the photographs. In Focus Group #3, participants designed and created their presentation posters. The researchers used the SHOWeD instrument (APPENDIX F) To formulate the following questions:

- S: What do you See here?
- H: What is really Happening here?
- O: How does this relate to Our lives?
- W: Why does this situation, concern, or strength exist?
- D: What can we Do about it?

Participants were asked to caption photos with summarized answers to these questions.

### *Procedures*

The photovoice project was outlined by a 9-step methodology, as designed by Caroline Wang.

- 1) Identify and recruit a priority audience of policymakers or community leaders.
- 2) Recruit a priority group of photovoice participants.
- 3) Introduce photovoice methodology to participants and facilitate group discussions. The introduction took place in concurrence with Focus Group #1. For validity purposes, focus groups were recorded on an audio recorder.
- 4) Obtain informed consent. All participants verified informed parental consent and assent by signing a form of appropriate reading level and language skills for participants stating their voluntary participation and acknowledgement of research measures. These forms were available in English as well as in Portuguese and interpreters were used to clarify all procedures and consent if the participant did not speak, understand or read English. The consent included information regarding confidentiality in photographs and voice recordings. Participants were informed of their right to withdraw from research at any time. Image ethics was addressed by requiring written consent from any individual who may be featured in a photograph taken by participants. Written consent from an individual featured in a photograph was required before the photograph could be utilized for research purposes (APPENDIX G). Photographed subjects could choose to have their faces removed from the photograph.

5) Pose an initial theme for taking pictures. In Focus Group #1 themes were developed from group discussion based off of questions (see questions in Introduction and Rationale section above).

6) Distribute cameras to participants and educate on camera use. Each participant received a low-end digital camera as well as brief instruction on camera use.

7) Provide time for participants to take pictures. Participants were allowed two days to take pictures, after which they returned the cameras to the researchers. The researchers were responsible for printing the pictures.

8) Discussion of photographs. After the pictures were printed, two additional focus meetings were held to allow time for in-depth discussion of photographs taken by participants. The SHOWeD method was used during focus groups to allow participants to convey the narrative of each photograph. The SHOWeD method is a data-analysis strategy developed by Wang which allows for researcher-participant discussion that reveals deeper meanings of the photographs. Participants categorized images based on common themes found throughout photographs.

9) Plan with participants to share photographs and stories with church and school leaders and policymakers. Participants played an active role in planning how the information gathered would be disseminated to community leaders and policymakers. During the stakeholder presentation participants had the opportunity to inform the priority audience of the meaning behind each image and how this information could

make an impact on the community.

### *Focus Group #1*

Focus Group #1 was conducted on Saturday, July 22, 2017. During this meeting, the photovoice concept was introduced to the participant sample. Each potential participant was given the opportunity to give consent for participation, or decline participation in the research by signing the provided informed consent form in Portuguese. The researchers and participants then engaged in group discussion regarding multi-dimensional health. The researchers showed a visual aid in order to demonstrate this concept. Important discussion questions in Focus Group #1 were:

- When I say “health” or “healthy,” what comes to your mind?
- What are some factors present in my community which contribute to my overall well-being?
- What are some factors present in my community which detract from my overall well-being?

Several interpreters were present in the room to aid in the discussion and ensure that there were no misunderstandings between the researchers and the participants. One of the researchers served as a scribe for the discussion and repeated to the group key phrases to ensure that everything important was noted. The researchers and participants decided that photographs should be used to answer the following questions:

- What are some factors present in my community which contribute to my overall well-being?

- What are some factors present in my community which detract from my overall well-being?

One of the interpreters who has an extensive background in photography gave a short demonstration on the use of the camera as well as a presentation on the dynamic between photojournalism and social change so that participants had a better understanding of the significance of the study. After this, each participant was given a low-end digital camera and instructed to take 20 pictures that would answer the agreed upon questions. Parent consent form were distributed so that they could be signed and returned by the next meeting.

#### *Focus Group #2*

Focus Group #2 took place on Wednesday, July 26, 2017. The researchers and participants gathered at PIBA. The researchers set up a projector and had each participant project the images they had taken and discuss them with the group. Each participant addressed the group to explain their photos and give detailed descriptions in order to build a thorough narrative with each image. The researchers facilitated these discussions and also asked for interaction from the rest of the group regarding their personal opinions and experiences related to the images presented. After all the participants had gone through their photos, they were asked to select 8 which they favored the most so that the researchers could print them.

#### *Final Meeting*

This meeting took place Saturday, July 29, 2017. During this meeting, the researcher briefly introduced the SHOWeD method and questions and then explained

how they would be used to build narratives about the photos. These questions, which were prominently displayed in Portuguese, were used as a guide for participants to construct the message they wanted their photos to convey. The researchers then handed the printed photographs to the participants, along with poster boards, index cards and markers. For the duration of the meeting, the researchers and interpreters assisted participants with the creation of their posters.

#### *Stakeholder Presentation*

On Wednesday, August 2, 2017, each of the research participants participated in a presentation at PIBA which showcased their photographs. The posters, which the participants had created were placed along the wall of the church. Participants were instructed to stand next to their posters and community members were invited to explore each poster and ask participants about the photographs in their display. Notable stakeholders in attendance at the presentation included Pastor Maxwell Coelho, a respected pastor within the community who has served as a key informant for the Baylor in Brazil directors since they first began working in Anchieta and Sueli Coelho, who works for the City Hall of Anchieta as a community health worker specializing in addressing the prevention of mosquito-borne illnesses within the community through active awareness campaigning. After the participant presentations, the community was invited to engage in dialogue with the participants and the researchers to discuss the overarching themes present in the photographs.

#### *Procedure and Assessment*

Procedures for this research were tailored to address the needs of Baylor in Brazil program directors, PIBA leadership members and study participants. Those in attendance at the stakeholder presentation were those identified by PIBA staff to be community leaders in addition to the Baylor in Brazil team leadership who will use the research data for future funding and program planning decisions.

The primary assessment tool utilized in the photovoice project was the discussion facilitated by the SHOWeD method in the focus groups. Focus groups allowed time for participants to explain photographs, experiences, and concerns throughout the project. Three focus groups took place throughout the project. The three focus groups were conducted at PIBA's main church in Anchieta. Proceedings of both focus groups were recorded using a digital audio recorder and were later uploaded and saved to a digital file on a computer hard drive. As a final step, the participants presented their photos at church in front of community members and stakeholders.

#### *Data Analysis*

The audio recordings from both focus groups were transcribed. The principal investigator transcribed the English portion of each conversation while Brazilian interpreters, Jean and Caio Vargas transcribed the Portuguese portion. The transcripts were subsequently translated into English by an independent translator, and then back-translated by a different independent translator. The original Portuguese transcripts were then compared to the back-translated copies and checked for accuracy in order to prevent loss of meaning through translation.

During this process, the principal investigator realized that a portion of the original recorded conversations had not been transcribed due to a miscommunication between the researchers and the interpreters. To address this issue, the researcher recorded and translated each participant’s photo captions used during the church presentation. (APPENDIX H). The translated captions of the photographs were included as part of the analyses and were used in conjunction with the audio recorded paraphrasing provided by interpreters at the time of the focus group to adequately analyze and code the transcripts.

After organizing the data and preparing it for analysis, the researchers used concept mapping to codify and interpret discussion topics and responses to the research question. The researchers created the following table of possible codes.

<b>POSSIBLE CODES</b>	
<b>Physical Health</b>	<ul style="list-style-type: none"> <li>• Physical exercise</li> <li>• Sports</li> <li>• Outdoor activities</li> <li>• Environmental factors</li> <li>• Mosquito-borne disease</li> <li>• Trash and pollution</li> </ul>
<b>Spiritual Health</b>	<ul style="list-style-type: none"> <li>• Nature</li> <li>• Alcohol/Substance Abuse</li> <li>• Faith: Christianity, Jesus Christ, Sin, Bible Study (readings, devotionals), Christian Fellowship</li> </ul>
<b>Social Health</b>	<ul style="list-style-type: none"> <li>• Community</li> <li>• Friendship</li> <li>• Family relations</li> <li>• Gathering places</li> <li>• Animal companionship</li> </ul>
<b>Emotional Health</b>	<ul style="list-style-type: none"> <li>• Food</li> <li>• Music</li> </ul>

	<ul style="list-style-type: none"> <li>• Nice Living Spaces</li> <li>• Pollution</li> <li>• Make up and Beauty Products</li> <li>• Nature</li> </ul>
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>• Reading/ Books</li> <li>• Studying/School</li> </ul>

Table 3.1 Possible Codes

The researchers had two groups of students blinded to the research questions code the data using the pre-defined codes. Coding results were compared for agreement. At least an 85% agreement was reached on all but 6 codes during the first round of coding. After discussion and clarification of the 6 codes, the groups recoded. The final agreement across codes was greater than 85%.

## CHAPTER FOUR

### Results

In Focus Group #1, the researchers asked questions about participant health issues in order to form a platform for photography themes. After a brief demonstration on camera usage, participants were given cameras and instructed to respond to the group's discussion through images. During Focus Group #2, the researchers met with all participants to discuss the photographs that had been selected for narrative building. The images were displayed in a projector for all to see and the participants were asked to talk about each image and what they meant to capture through it. This generated discussion among them and allowed the researchers to begin gathering emerging narratives. The information that the participants revealed during this discussion was later synthesized for the stakeholder presentation. The following table details the prevalent codes, from which emerging themes were developed.

<b>PREVALENT CODES</b>	
<b>Most common codes for good health</b>	<b>Common health concerns</b>
Faith/Jesus Christ	Trash/ pollution
Community	Alcohol use
Bible study/ Devotionals	Environmental factors
Gathering places	

*Table 4.1 Prevalent Codes*

Based on the most prevalent codes, the researchers were able to define four emerging themes from the data: 1) Faith/Christianity was central to the overall well-being of the participants and their community, 2) Community gathering places such as those provided by PIBA were essential for the enhancement of social and emotional health, 3) Mishandling of trash and other environmental factors such as mosquito-borne illnesses were prominent health concerns and 4) the use of alcohol within the community was prevalent and negatively impacted health. The following section highlights some of the narratives that came from the participant's photographs and discussions surrounding factors relating to health.

#### *Participant Research and Photo Narratives*

##### *Spiritual Health*

Photographs that fell under the category of spiritual health portrayed spiritual growth in the Christian faith and included images of people praying, gathering in church, doing devotionals and reading scripture. Faith was a major theme, prevalent in all of the presentations. This is not surprising given that the participants were all members of a very active church youth group. They all reflected the spiritual development of the participants as fostered by their community of faith and their church, PIBA. Figures 1 through 3 are examples spiritual life and spiritual growth.



Figure 1. *Primera Igreja Batista em Anchieta (PIBA)*.

Figure 1 is a photograph of PIBA submitted by Participant 12, who said the following about it: “This is where I grew up both physically and spiritually. This is where I learned more and more about the word of God. Pretty much my second home. A place that I love and care for. One of the ways of caring for it is bringing people to it to know the salvation of Jesus Christ”. This caption speaks to the strong community of faith around PIBA, a church that fosters families in their walk of faith and provides them with the tools to develop spiritually at every stage of their lives and encourages them to evangelize others.



Figure 2. Church service at PIBA.

The photograph of Figure 2 , taken by Participant 9 provides a glimpse into the life of the church. Participant 9 said the following about this photo: “Being in communion with God strengthens us and for this we must always seek to go into the house of the Lord and serve our God”. It was clear that the spiritual formation imparted by PIBA permeated the lives of the members of its congregation, who appeared to be diligent in fostering their personal spiritual growth through scriptural readings and devotions as demonstrated by the photograph in Figure 3. Participant 2 identified scriptural reading and devotionals as a way in which to seek intimacy with God. Out of 14 participants, 10 of them portrayed their personal Bibles in their final showcase presentations.

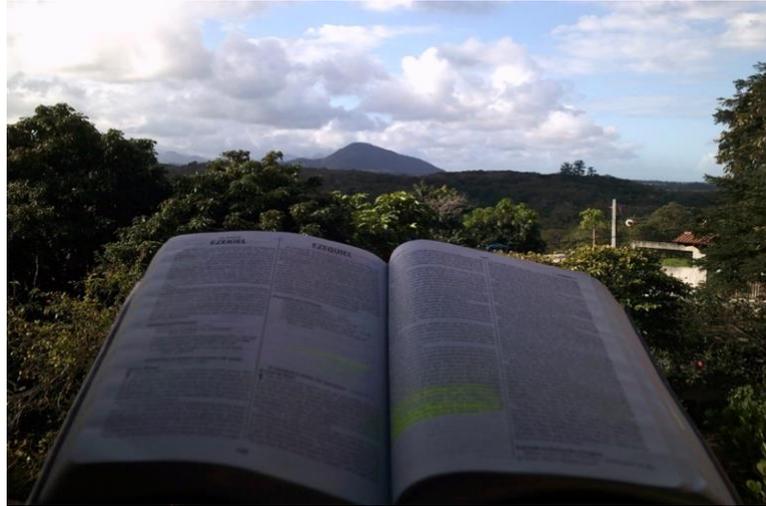


Figure 3. A Bible splayed open with a scenic background.

Technology was often singled out as a significant deterrent to spiritual growth and overall spiritual health among participants and their families. Participant 4 used the photograph in Figure 4 to represent how technology often got in the way of spiritual exercises such as scriptural reading and prayer. The participant noted that “when we sit down to read the word of God, we should detach ourselves from our cell phone, put it aside, and read the bible in a place where you do not lose focus”. This sentiment was echoed by several participants during the discussion, some of whom expressed discontent at their family members who preferred to engage in watching television or playing computer games instead of going to church (Figure 4).



Figure 4. A phone playing Netflix set over an open bible.

### *Social Health*

The participants already knew each other and were very open about factors which affected their social health. They discussed this topic often with peers who were part of their social environment. Friendship was the main theme explored in the Social health section. The participants often recruited their friends to help them create pictures that signified friendship. Figure 5 and Figure 6 are both examples of this and represent the importance of peer groups and friendship during adolescence. Participant 1, who captured the image in Figure 5, said that she had captured this picture in order to portray communion, stressing the importance of having friends around us that help us and give us advise. “Friendship exists so we do not feel alone in difficult times. That is why it is important to maintain them,” she said. Likewise, Participant 2 used the image in Figure 6 to represent friendship and the importance it has to social health. She said that it is

important to be aware of how people behave with their friends so that they may continue to always love each other and care about each other.



Figure 5. Hands making a pinky promise against the setting sun.



Figure 6. Hands stacked in a demonstration of camaraderie.

### *Emotional Health*

Emotional health seemed to be tied closely to spiritual and social health. The church community to which the participants belonged to seemed to have a rather collectivist culture. Therefore, the emotional health of the participants appeared to be inextricably tied to the emotions of the people around them, their family and friends.

Figure 7 is an image taken by Participant 9 that captures the moment in which one person from the group catches a fish and the rest of the group rejoices along with them. Participant 9 noted the importance of recreational activities such as this for the continued happiness of people within her community and expressed the hope to be the kind of person to initiate social gatherings such as this one among her friends.



Figure 7. A group of people fishing by the sea.

Another influential factor of emotional health was nature. Anchieta is a coastal city in southeastern Brazil, which possess a great natural beauty. The surrounding sea, rocky cliffs and mountains provide a lot of scenic landscapes, as demonstrated by Figure

8 and Figure 9. The participants expressed gratitude for the nature, which surrounded them, seeing it as an expression of God's greatness and a calming force in their lives. This seems to encourage the community to preserve the natural spaces and guard against pollution, which appears to be a growing concern within the community.



Figure 8. Docked boats in shore.

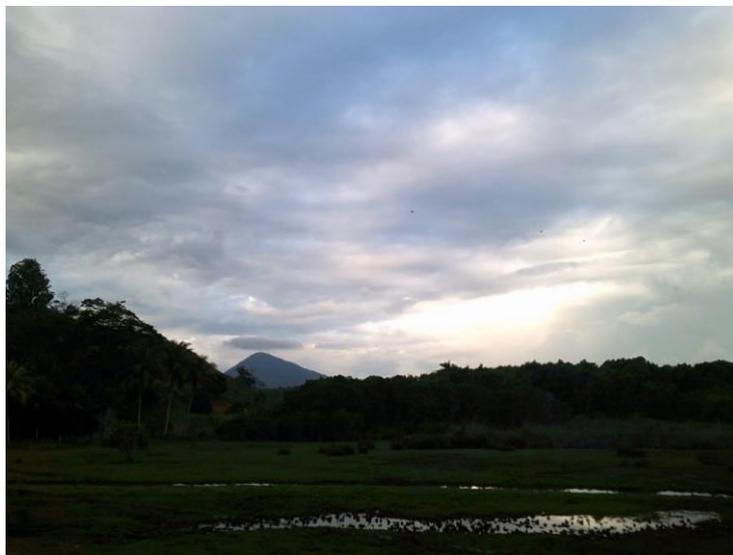


Figure 9. Scenic landscape.

As for factors which negatively affected mental health within their communities, the participants invariably pointed at alcohol. They demonstrated this concern by photographing bars (such as the one portrayed in Figure 10), bottles of liquor, and cases of beer.



Figure 10. Local bar.

On the adverse impact of alcohol, Participant 11 said that people use it to treat emotional illness even though it is harmful to their physical, mental and emotional health. He cautioned that they “must learn to come to God with their illnesses instead of turning to alcohol”. It was unclear from the discussions whether the use of alcohol is frowned upon entirely or only the excess of it. Regardless, this is evident of the solid Christian education that the participants have received in which has led them to largely deem alcohol as a serious obstacle to developing a good relationship with God and those around us. Participants from Recanto do Sol singled out house which seems to be a “den of iniquity,” as described by one of the interpreters (Figure 11) . The participants, all female, indicated that it was known as a place which sex workers and drug users would

frequent and expressed fear of going near the house for fear that something bad would happen to them. Participant 6 called out the need to reach out and evangelize the people that frequent this house.



Figure 11. House identified as a “den of iniquity”.

### *Mental Health*

In regard to mental health, books were the most commonly portrayed objects in photographs. The participants portrayed several libraries-both personal and public- in their showcase presentation. Participant 13, who provided the image in Figure 12 said that reading provided a good opportunity to learn empathy and share emotions with others.



Figure 12. Local library

The participants also demonstrated a drive to pursue higher education and learning for learning's sake. They saw themselves as role models for younger members of their communities such as their siblings and other younger relatives and sought to encourage them in continuing their studies by setting forth an good example. Participant 9 provided the image in Figure 13 and highlighted the need to set good role models for children in order to encourage them to want to learn and gain knowledge by going to school.



Figure 13. Young girl going to school.

Participant 13 brought the group’s attention to Sesi/Senai Integrated Center for Technical Careers (Figure 14). This school was inaugurated during the 2017 school year. According to its webpage, the Sesi/Senai Integrated Center serves 12,000 students per year and serves to expand the local supply of skilled labor (“Escola Sesi,” 2017). Students can enroll in vocational, basic and continuing education courses. The areas available are metalworking, construction, electronics, information technology, environment and work safety (Samarco Noticias, 2016). Participant 13 identified it as a new resource which has the potential to serve the group members in the future, once they have graduated from high school. Until the opening of this learning center, member of the community had to look to the nearing cities of Vitoria and Guarapari for higher education opportunities (C. Mozer, personal communication, April 13, 2018).



Figure 14. Sesi/Senai Integrated Center for Technical Careers.

### *Physical Health*

Most of the images that fell into this category usually depicted the participants engaging in recreational activities with their family (Figure 15) or friends (Figure 16). Aside from physical exercise participating in these recreational activities also provided participants with an opportunity to socialize.



Figure 15. Family riding bicycles.



Figure 16. Girl playing soccer.

Aside from recreational group activities, the participants also showcased the public outdoor gyms found throughout their community. These outdoor gyms are used by citizens to exercise outdoors without incurring the cost of a gym membership. They also allow people to enjoy Anchieta's year-round temperate climate (Figure 17).



Figure 17. Public outdoor gym.

As to deterrents to physical health, one of the main concerns was the threat of mosquito-borne illnesses such as Dengue, Yellow Fever and Chikungunya, which pose a great health challenge to the country of Brazil (Mota, Terzian, Silva, Estofolete, & Nogueira, 2016). The participants were all well-aware of the dangers of these illnesses and had clearly been educated in preventative measures against them. Several participants demonstrated this by capturing photographs like that in Figure 17, which portrays an upturned water container with stagnant water. All participants who had similar images

clarified that they had promptly emptied the containers that they found in order to minimize the number of mosquito breeding grounds around their neighborhoods.



Figure 18. Container with stagnant water.

## CHAPTER FIVE

### Discussion and Conclusions

#### *Reflections on Method*

Photovoice is an effective data collection tool for PAR and CBPR given that it procures insightful data from the participants by allowing them to take ownership of the research process. Through the images and narratives created by the participants, the researchers gained a deeper understanding of the issues that affect a community. Likewise, the participants gained knowledge through the discussions they had with their peers and through the individual research and reflection of creating the images and narratives.

Time proved to be the greatest limiting factor in this project. This project could have alternatively served as a study in the feasibility of the photovoice method because of the time constraints. Because of the schedule of the Baylor in Brazil program, the project had to be conducted within two weeks with a total of 4 meetings. Two of the meetings served as focus groups, the third was dedicated to preparing the presentation posters, and the fourth was the final presentation for the community (APPENDIX I). This short timeframe restricted the amount of time available for each participant to discuss his/her findings within the group and may have prevented participants from fully expounding upon their thoughts on the factors that contributed or detracted from their health. This might have also limited the capacity to create more powerful narratives.

Given that the researchers were working with a population in a limited capacity, with little time and within a single setting, photovoice was an indispensable tool to gather insight into the daily life of participants away from their youth group setting and within their private spaces. In this case, the participants were all members of youth groups within Baptists churches. This meant that they all operated within and acted from a Christian worldview. Faith seemed to permeate all aspects of their lives and seemed to inform the way in which they interacted with their surroundings. The researchers might have obtained different results from an adolescent sample within the same community which had no ties to a Christian church. This was noted by community members during the stakeholder presentation, with several of them wondering what possible health challenges might not be depicted in photographs from participants outside of the church.

The adolescents in the study participated with their church peers; and therefore, may have censored their responses, avoiding discussion of possibly problematic topics within Christian circles such as sexuality and reproductive health. Concerns related to sexual and reproductive health such as early pregnancy and the transmission of sexually transmitted infections (STIs) are known to be a significant health challenge to the adolescent population within the country of Brazil (Oliveira-Campos et al., 2014). However, this specific sample was selected by the researchers to represent the population which the directors of the Baylor in Brazil program serve. Because most of their partners are Christian institutions, it is imperative to understand the specific needs and challenges of this population.

## Conclusions

### *Needs Assessment*

The participants identified trash and other environmental factors such as mosquito-borne illnesses to be a significant deterrent to health. Trash seemed to be a common theme among those participants who resided within the Recanto do Sol community, a rural area close Anchieta. All four participants from Recanto do Sol photographed vacant lots filled with trash, and trashed piled outside of building. They noted that young children often played among the trash and could hurt themselves by stepping on sharp objects. During discussions, participants expressed a desire for efforts be undertaken in order to sanitize and beautify the community by collecting trash and painting over graffiti.

Another need identified was the use of alcohol and substance abuse. Four participants identified alcohol as being a problem within the community. One of the participants observed that alcohol was often used to treat emotional illnesses by people who were unaware that it impairs physical, mental and emotional health. Alcohol was also deemed as a deterrent to spiritual health given that people tend to turn to alcohol rather than God to heal their illnesses (whether physical or emotional). Despite the prevalence of alcohol within their communities, all participants seemed to be aware of the detrimental effects which alcohol had on health.

The use of technology was portrayed as something that could be productive and constructive if used appropriately, but also something that could detract from social and

spiritual health given that it posed a threat to an individual's ability to give due attention to their surroundings and to the people around them.

### *Asset Mapping*

One of the major assets identified in regard to multidimensional health was the strong community bonds which the participants forged with the community surrounding PIBA. PIBA seems to have provided them with a gathering place through which to foster a community committed to growing in faith together. In group discussions, it was evident that the participants felt connected to their church and felt like they were a part of something bigger than themselves. Many of the participants seemed to be immersed in the life of the church, and involved in it through regular attendance, youth group meetings, Bible studies, and ministry of some sort such as being part of the dancing team or the music team.

The friendships that they developed through their participation in these activities and in school also had a significant impact in their overall quality of life. Given that they interacted with peer groups, which had the same faith values as they did, they were better able to grow emotionally and spiritually within them.

The strong community provided by their church has contributed to their spiritual formation and growth. Their faith seemed to be a crucial aspect of their personalities and served as a filter through which they understood the occurrences of their daily life. The majority of participants spoke of constantly striving to develop a stronger relationship with God through prayer, scriptural reading and active ministry.

In regard to physical assets within the community, Anchieta seemed to be a city with very fitness-conscious citizens. The participants noted the presence of several outdoor gyms throughout the community that were free for public use. The community also seems to make use of its natural landscapes by participating in activities such as walking along the beach or riding bicycles along open roads.

### Recommendations

The most important component of the photovoice methodology is to reach community leaders and policy makers to enact positive social change within their communities. During this research, participants and researchers were able to work together to identify and express to the greater community the issues which affected their everyday lives inside and outside of their time in the church.

The most important recommendation would be to take advantage of the Christian foundation which the members of this youth group have received and empower them to be leaders within their community and good stewards of their surrounding physical and social environment. It is important that the participants, even as adolescents, be given a voice within their community and the agency to promote social change.

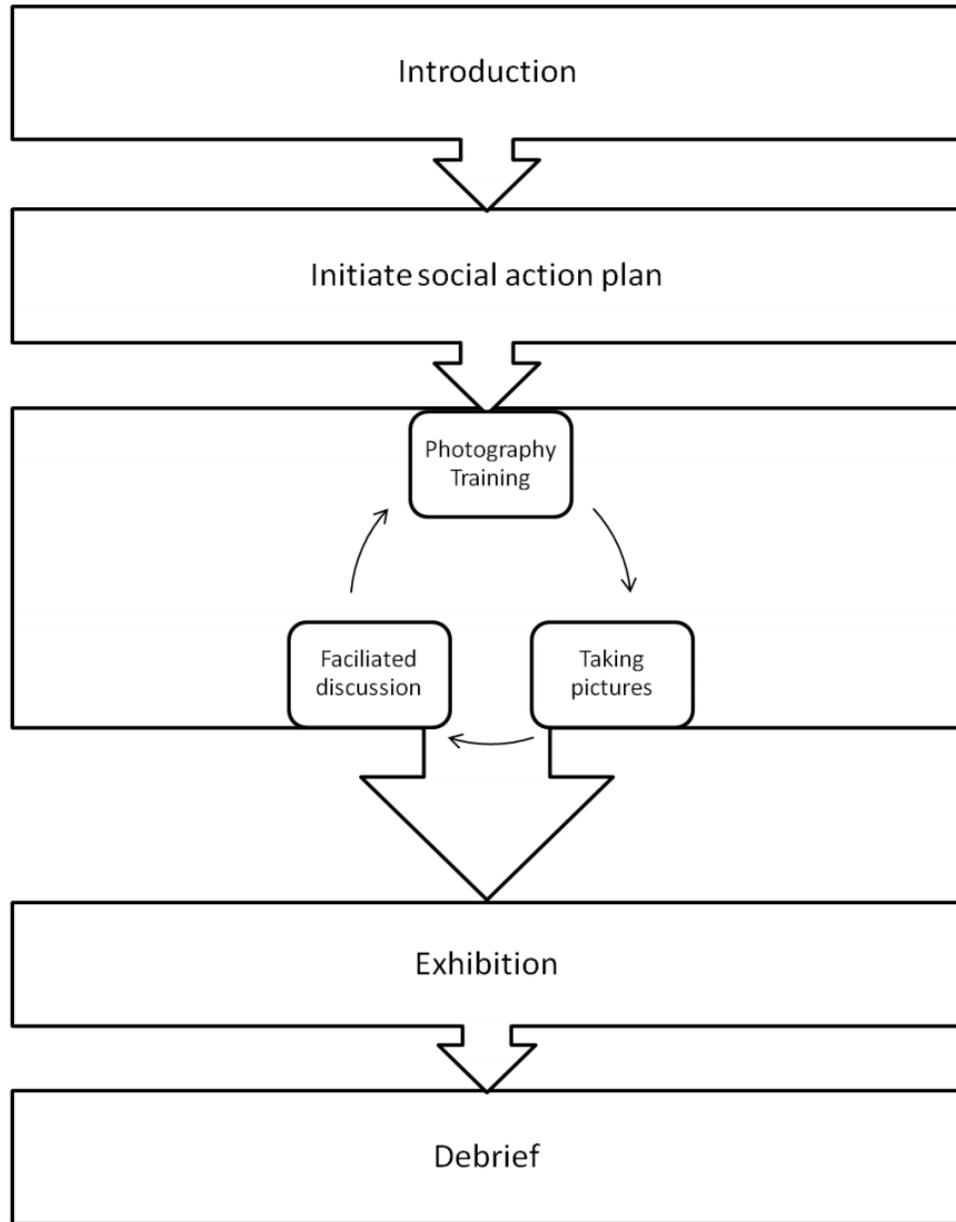
In the context of the Baylor in Brazil program, while the program is concentrated in developing educational material for underserved youth in the area surrounding Anchieta, customized lesson plans and educational material geared towards fostering their leadership abilities could be developed for this youth group. This material should be given to youth group leaders within PIBA to be implemented. The goal of these

educational components would be to empower the adolescents and give them agency to develop and carry out projects that will benefit their community.

By doing this, the Baylor in Brazil program directors would come alongside the community of PIBA to foster and encourage it in its mission to evangelize Anchieta. In fostering the continued leadership education of the members of this youth group, the program would not only be encouraging PIBA in its mission to evangelize Anchieta but would also be advancing Baylor's institutional mission to educate men and women within a Christian perspective to be worldwide leaders.

## APPENDICES

APPENDIX A



SOURCE: [http://teamlab.usc.edu/Photovoice%20Literature%20Review%20\(FINAL\).pdf](http://teamlab.usc.edu/Photovoice%20Literature%20Review%20(FINAL).pdf)

## APPENDIX B

### Assent Form-English

Baylor University  
Health, Human Performance, and Recreation  
Assent Form for Research

PROTOCOL TITLE: Through the eyes of Brazilian youth: Using photovoice to understand barriers to quality of life

PRINCIPAL INVESTIGATOR: Beth Lanning, PhD

SUPPORTED BY: Baylor University, Undergraduate Research and Scholarly Achievement (URSA) program grant

#### **What is a Research Study?**

We want to tell you about a research study we are doing. Research studies help us to learn new things and test new ideas. People who work on research studies are called researchers. During research studies, the researchers collect a lot of information so that they can learn more about something. We are doing this study because we would like to learn more about your community and what you think helps you be healthy and what things make it difficult to be healthy. We are asking you to join this study because we want ideas from teenagers like you.

There are a few things you should know about this study:

- You get to decide if you want to be in the study
- You can say 'No' or 'Yes'
- Whatever you decide is OK
- If you say 'Yes' now, you can change your mind and say 'No' later
- No one will be upset if you say 'No'
- You can ask us questions at any time
- We will also get permission from your parent/guardian for you to take part in this study

The person in charge of this study is Beth Lanning and is called the "researcher".

#### **What will I do if I am in this research study?**

If you decide to be in this study, we will ask you to:

- Come to a meeting to learn more about the study.

- Come to several meetings with other teenagers to talk about your community and what it means to be healthy in your community.
- Take pictures in your community that show things that make it easy and difficult to be healthy.
- Explain the pictures to the other members of the study.
- Explain what the pictures mean to you to the church pastor and school administrators.

During this study, we will ask you to come to the church to see the researchers 4 times. This study will last two weeks.

#### **Audio/Video Recording**

We would like to make an audio recording of you during focus group/meetings. If you are recorded it might be possible to identify you on the recording. We will store these recordings in an encrypted computer and only the researchers will be able to hear them. Audio recording is optional for this study. If you do not want to be recorded, you can still be in the study.

#### **Can anything bad happen to me while I am in this study?**

The questions might be hard to answer or may upset you. You can skip any questions you do not want to answer.

You might not like the pictures you took or any pictures taken of you. You do not have to keep the pictures or let the researcher have the pictures.

Being in this study may help you because you will be able to tell your story of being healthy to other people. You may be able to help others understand changes that need to be made to make your community a healthier community.

This study will help us to learn more about things that make it difficult for you to make healthy decisions.

#### **What else should I know?**

You do not have to be in this study if you do not want to.

It is also ok to say “yes” and change your mind later. You can stop being in the research at any time. If you want to stop, tell the researcher. No one will be mad at you.

#### **What if I have any questions about this research study?**

Version date: 06/9/17

Page 2 of 3

You can call us with any concerns or questions about the research. Dr. Robert Doyle of Baylor University has a phone with a local (Anchieta, ES, Brazil) phone number that you may call with questions, +55 28 99880 9601.

If you have other questions about the study and want to talk to someone who is not a part of the study, you can call the Baylor University IRB through the Office of the Vice Provost for Research at 254-710-1438.

**Statement of Consent**

If you want to be in the study, write your name below.

\_\_\_\_\_  
Signature of Subject

\_\_\_\_\_  
Date

**Signature of Person Obtaining Assent:**

I have explained the research to the subject and answered all his/her questions. I will give a copy of the signed consent form to the subject and his/her parent/guardian.

\_\_\_\_\_  
Signature of Person Obtaining Assent

\_\_\_\_\_  
Date

## APPENDIX C

### Assent Form—Portuguese

Universidade de Baylor  
Saúde, Desempenho humano e recreação  
Formulário de consentimento para pesquisa

TÍTULO DO PROTOCOLO:	Através dos olhos da juventude brasileira: usando photovoice para entender as barreiras para a qualidade de vida.
PRINCIPAL INVESTIGADOR:	Beth Lanning, PhD
COM O APOIO DE:	Universidade de Baylor, Dpto. (URSA) Undergraduate Research and Scholarly Achievement

#### **O que é uma pesquisa de estudo?**

Gostaríamos de lhe falar sobre uma pesquisa de estudos que estamos fazendo. Pesquisas nos ajudam a aprender coisas novas e testar novas ideias. Pessoas que trabalham com pesquisas de estudo são chamadas de pesquisadoras. Durante essas pesquisas, os pesquisadores coletam muitas informações para que eles possam aprender mais sobre determinado assunto. Nós estamos fazendo esse estudo porque gostaríamos de aprender mais sobre a sua comunidade, o que vocês pensam que pode ajudá-la a ter uma vida saudável e quais são os obstáculos para ser saudável. Estamos pedindo que você se junte a nós nesse estudo, pois queremos ideias de adolescentes como vocês.

Existem algumas coisas que você deveria saber sobre esse estudo:

- É você quem decide se quer fazer parte do estudo
- Você pode dizer “não” ou “sim”
- O que você decidir está “ok!”
- Se você disser “sim” agora, você pode mudar de ideia e dizer “não” depois
- Ninguém ficará chateado se você disser “não”
- Você pode nos fazer perguntas a qualquer momento
- Nós também providenciaremos a autorização dos seus pais/tutor/responsável legal para que você possa fazer parte desse estudo

A pessoa responsável por esse estudo é a Beth Lanning e ela é chamada a “pesquisadora”.

#### **O que eu vou fazer se estiver nessa pesquisa de estudos?**

Se você decidir fazer parte desse estudo, nós pediremos que você:

- Venha a uma reunião para aprender mais sobre o estudo

- Venha a algumas reuniões com outros adolescentes para conversar sobre a sua comunidade e o que significa ser saudável na sua comunidade.
- Tire fotos na sua comunidade que mostrem o coisas que facilitam e que dificultam uma vida saudável.
- Explique as figuras para os outros membros do estudo.
- Explique ao pastor da sua igreja e aos diretores da escola o que as fotos significam pra você.

Durante esse estudo, nós pediremos que você venha a igreja para ver os pesquisadores 4 vezes. O estudo durará duas semanas.

#### **Gravação de áudio/video**

Nós gostaríamos de fazer uma gravação de áudio com você durante os encontros dos grupos de estudo/reuniões. Se você for gravado, provavelmente será possível te identificar na gravação. Nós iremos armazenar essas gravações em um computador criptografado e somente os pesquisadores serão capazes de ouvi-las. Se você não quiser ser gravado, poderá participar do estudo da mesma forma.

#### **Alguma coisa ruim pode acontecer comigo enquanto eu estiver nesse estudo?**

As perguntas podem ser difíceis de responder ou podem te chatear. Você pode pular qualquer pergunta que você não quiser responder.

Você pode não gostar das fotos que você tirou ou qualquer foto que tirem de você. Você não precisa guardar essas fotos ou permitir que os pesquisadores tenham essas fotos.

Estar nesse estudo pode te ajudar, porque você será capaz de contar a sua história sobre ser saudável para outras pessoas. Você pode ajudar outras pessoas a entender as mudanças necessárias para fazer da sua comunidade uma comunidade mais saudável.

Esse estudo irá nos ajudar a aprender mais sobre aspectos que tornam mais difíceis para você tomar decisões saudáveis.

#### **O que mais eu devo saber?**

Você não precisa estar nesse estudo se você não quiser.

Também não há problema em dizer "sim" e depois mudar de ideia. Você pode parar de fazer parte da pesquisa a qualquer momento. Se você quiser parar, diga ao pesquisador. Ninguém ficará chateado com você.

### **E se eu tiver qualquer pergunta sobre essa pesquisa de estudos?**

Você pode nos ligar se tiver qualquer preocupação ou perguntas sobre a pesquisa. Dr. Robert Doyle, da universidade de Baylor, possui um telefone com um número local (Anchieta, ES, Brasil); você deve ligar para esse número caso tenha perguntas: +55 28 99880-9601.

Se você tiver outras perguntas/dúvidas sobre o estudo e quiser conversar com alguém que não faz parte da pesquisa, você pode ligar para a Universidade de Baylor através do escritório do Vice-reitor para pesquisas: 254-710-1438.

### **Termo de consentimento:**

Se você deseja fazer parte desse estudo, escreva o seu nome abaixo:

\_\_\_\_\_

Assinatura

\_\_\_\_\_

Data

### **Assinatura da pessoa que está obtendo consentimento:**

Eu expliquei a pesquisa para o(a) indivíduo(a) e respondi todas as perguntas dele(a). Darei uma cópia do formulário de consentimento assinado para ele(a) e seus pais/tutores/responsáveis legais.

\_\_\_\_\_

Assinatura da pessoa que obtém o consentimento

\_\_\_\_\_

Data

## APPENDIX D

### Parent/ Guardian Release Form -Portuguese

Universidade de Baylor  
Saúde, Desempenho humano e recreação

#### Formulário de autorização dos pais/tutores/responsáveis legais para pesquisa

TÍTULO DO PROTOCOLO: Através dos olhos da juventude brasileira: usando photovoice para entender as barreiras para a qualidade de vida.

PRINCIPAL INVESTIGADOR: Beth Lanning, PhD

COM O APOIO DE: Universidade de Baylor, Dpto. (URSA)  
Undergraduate Research and Scholarly  
Achievement

As pessoas elegíveis para fazer parte desse estudo podem não ser capazes de dar o consentimento, pois elas possuem menos de 18 anos de idade (um menor, tendo a idade entre 13-15). Ao invés disso, iremos pedir aos seus pais/tutores/responsáveis legais que deem a permissão para que elas possam fazer parte desse estudo. Pediremos ao menor (que deu seu consentimento) que concorde em dar o seu consentimento em um formulário separado.

#### **Introdução**

Por favor, leia esse formulário cuidadosamente. O propósito desse formulário é lhe fornecer informações importantes a respeito de um estudo científico que esperamos que seu/sua adolescente participe. Se alguma declaração ou palavras nesse formulário não estiver clara, entre em contato conosco. Ficaremos felizes em responder qualquer pergunta. Você tem o direito de discutir a respeito desse estudo com outra pessoa que não faça parte desse time de pesquisa, antes de tomar a sua decisão sobre a participação (ou não) do(a) seu/sua adolescente.

A participação de seu/sua adolescente é voluntária. Se você deixá-lo(a) participar desse estudo científico, nós pediremos que você assine esse formulário. Pediremos que seu/sua adolescente assine um formulário de consentimento se ela/ele tiver idade suficiente para entender. Ele(a) pode recusar fazer parte mesmo se você fornecer a permissão. Daremos a você uma cópia dos formulários assinados.

A pessoa responsável por esse estudo é a Dra. Beth Lanning. Iremos nos referir a essa pessoa como “pesquisadora” ao longo desse formulário.

#### **Por que esse estudo está sendo feito?**

O objetivo desse estudo é examinar a qualidade de vida e as barreiras para saúde da juventude na comunidade. Estamos pedindo que seu/sua adolescente participe desse

Version date: 06/09/2017

1

estudo pois ele/ela possui a idade entre 13 e 15 anos e está vivendo nessa comunidade. Aproximadamente 15 jovens farão parte desse estudo científico.

**Por quanto tempo a meu(inha) adolescente fará parte desse estudo científico?**

Esperamos que seu/sua adolescente esteja nesse estudo científico por, aproximadamente, duas semanas (12-14 dias). Durante esse tempo, pediremos que ele(a) participe de, pelo menos, três grupos de estudo e uma apresentação para o pastor da igreja e o grupo de photovoice de Baylor. Os encontros na Igreja Batista Nova Vida (Jardim Carapina, ES) acontecerão provavelmente no domingo (09/07), quinta-feira (13/07), domingo (16/07), quinta-feira (20/07) – dias normais de encontros na igreja.

Os encontros na PIBA Recanto do Sol (Anchieta) provavelmente acontecerão no domingo (23/07), quarta-feira (26/07), domingo (30/07) e quarta-feira (02/08).

**O que irá acontecer se a meu(inha) adolescente participar desse estudo científico?**

Será pedido que a seu/sua adolescente:

- Participe da sessão de orientação de estudo. Os pesquisadores discutirão o objetivo do estudo e as diretrizes éticas para tirar fotos.
- Participe de um grupo de estudo. Um grupo de estudo é um pequeno grupo de pessoas que discutem sobre um tópico em específico. O grupo de estudo será liderado por um membro do corpo de pesquisadores. O líder do grupo de estudo perguntará aos membros do grupo a opinião deles sobre ser saudável em sua comunidade.
- Tire fotos. Seu/sua adolescente receberá uma câmera digital e será pedido que ele(a) tire fotos para responder perguntas discutidas no grupo de estudo.
- Participe de uma apresentação. Pediremos que seu/sua adolescente fale sobre as fotos com os outros jovens do grupo de estudo. Para o projeto final, pediremos que seu/sua adolescente faça parte de um grupo que se apresentará para o pastor da igreja e para os diretores da escola.

Se você concordar em permitir a participação de seu/sua adolescente nesse estudo, solicitaremos que assine o formulário de permissão antes de fazer qualquer procedimento de estudo.

**Gravação de Áudio/Video**

Gostaríamos de fazer uma gravação de áudio de seu/sua adolescente durante esse estudo. Se seu/sua adolescente for gravado(a), será possível identificá-lo(a) na gravação. Iremos armazenar essas gravações em um computador criptografado e somente estudantes autorizados e membros do corpo de pesquisa serão capazes de acessá-las. Iremos rotular essas gravações com um código, ao invés do nome do nome da sua criança. A chave para o código conecta o nome de seu/sua adolescente à gravação. O pesquisador manterá a chave do código em um computador (protegido por senha) por três anos.

A gravação de áudio é opcional para esse estudo. Se você não deseja que seu/sua adolescente seja gravado(a), ainda assim, ele(a) poderá participar do estudo. Você vai indicar a sua decisão no final desse formulário.

#### **Quais são os riscos de participar desse estudo científico?**

Os pesquisadores pedirão que a seu/sua adolescente e as outras pessoas no grupo usem apenas o primeiro nome durante o grupo de estudo. Também pedirão que seu/sua adolescente não conte para ninguém fora do grupo o que alguém disse em particular no grupo. O grupo decidirá coletivamente o que será fotografado e quais perguntas todos no grupo responderão usando as fotos; pois os participantes farão uma apresentação para o pastor da igreja e os diretores da escola, então a identidade do(a) seu/sua adolescente pode ser revelada. Posteriormente, os pesquisadores não poderão garantir que todos manterão as discussões em privado.

#### **Perda de confidencialidade**

Um risco de fazer parte desse estudo é a perda de confidencialidade. Perda de confidencialidade inclui: ter uma informação pessoal de seu/sua adolescente compartilhada com alguém que não faz parte do time de estudo e que não deveria ver ou saber sobre a sua informação. Os planos dos pesquisadores é de proteger a sua confidencialidade. Esse plano sobre manter a suas informações privadas será descrito posteriormente nesse formulário de consentimento.

Podem haver outros riscos em participar desse estudo científico que nós não sabemos. Se soubermos de outros riscos, deixaremos você e seu/sua adolescente cientes sobre quais são esses riscos, para que você possa decidir se quer ou não que seu/sua adolescente continue fazendo parte desse estudo.

#### **Achados incidentais**

Embora as discussões que seu/sua adolescente terá nesse estudo sejam apenas para fins de pesquisa, é possível que outros pesquisadores percebam alguma coisa que seja importante para a saúde do(a) seu/sua adolescente. Se acontecer, iremos entrar em contato com você para explicar o que foi percebido. Se você desejar, também conversaremos com o médico particular dele(a). Se a seu/sua adolescente não possuir um médico particular, nós iremos encaminhá-lo(a) para uma clínica apropriada para fazer esse acompanhamento. Será de sua escolha fazer exames adicionais/tratamentos para validar o que foi observado, e você ou o seu plano de saúde serão responsáveis por esses custos.

#### **Existe algum benefício por estar nesse estudo científico?**

Version date: 06/09/2017

3

Seu/sua adolescente pode ou não ter benefícios por fazer parte desse estudo. Possíveis benefícios incluem: identificar importantes fatores de saúde da comunidade dele(a). Seu/sua adolescente pode se sentir empoderado, pois esse projeto de pesquisa é designado para fazer com que o participante demonstre e discuta problemas de saúde que são importantes para ele(a).

Outros podem se beneficiar no futuro pelas informações que serão aprendidas nesse estudo. Os pesquisadores, o pastor da igreja e os diretores da escola serão capazes de ver problemas de saúde na comunidade pelos olhos dos participantes – vendo as fotografias tiradas por eles.

#### **Quais alternativas são disponíveis?**

Participar desse estudo é voluntário. Você pode escolher não permitir seu/sua adolescente fazer parte desse estudo científico.

#### **Armazenando informações de estudo para uso futuro**

Gostaríamos de armazenar as informações de estudo do(a) seu/sua adolescente para pesquisas futuras relacionadas as barreiras para a saúde na comunidade dele(a). Iremos rotular todas as informações de estudo do seu/sua adolescente com um código, ao invés do nome dele(a). A chave para o código conecta o nome do(a) seu/sua adolescente à informação de estudo. O pesquisador manterá a chave do código em um computador (protegido por senha) por três anos.

Uso futuro das informações de estudo são necessárias nesse estudo científico. Se você não deseja que informações sobre seu/sua adolescente sejam usadas em uma pesquisa futura, você não deve dar permissão para ele(a) participar desse estudo.

#### **Como vocês manterão a gravação de estudo do(a) meu(minha) adolescente confidencial?**

Manteremos as gravações desse estudo confidencial usando apenas o primeiro nome do seu/sua adolescente durante o estudo e removendo todas as informações identificáveis antes de divulgar os resultados. Faremos todo esforço para manter as gravações do(a) seu/sua adolescente confidencial. Entretanto, há momentos em que as leis federais ou estaduais exigem a divulgação dos registros do(a) seu/sua adolescente.

Se, durante a sua participação nesse estudo, nós tivermos razões plausíveis para acreditar que seu/sua adolescente está sofrendo com alguma forma de abuso, nós somos obrigados a denunciar essa situação para as autoridades locais, nos termos da lei.

A pesquisadora fará todo esforço plausível para proteger a confidencialidade das informações de pesquisa do(a) seu/sua adolescente. Entretanto, pode ser possível que um tribunal civil ou criminal exija a divulgação de informações de pesquisa identificáveis.

Se, durante a participação do(a) seu/sua adolescente nesse estudo científico, nós tivermos razões para acreditar que ele(a) é um risco por estar prejudicando ele(a) mesmo(a) ou outros, seremos obrigados a tomar ações necessárias. Isso pode incluir notificar o médico do(a) seu/sua adolescente, a enfermeira da clínica de saúde pública, o terapeuta dele(a), ou outros indivíduos. Se acontecesse, não seríamos capazes de assegurar confidencialidade.

As pessoas ou grupos a seguir podem revisar as gravações de estudo do(a) seu/sua adolescente com fins de controle da qualidade ou segurança:

- A pesquisadora e os membros do grupo de pesquisa
- Membros autorizados da universidade de Baylor que possam precisar ver informações sobre seu/sua adolescente, assim como funcionários administrativos do gabinete do Vice-Reitor para a Investigação e membros do Conselho de Revisão Institucional (um comitê que é responsável pela supervisão ética do estudo)
- O patrocinador ou agência de financiamento para este estudo
- Agências federais e estaduais que supervisionam ou revisam pesquisas (assim como o HHS Office of Human Research Protection or the Food and Drug Administration – Escritório de Proteção à pesquisa Humana ou Administração de comida e drogas)

Os dados do estudo serão armazenados em computadores protegidos com senhas criptografadas dos pesquisadores, em um armário trancado do escritório da pesquisadora na Universidade de Baylor.

Os resultados desse estudo podem também ser usados para ensino, publicações, ou apresentações em reuniões profissionais. Se os resultados individuais do(a) seu/sua adolescente for discutido, a identidade dele(a) será protegida usando um código ou pseudônimo ao invés do nome ou informação identificável.

#### **Participação no estudo e Retirada antecipada**

Permitir seu/sua adolescente a participar desse estudo é escolha sua. Você é livre para não permitir que ele(a) faça parte ou retirá-lo(a) a qualquer momento, por qualquer razão. Não importa o que você decidir, não haverá nenhuma punição ou perda de benefício se você decidir retirar seu/sua adolescente desse estudo, a informação que ele(a) já tiver fornecido será mantida confidencial. Você não pode retirar as informações coletadas antes da retirada do seu filho.

A pesquisadora pode tirar seu/sua adolescente desse estudo sem a sua permissão. Isso pode acontecer pelos seguintes motivos:

- A pesquisadora pensa que é do interesse do seu/adolescente
- Seu/sua adolescente não pode fazer as visitas de estudo necessárias
- Outras razões administrativas

#### **Meu(inha) adolescente será pago por participar desse estudo?**

Version date: 06/09/2017

5

Não, ele(a) não será pago por fazer parte desse estudo.

**O que irá me custar para fazer parte desse estudo científico?**

Não existem custos para você ou seu/sua adolescente por participar desse estudo.

**E se eu tiver alguma pergunta ou preocupações sobre esse estudo científico?**

Você pode nos ligar caso tiver qualquer dúvida ou preocupação. Dr. Roberto Doyle, da Universidade de Baylor, possui um número de telefone local (Anchieta, ES, Brasil) e você pode ligar com qualquer questionamento: +55 (28) 99880-9601.

Se você desejar falar com qualquer pessoa que não está diretamente envolvida com esse estudo científico, você deve contactar o IRB, da universidade de Baylor, através do gabinete do vice-Reitor para pesquisas, no número: 254-710-1438 (Estados Unidos). Você pode falar sobre:

- Os direitos do(a) seu/sua adolescente por ser um objeto de pesquisa
- Suas preocupações ou do(a) seu/sua adolescente sobre a pesquisa
- Uma reclamação sobre a pesquisa

**Indique a sua decisão para a pesquisa nas alternativas opcionais abaixo, discutidas anteriormente nesse formulário.**

**Consentimento opcional para pesquisa futura com as informações de estudo:**

Você concorda em nos permitir armazenar as informações de estudo do(a) seu/sua adolescente para pesquisas futuras pesquisas relacionadas a esse estudo?

\_\_\_\_\_SIM                      \_\_\_\_\_NÃO                      \_\_\_\_\_INICIAIS/RÚBRICA

**Termo de consentimento**

**ASSINATURA DOS PAIS/TUTORES/RESPONSÁVEIS LEGAIS DO(A) ADOLESCENTE:**

Eu dou meu consentimento para que meu(inha) adolescente faça parte dessa pesquisa científica e concord[em] em permitir que suas informações de saúde sejam usadas e compartilhadas como descrito acima.

\_\_\_\_\_  
Assinatura dos pais/tutores/responsáveis legais

\_\_\_\_\_  
Data

\_\_\_\_\_  
Version date: 06/09/2017

\_\_\_\_\_  
6

Assinatura dos pais/tutores/responsáveis legais

Data

**Testemunha de Permissão de Pais /Tutores/Responsáveis legais que não podem ler ou escrever (fisicamente Incapaz de falar ou escrever)**

**Consentimento da testemunha**

Eu represento que o formulário de permissão foi apresentado oralmente para os pais/tutores/responsáveis legais em seu idioma, que foi dada aos pais/tutores/responsáveis legais a oportunidade de fazer perguntas e que eles indicaram seu consentimento para a participação do(a) seu/sua adolescente por (marque um quadrado, conforme aplicável):

Fazendo sua assinatura/marca acima

Outros significados

\_\_\_\_\_  
(preencha acima)

\_\_\_\_\_  
Assinatura da testemunha

\_\_\_\_\_  
Data

**Assinatura de pessoa que está obtendo permissão dos pais/tutores/responsáveis legais:**

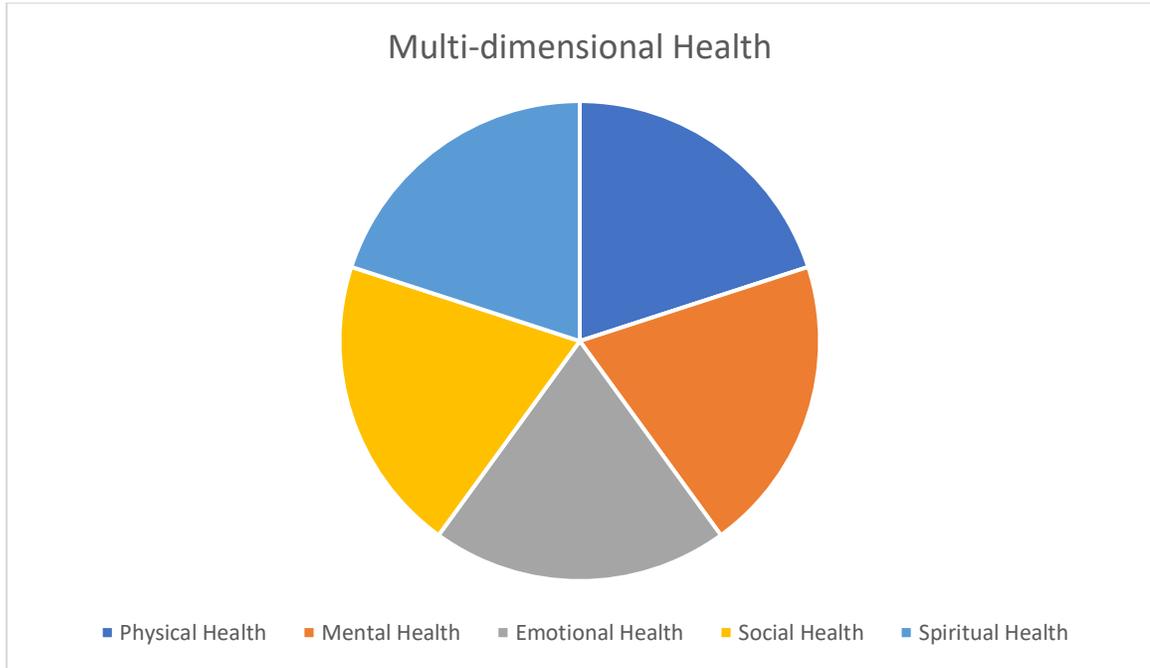
Eu expliquei a pesquisa para os pais/tutores/responsáveis legais e respondi a todas as suas perguntas. Darei uma cópia do formulário de permissão assinada para eles.

\_\_\_\_\_  
Assinatura da pessoa que está obtendo a permissão

\_\_\_\_\_  
Data

APPENDIX E

Focus Group #1 Visual Aid



## APPENDIX F

### Focus Group #2 SHOWeD Method and Questions

#### SHOWeD Method

**S:** What do you See here?

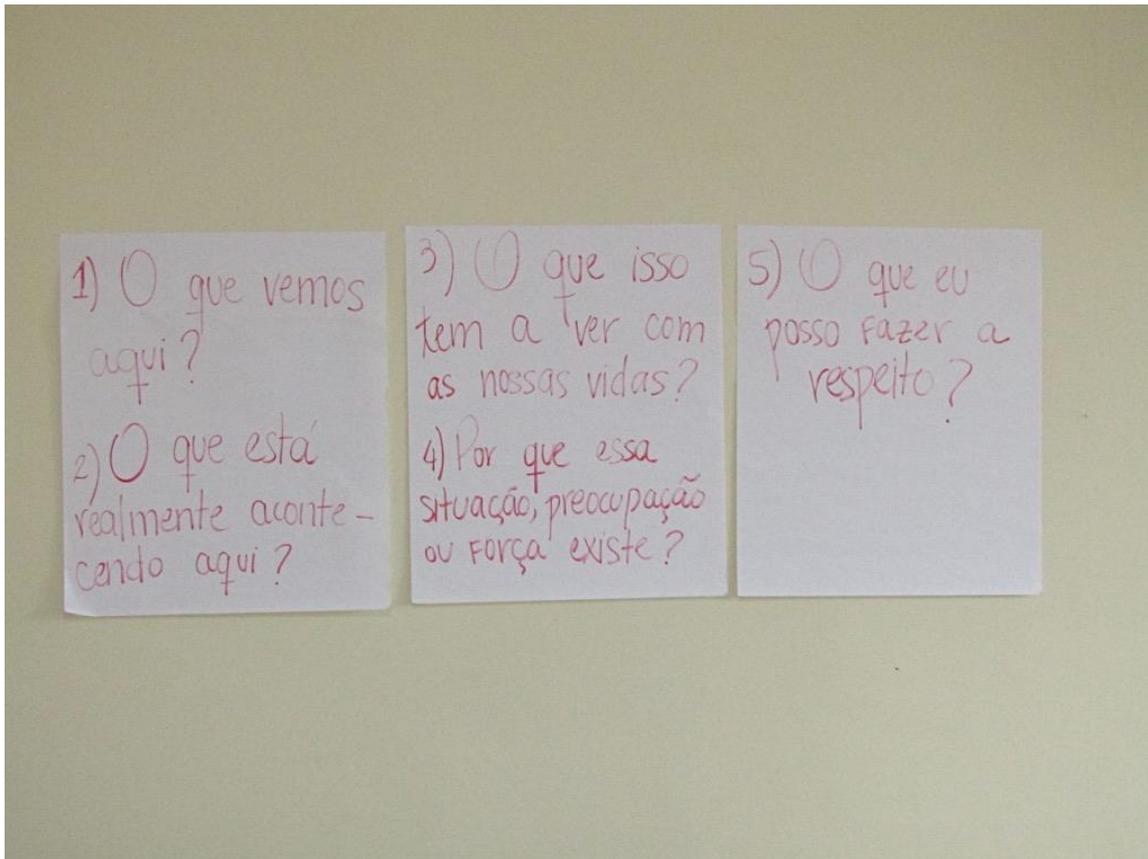
**H:** What is really Happening here?

**O:** How does this relate to Our lives?

**W:** Why does this situation, concern, or strength exist?

**D:** What can we Do about it?

#### Questions in Portuguese



## APPENDIX G

### Photographic Consent

Baylor University

Brazil Photovoice Project

Permission to use my image in this photo:

I \_\_\_\_\_ (name of person in photo)

give my permission to use my image in this photo for the use in the Baylor/Brazil Photovoice project being carried out by members of the Baylor in Brazil team and the community participants.

I authorize the team to use and publish the same in print, video and or/electronically.

I have read and understood the above.

\_\_\_\_\_

Signature of person in photo

\_\_\_\_\_

Date

Parent/guardian permission is required if under 18 years of age.

\_\_\_\_\_

Signature of parent/guardian

\_\_\_\_\_

Date

## APPENDIX H

### Participant Posters—Examples



APPENDIX H

Stakeholder Presentation



## BIBLIOGRAPHY

- Booth, T., & Booth, L. (2003). In the frame: Photovoice and mothers with learning difficulties. *Disability and Society*, 18(4):431-442
- Call, K. T., & Mortimer, J. T. (2001). *Arenas of comfort in adolescence: A study of adjustment in context*. Mahwah, NJ: Erlbaum.
- Call, K. T., Riedel, A. A., Hein, K., McLoyd, V., Petersen, A., & Kipke, M. (2002). Adolescent health and well-being in the twenty-first century: A global perspective. *Journal of Research on Adolescence*, 12(1), 69-98.
- Catalani, C., & Minkler, M. (2010). Photovoice: a review of the literature in health and public health. *Health Education and Behavior*, 37(3): 424-451. doi: 10.1177/1090198109342084.
- Currie, C., Gabhainn, S., Godeau, E., Roberts, C., Smith, R., Currie, D., Barnekow, V. (2008). Inequalities in young people's health: *Health behaviour in school-aged children international report from the 2005/2006 survey*. Copenhagen, Denmark: WHO. Retrieved from [http://www.euro.who.int/\\_data/assets/pdf\\_file/0005/53852/E91416.pdf](http://www.euro.who.int/_data/assets/pdf_file/0005/53852/E91416.pdf)
- Currie, C., Nic, G.S., & Godeau, E. (2009). International HBSC Network Coordinating Committee. The health behaviour in school-aged children: WHO collaborative cross-national (HBSC) study: Origins, concept, history and development 1982–2008. *International Journal of Public Health*, 54, S225–34.
- Escola Sesi. (2017). Retrieved April 13, 2018, from <http://www.sesims.com.br/escola/#home>
- Fatusi, A. O., & Hindin, M. J. (2010). Adolescents and youth in developing countries: Health and development issues in context. *Journal of Adolescence*, 33(4), 499–508. <https://doi.org/10.1016/j.adolescence.2010.05.019>
- Formação econômica - PREFEITURA MUNICIPAL DE ANCHIETA - ES. (n.d.). Retrieved April 28, 2018, from <http://www.anchieta.es.gov.br/pagina/ler/1050/formacao-economica>
- Freire, P. (1970). *Pedagogy of the oppressed*. Harmondsworth: Penguin.

- Graziano, KJ. (2004). Oppression and resiliency in a post-apartheid South Africa: unheard voices of Black gay men and lesbians. *Cultural diversity & ethnic minority Psychology*, 10(3), 302-16.
- Lai, E., & Goo Kuratani, D. L. (2011). Photovoice Literature Review. *Tobacco Education and Materials (TEAM) Lab*.
- Lopez, A.D., Mathers, C.D, Ezzati, M., Jamison, D. T., & Murray, C. (2006). Global and regional burden of disease and risk factors, 2001: Systematic analysis of population health data. *Lancet*, 367:1747–57.
- Município de Anchieta- Município e a cidade, Espírito Santo. (n.d.). Retrieved April 28, 2018, from <https://www.cidade-brasil.com.br/municipio-anchieta.html#municipio>
- Oliveira-Campos, M., Nunes, M. L., Madeira, F. de C., Santos, M. G., Bregmann, S. R., Malta, D. C., ... Barreto, S. M. (2014). Sexual behavior among Brazilian adolescents, National Adolescent School-based Health Survey (PeNSE 2012). *Revista Brasileira de Epidemiologia*, 17, 116–130. <https://doi.org/10.1590/1809-4503201400050010>
- Patton, G.C., Coffey, C., Sawyer, S.M., Viner, R. M., Haller, D. M., Bose, K., . . . Mathers, C. D. (2009). Global patterns of mortality in young people: A systematic analysis of population health data. *Lancet*, 374:881–92.
- Palibroda, B., Krieg, B., Murdock, L., & Havelock, J. (2009). *A practical Guide to photovoice: Sharing, pictures, telling stories and changing communities*. Winnipeg, Manitoba: The Prairie Women’s Health Centre of Excellence. Retrieved from [http://www.pwhce.ca/photovoice/pdf/Photovoice\\_Manual.pdf](http://www.pwhce.ca/photovoice/pdf/Photovoice_Manual.pdf)
- Rosler, M. (1989). In around and afterthoughts (on Documentary Photography), In: R. Bolton (ed.) *The contest of meaning: Critical histories of photography*. Cambridge MA: The MIT Press.
- Rutter, M. (1990). Psychosocial resilience and protective mechanisms. In J. Rolf, A. S. Masten, D. Cicchetti, K. H. Neuchterlein, & S. Weintraub (Eds.), *Risk and protective factors in the development of psychopathology* (pp. 181–214). New York: Cambridge University Press.
- Samarco Noticias. New Integrated Center Sesi / Senai, in Anchieta (ES), has the support of Samarco - Samarco. (2011). Retrieved April 5, 2018, from <http://www.samarco.com/noticia/novo-centro-integrado-sesisenai-em-anchieta-es-conta-com-apoio-da-samarco/>

- Strack, R., Magill, C. & K. McDonagh, K. (2004). Engaging youth through photovoice. *Health Promotion Practice*, 5(1): 49-58.
- Streng, J. M., Rhodes, S. D., Ayala, G. X., Eng, E., Arceo, R., & Phipps, S. (2004). Realidad Latina: Latino adolescents, their school, and a university use photovoice to examine and address the influence of immigration. *Journal of Interprofessional Care*, 18(4), 403-415.
- U.S. Department of Health and Human Services, National Institutes of Health, & National Institute on Alcohol Abuse and Alcoholism. (n.d.). Alcohol Across the Life Span. Retrieved April 11, 2018, from <https://pubs.niaaa.nih.gov/publications/StrategicPlan/NIAA STRATEGICPLAN.htm>.
- Wang, C. (1999). Photovoice: A participatory action research strategy applied to women's Health. *Journal of Women's Health*, 8(2): 185-192.
- Wang, C., Burris, M., & Xiang, Y.P. (1996). Chinese village women as visual anthropologists: A participatory approach to reaching policymakers. *Social Science and Medicine*, 42, 1391-1400.
- Wang, C., & Burris, M. (1994). Empowerment through photo novella: Portraits of participation. *Health Education Quarterly*, 21(2), 171-186.
- Wang, C. C. & Redwood-Jones, Y. A. (2001). Photovoice ethics: Perspectives from Flint photovoice. *Health Education & Behavior*, 28(5), 560-572.
- Whitney, J.C. (2006). My education: Students with disabilities describe high school in pictures and words. *Teaching Exceptional Children Plus*, 3(2). Retrieved from <http://files.eric.ed.gov/fulltext/EJ967118.pdf>
- WHO | Health in the Sustainable Development Goals. (n.d.). Retrieved January 31, 2017, from <http://www.who.int/mediacentre/commentaries/2016/health-sustainable-goals/en/>