London School of Economics and Political Science

A Picture of Health:

Participation, Photovoice and Preventing HIV among Papua New Guinean Youth

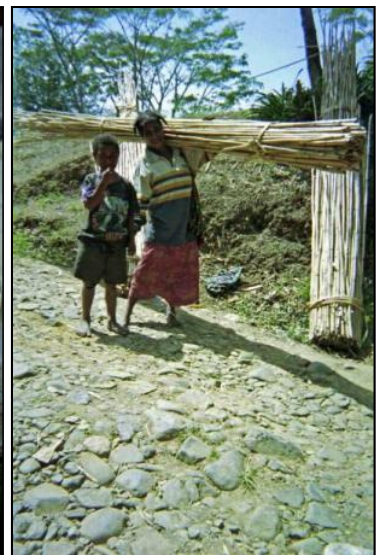Photo: Dalcie Philip, Goroka   Photo: Florence Aneto, Kainantu   Photo: Lucas Dorum, Banz
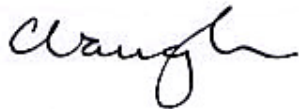
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A thesis submitted to the Institute of Social Psychology of the London School of Economics and Political Science for the degree of Doctor of Philosophy, London, May 2011

Declaration

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Abstract

Participation has been linked with better health outcomes for young people in a range of settings, with an extensive literature extolling the benefits of a participatory approach to youth-focused HIV-prevention programs in particular. However the processes of participation, and how the ideals outlined in the participation literature can be achieved in the difficult circumstances in which many youth health promotion programs operate, are less often discussed. This thesis responds to calls for more nuanced documentation of situated participatory practices by developing a detailed and contextualised analysis of youth participation in a Photovoice project in the Highlands of Papua New Guinea. The analysis draws upon data generated over a ten-month period (photo-stories, individual interviews, written accounts of participation, group discussions, artefacts produced during participatory analysis, and field-notes) to describe how participation in a project of self-reflection and self-representation can support dialogical engagement and the demonstration of critical thinking. The thesis explores the relationship between these psycho-social changes and young people's subsequent ability to enact strategies to improve their health and well-being. Findings challenge idealised representations of youth participation, demonstrating that young people's ability to act is mediated and bounded by the health-related contexts in which they live. They also demonstrate a disconnect between youth health priorities and the priorities of the programs 'targeting' them; and point to the importance of HIV-prevention programs working to support 'in-between' spaces where youth and community leaders can connect in order to affect wider social environments.

In providing a detailed examination of a Photovoice process, this thesis extends the theoretical basis of an increasingly popular participatory research tool. In analysing the relationship between young people's participation in a research project and their ability to take action on health, this thesis also contributes to social psychological understandings of the pathways through which participation may impact upon health, and in particular affect efforts to prevent HIV.

Acknowledgements

The process of producing this thesis has been a rather protracted one, and has involved my accumulation of considerable debts of gratitude in many and varied quarters.

My deep thanks must go to Professor Cathy Campbell, my supervisor, whose refreshingly honest and intellectually, and morally, challenging critique of the practice of HIV-prevention inspired me to commence this PhD in the first place. I had been following Cathy's publications for some time before I first read *Letting them Die* in 2003. It was at that point that I realised I had to find a way to move to London to work with her, and I am so grateful I was able to do so. Cathy's intellectual influence and constructive criticism have substantially shaped this thesis, and her encouragement and cajoling meant that it actually got finished.

Part of my gratitude to Cathy is that her work persuaded me to come to the Institute of Social Psychology at the LSE. Here I was fortunate to meet a wonderful range of academics and students who introduced me to the world of social psychology. I would like to thank Derek Hook, Andrea Kreideweiss, Melissa Nolas, Carola Nuernberg, Stavroula Tsirogianni, Parisa Dashtipour and Eri Park in particular for their friendship and translation of social psychology-ese.

Over the time that I have been wrestling with this thesis I have been somewhat itinerant, moving between the UK, Papua New Guinea and Australia. In the course of this mobility I have been fortunate to always find a roof over my head. I have many friends to thank in this regard, but would like to acknowledge in particular Clare Murphy, Marion Brown and Mike Crooke (Australia); Rachael Hinton, Sharon Walker and Sister Rose Bernard (Papua New Guinea); and Paula Barrow, Melissa Nolas and Gus Hosein (UK). When my circumstances in Melbourne changed somewhat, and I was no longer able to work from home, Marion Brown and Mike Crooke sacrificed their spare bedroom to my piles of stuff and their kettle to my procrastinations. Without them this thesis would never have been completed.

I have been fortunate throughout the PhD process to have been able to count on friends, colleagues and mentors to keep me sane, keep me learning, and keep me grounded. In addition to those already mentioned, I would particularly like to thank Anne Holland, Anne Malcolm, Bessie Maruia, Caroline Tiriman, Cathy Emery,

Contents

List of maps and figures

Photographs taken by research participants or others are acknowledged by name in this thesis. Where there is no source of an image acknowledged, the photograph was taken by the author.

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
AusAID	Australian Agency for International Development
BCC	Behaviour Change Communication
EHP	Eastern Highlands Province
GoPNG	Government of Papua New Guinea
HIV	Human Immunodeficiency Virus
IEC	Information Education Communication
KAP	Knowledge Attitude Practice
NAC	National AIDS Council
NACS	National AIDS Council Secretariat
NDOH	National Department of Health
NGO	Non-government Organisation
NHASP	National HIV/AIDS Support Project
PAC	Provincial AIDS Committee
PNG	Papua New Guinea
PMV	Public Motor Vehicle (most commonly a mini-bus)
PAR	Participatory Action Research
PRA	Participatory Rural Appraisal
SCiPNG	Save the Children in PNG
STI	Sexually Transmitted Infection
WHO	World Health Organisation
WHP	Western Highlands Province
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing (for HIV)
YOP	Youth Outreach Project (implemented by SCiPNG)

Glossary of Tok Pisin terms used

Drug bodi   Drug body; a person whose regular and heavy marijuana use has visible effects on the body; an addict

Gangsta   Gangster/gang member (US slang adopted by young Papua New Guineans; associated in both contexts with violent urban gangs)

Kanaka   Indigenous person; village, ordinary or traditional person (*bus kanaka* refers to a wild, uncivilised person and is a derogatory term). The Kanaka Youth Group reclaims the word 'kanaka' to indicate that they are a self-formed grassroots group of village youth

Kastom   Traditional culture (including tradition, norms, law and religion)

Lain   Clan or extended family; *wanlain* refers to a person of the same age or social group

Mi gat numba nau   Idiom which literally translates as "I've got a number now". To be a person with a (telephone) number is to be a person with status or importance in the community

Raskol   Criminal; member of a gang associated with violent crime

Raskolism   Criminal activities; criminality

Sanguma   Sorcery or witchcraft

Sik AIDS   The illnesses associated with progressed HIV infection (AIDS)

Spak Brus   Marijuana (often also referred to as New Guinea Gold)

Stim   Steam; illicit, distilled and potent home-brewed alcohol

Stim bodi   Steam body; a person who regularly consumes distilled home-brew; an addict

Tok Piksa   Talking through pictures; a metaphor or parable

Tok Pisin   Most widely spoken of the three national languages of Papua New Guinea (the others being English and Motu), and lingua franca for Highlands language groups; Melanesian Pidgin

Tok Ples   Local language; first language or mother tongue

Wantok   One who speaks the same language; member of same clan or tribe; relative. In national/international contexts can refer to someone from the same province or a fellow Papua New Guinean

Wantok system   An unwritten social contract of mutual obligation and entitlement found in many parts of Melanesia; a complex web of reciprocity, duties and obligations based predominantly on language group ('one talk'), though who could be considered a *wantok* varies according to context. In local village contexts, these obligations apply to family or clan. In urban contexts however, these obligations may apply to someone from the same province

Overview of the thesis

This thesis describes the Tok Piksa Project, a participatory research project undertaken with young people in the Highlands of Papua New Guinea. The specific aims of the research were two-fold: to establish young Papua New Guineans' priorities in relation to health and HIV; and to explore how participation may affect young people's ability to take action to address their health priorities.

The *first chapter* of this thesis introduces the reader to Papua New Guinea, and more specifically to the three locations in the Highlands where the research took place. It broadly outlines the health situation of young people in PNG, and gives an overview of the local HIV epidemic and the national response. In this chapter I also reflect upon the origins of the Tok Piksa Project and on the context of my relationships with the Tok Piksa participants.

The *second chapter* reviews those HIV-prevention strategies most commonly implemented in Papua New Guinea, noting their rationale and limitations. The increasing international emphasis on community participation and mobilisation for HIV-prevention is discussed in relation to the 'participatory turn' of youth-focused programs in PNG. In this chapter I present a social psychological approach to participation that substantially informed the development of the Tok Piksa Project, and introduce the concepts of empowerment and young people's processes of becoming-empowered.

The theoretical framework of this research project is presented in *Chapter 3*. This builds upon a social psychological understanding of participation, and is structured around three key concepts central to theorising participation – dialogue, critical thinking, and safe social spaces. I explore the pre-conditions for dialogue and the development of critical consciousness, particularly in relation to the contexts in which they occur. I introduce the

notion of alternative publics as spaces for supporting young people's participation in dialogue and critical thinking in relation to health.

In the *fourth chapter* I demonstrate how the theoretical framework of the thesis played a key role in the design of this project. In this chapter I position the research within the broad continuum of participatory action research, and present a theoretical rationale for choosing to predominantly use Photovoice as my research methodology. I describe the activities and participants involved in the Tok Piksa Project, through whom the range of research data generated by the project was produced. I then outline the corpus of research material, and the strategies used in my analysis of this data and in my efforts to achieve transferability of research findings. I conclude the chapter by addressing the ethical issues associated with the approach taken.

Chapter 5 is the first of the empirical chapters in this thesis and presents my analysis of the ways that the participatory processes associated with the Tok Piksa Project affected the young people involved. Their participation resulted in psycho-social changes; the development of new knowledge and skills; and expanded social networks. For many of the youth, participation could be described as empowering on an individual level. This chapter also outlines factors that were barriers to, or enabling of, the young people's sustained participation in the project. I conclude the chapter by presenting examples where dialogue could be seen to have occurred during the research process, as well as instances where there was a failure of dialogue.

In *Chapter 6* I present the young people's perspectives on health and their critically framed health priorities. The influences on health that the participants prioritised – access to education, family relationships, gender, drugs and alcohol, violence, unemployment, and access to basic infrastructure – demonstrate young people's broad and holistic understanding of health that is inextricably linked with their concept of 'development'. I suggest that there is a fundamental mismatch between young people's prioritised health needs, and the 'needs-based' health programs targeting them (that focus on the proximal determinants of HIV

infection). This mismatch reinforces the need to establish a constructive dialogue between what young Papua New Guineans know about health, and the knowledge of those who are trying to support their health and development.

Having outlined the impact of participation on individual young people, and presented their critical reflections upon health, in *Chapter 7* I analyse the health-promoting actions that the youth were subsequently able or unable to take in their communities. I consider the symbolic, material and relational contexts in the three different settings in which the project took place, to assess why some youth were more able to act on health than others. The varied experiences of the Tok Piksa participants demonstrate the difficulty of putting Freirian notions of 'praxis' into 'practice', and the limitations to empowerment evident in particular participatory social spaces. I discuss the importance of 'in-between' spaces where young people and community leaders can connect in order to affect the wider social environments that shape health.

The *final chapter* of this thesis draws all the empirical material together and positions it in relation to the literature and theoretical framework presented earlier. This chapter presents this thesis' contribution to the theoretical grounding of Photovoice; demonstrates how findings contribute to strengthening the social psychology of participation; and examines the implications of this knowledge for the practice of youth-focused health promotion programs, including HIV-prevention initiatives, with a particular emphasis on the role that outside interventions may play in supporting and connecting dialogical social spaces, and in encouraging young people's processes of becoming.

Chapter 1: Arriving at the research setting, arriving at the research question

Participation has been linked with better health outcomes for young people in a range of settings. Researchers and health practitioners advocate for 'youth participation' to improve health, noting that participation may increase the relevance and accessibility of health services (Senderowitz 1998; Harper and Carver 1999; McNeish 1999; Dick, Ferguson et al. 2006; UNICEF 2006); support the development of resilience and other psychosocial resources (Oliver, Collin et al. 2006; Flicker, Maley et al. 2008); and 'empower' young people to make positive health-related behaviour changes (Cargo, Grams et al. 2003; Wallerstein 2006; Wong, Zimmerman et al. 2010). In particular there is an extensive literature extolling the benefits of a participatory approach to youth-focused HIV-prevention programs (see for example Attawell 2004; Campbell, Foulis et al. 2004; Ross, Dick et al. 2006; Hoy, Southavilay et al. 2008; Makiwane and Mokomane 2010).

However, what is less often discussed is *how* participation happens, what it looks like in practice, and how the ideals outlined in the participation literature can be achieved in the difficult circumstances in which many youth health promotion programs operate. In settings of limited resources and opportunities, how does youth participation relate to health-related behaviour change? Does participation support young people to act – individually or collectively – to reduce their own vulnerability to poor health outcomes and, if so, how, and in what circumstances? In what ways might a participatory approach increase young people's ability to take control over their own health, and specifically to prevent HIV?

Young people living in the Pacific Island nation of Papua New Guinea (PNG) are often 'targeted' by HIV-prevention programs claiming, to varying degrees, a participatory approach. Programs describe activities to increase youth

participation with a focus on peer-to-peer dissemination of information, awareness raising, referral of young people to health services, and youth leadership (Buchanan-Aruwafu 2002; NHASP 2006; Save the Children in PNG 2007; Levy 2008; Save the Children in PNG 2008; Burnet Institute 2009; PNG National AIDS Council 2010).   However it is often unclear what is meant by 'participation' in the varied contexts in which these programs operate, and the processes by which this participation is achieved are assumed rather than made explicit.   In-depth evaluation of youth-focused participatory programs in PNG is rare, with the sharing of 'lessons' that have been 'learned' during their implementation tending to occur informally at workshops and meetings (if at all).   Therefore knowledge about the relationship between youth participation and young Papua New Guineans' health is limited, non-specific and anecdotal.

The overall goal of this thesis is to contribute to understandings of how young people can be better supported to take control of their health in the wider context of Papua New Guinea, with all its constraints and possibilities. Various 'outsiders' (be they employees of the state such as teachers, health workers and police; church officials, youth workers and missionaries; researchers; representatives of non-government organisations; and donors) interact with young Papua New Guineans in a range of 'helping' capacities with the goal of improving health outcomes for youth.   In particular, a large proportion of the resources aimed at improving young people's health in PNG is specifically directed at preventing HIV transmission among youth and supporting young people to respond to the impact of AIDS.   It is anticipated that the analysis contained in this thesis can inform the way programs that aim to support young Papua New Guineans in preventing HIV are conceptualised and put into practice.

Recently anthropologists and others have sought to establish how communities in different parts of Papua New Guinea make sense of HIV and AIDS, positioning HIV in local contexts of *kastom* (traditional culture), Christianity, and gender inequality (see for example Wardlow 2002; Lepani 2007; Butt and Eves 2008).   How young Papua New Guineans understand

health and HIV forms the basis of their interactions with HIV-prevention programs and practitioners. However little work has been done specifically with youth to ascertain their perceptions about health, or to determine how they perceive youth vulnerability to HIV infection could be best addressed. The broader priorities of youth in relation to their health and well-being are unknown, and it is unclear where young people think HIV 'sits' in relation to the many other factors impacting on their health in a local context.

Therefore the specific aims of the research described in this thesis are two-fold: to establish young Papua New Guineans' priorities in relation to health and HIV; and to explore how participation may affect young people's ability to take action to address the priorities they identify and reduce vulnerability to poor health outcomes.

This thesis describes the Tok Piksa[1] Project, a participatory research project undertaken with young people in the Highlands of Papua New Guinea (PNG). The Tok Piksa Project sought to work with youth to clarify their priorities in relation to health, and to document these through photographs and stories. The Tok Piksa Project also supported young people to communicate their perspectives on health to community leaders and decision makers through photography exhibitions in their communities, and encouraged their development of strategies to address some of the issues they had identified. This thesis examines the participatory *processes* of the Tok Piksa Project (and their impact on the young people involved); the *findings* of the Tok Piksa Project (the participants' priorities and perspectives on health); and the health-promoting *actions* that the young participants were subsequently able to take in their communities (examining the relationship between context, participation and health-related change). In doing so the thesis responds to calls for more nuanced documentation of situated participatory processes (Cohen and Uphoff 1980; Jones and SPEECH 2001;

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[1] *Tok piksa,* literally translated, means 'talking picture', but in Tok Pisin (the most widely used language in PNG) the phrase also refers to a metaphor or parable. *Tok Piksa* was how the young participants translated the term 'Photovoice', one of the primary methods used in this research

Herr and Anderson 2005; Nolas 2007), and challenges generalised and idealised representations of youth participation.

The detailed and contextualised analysis contained in this thesis is grounded in the locations in which the Tok Piksa Project took place – in the Highlands of Papua New Guinea. As outlined in Chapter 2, a review of research evaluating youth-focused HIV prevention programs reveals that the interaction between planned interventions and the social and structural settings in which they are implemented is often left unexamined. The very real impact of context on practice and behaviours is frequently only discussed in the broadest of generalisations ('culture', 'gender', 'poverty'). By foregrounding the particularities of the local contexts in which this research took place and taking the person-in-context as the minimal unit of analysis (Cornish 2004), this thesis seeks to challenge this convention. In so doing I hope to generate knowledge relevant to programs working with out-of-school youth in the Highlands of Papua New Guinea, and to also develop concepts with more widespread application. Drawing on Cornish (2004), I make no grand claims of generalisability, with findings presumed to be relevant in all contexts. Rather I make the more modest suggestion that aspects of this research will be useful in other settings. As discussed in Chapter 4, this thesis seeks transferability (Lincoln and Guba 1985) through the generation of useful analyses about the processes of participation and about the relationship between participation and context – analyses generated directly by the research experience in these particular local settings.

This introductory chapter describes how the Tok Piksa Project was established. It begins by outlining the process through which I arrived at the research questions addressed by this thesis. It outlines the macro-parameters of the project, introducing Papua New Guinea and describing the health situation of young people there. This is followed by an examination of the HIV situation for Papua New Guinean youth and the emphasis taken in national approaches to prevention of HIV among out-of-school youth. I then introduce the local environments in which the Tok Piksa Project took place,

the youth groups who participated in the project, and reflect on the context of my relationship with these groups of young people. The chapter concludes by introducing the material to come, explaining how the seven remaining chapters of the thesis are organised.

1.1 Stirrings of a research project

I originally trained as a physiotherapist, but after several years as a clinician (in Australia and as a volunteer in Peshawar, Pakistan), I completed a Master of Public Health, conducting research with young people on sexual health in the small Pacific Island nation of Tuvalu. This led to my employment with an Australia-based international health organisation and meant that, before moving to the UK to begin the PhD program which led to this thesis, I had been involved in HIV-prevention work in Papua New Guinea for a number of years. This had included undertaking short-term consultancies (to design, evaluate and provide training for youth-focused projects) for a number of international non-government organisations (NGOs) working with young people in Papua New Guinea and other parts of the region. In the years immediately prior to commencing the doctoral program I had also been repeatedly engaged as a short-term adviser to the large Australian government funded National HIV/AIDS Support Project (NHASP) in Papua New Guinea.

The experiences I had working with HIV-prevention programs in different parts of PNG were mixed. I had the opportunity to meet with and learn from a range of people dealing with the difficult day to day realities of young people's lives in a compassionate and committed way. I also witnessed local frustration at inflexible approaches to what preventing HIV 'should' involve. Donors, NGOs and government bodies alike would pepper their descriptions of HIV-prevention programs with terms such as 'locally-owned', 'community-driven', 'flexible' and 'responsive', and yet restrictions on what projects could and couldn't do at community level were rarely locally produced or understood.

While I was empathetic to field worker frustrations, I also realised it wasn't just a matter of faceless 'high ups' sitting in the capital city being indifferent to the real impact of HIV on the lives of real young Papua New Guineans. The experience of being involved in a large bilateral program operating across the country, as well as in small NGO projects being implemented locally but managed from the capital city, meant I was aware that a range of constraints shaped decisions made about program priorities, resources and approaches at all levels of program management. It was clear that the spending imperative associated with time-limited budgets meant that some programs were designed quickly and on the basis of limited information. It was also clear that finding ways to adapt centrally managed programs to the complexity and diversity of local Papua New Guinean communities was a very real challenge for organisations working nationally in response to HIV.

These experiences with youth-focused HIV-prevention efforts in Papua New Guinea shaped the research questions described in this thesis. I understood that working to improve young people's health in PNG involved dealing with considerable limitations, and I also recognised the potential of participation to strengthen HIV-prevention efforts, but this did not stop me from having nagging doubts ("there must be a better way"; "something is missing here") about the 'participatory' approach that colleagues and I were taking to our youth-focused HIV-prevention and health promotion work. These doubts were reinforced by a growing body of epidemiological data suggesting that the impact of HIV on young Papua New Guineans, young women in particular, was steadily getting worse, despite our prevention efforts (O'Keeffe, Godwin et al. 2005; Millan, Yeka et al. 2007).

I was also motivated to undertake research with youth by the many challenging and confronting conversations I had had with young Papua New Guineans about HIV. For example, Bridget, a young peer educator working in the capital city Port Moresby, told me of her friends *"They say why worry about AIDS? Who knows if we will still be here then? There are too many things that are more in the front of their minds. It is hard to make them think AIDS is important".* This conversation in particular stuck in my mind for some

time prior to entering the PhD program, and shaped my desire to investigate what these 'things' were that young people had in the 'front of their minds'; to understand what youth themselves thought was important.

Whilst living, working and conducting research in Papua New Guinea was likely to involve a number of logistical and personal challenges, it seemed a place where research with youth about health was a high priority. Papua New Guinea faces significant public health challenges, and more than half of PNG's population is under 20 years old (National Statistical Office of Papua New Guinea 2000). As an Australian working on health programs in the Asian and Pacific regions, I was also particularly interested in conducting research in the country that has historically been the largest recipient of Australian aid; where a 'strengthened, coordinated and effective response to HIV and AIDS' is one of the four core elements of the *Papua New Guinea-Australia Development Cooperation Strategy* (2006-2010); and where aspects of the current Australian approach to supporting the Government of Papua New Guinea's response to HIV have been questioned by the Australian Government's own Office of Development Effectiveness (ODE 2009).

1.2 Introducing Papua New Guinea

> *Our analysis shows Papua New Guinea as a place where the global intersects the local in axiomatically condensed form. Within the lifetimes of most adults, colonialism, missionization, military occupation, independence, development, transnational capitalism, and charismatic Christianity have all provided contexts in which a diversity of local peoples, responding to the extensive transformation of their lives, have generated a range of desires and an active sense of the possibility of enacting those desires* (Gewertz and Errington 1997: 127)

Diversity of people and places is found globally. However, in Papua New Guinea diversity is found in the extreme. The country's 'megadiverse' ecosystems and topography captivate biologists, geologists and

environmentalists around the world (Veech 2003). Among social scientists however, Papua New Guinea is renowned for its linguistic and cultural diversity, holding an iconic place within the discipline of anthropology in particular. Amongst its 6.7 million people, over 800 languages are spoken, about 12% of the world's total (Mihalic 2004). Despite the homogenising influences of the state, Christianity, the cash economy, and communications and transport technology, cultural differences across Papua New Guinea remain enormous.

In the late nineteenth century the island of New Guinea was colonised by the Dutch, Germans and British. Australia assumed formal control of the entire eastern half of the island (the area that is now Papua New Guinea) after the First World War. The coastal peoples of Papua New Guinea had interacted with visitors, traders and administrators from Asia and Europe for hundreds of years before a patrol of Australian gold prospectors finally ventured into the territory's rugged Highlands – that the colonial administrators had presumed uninhabited and uninhabitable – in 1933. The patrol returned with vivid descriptions of large populations of stone-using horticulturalists and, uniquely, photographs and film of this 'first contact' (Connolly and Anderson 1987). The Highlands were, in fact, densely populated and home to approximately 1.3 million people. The social changes wrought by increased contact between people living in village communities across the Highlands, the rest of Papua New Guinea (including the colonial administration), and indeed with the world beyond the country's borders, have been immense. They have also occurred within the memory of many adults alive today.

Papua New Guinea gained independence from Australia in 1975, and has sustained continuous, if volatile, democratic government since (Hawksley 2006). The enormous post-independence optimism in relation to Papua New Guinea's economic and development potential has not been realised. Despite considerable mineral (mining, oil and gas), forestry, agricultural and fishing resources, the economy has until recently been considered fragile and the government struggles to provide basic services to its people. A World Bank Structural Adjustment Program was introduced in 1995, with

major cuts in public spending and services (particularly in health, education and policing) as a result. The International Monetary Fund advised float of the national currency, the Kina, in 1994 saw its value plummet by 70% over five years (Standish 1999). Rates of population growth have outstripped economic growth for more than twenty years, and any increase in jobs does not match the booming growth in labour supply (Booth, Zhang et al. 2006). In 2004, some ten years post Structural Adjustment, the World Bank noted that "poverty levels have increased sharply in recent years, and are unlikely to come down in the immediate future" (World Bank 2004), with Gibson (2000) noting that growth in the severity and depth of poverty was predominantly due to growth in inequality. While recent high global prices for mineral commodity exports have seen growth in the national economy, this has been accompanied by further growth in inflation and income inequality with the majority of the population unable to access the benefits associated with commodity exports (Booth, Zhang et al. 2006; Datt and Walker 2006). Real per capita consumption of the wealthiest quartile is eight times that of the poorest quartile, one of the widest differentials within countries at a similar stage of development (WHO 2006).

Papua New Guinea has among the poorest social indicators in the Asia-Pacific region, with Papua New Guineans facing low life expectancy, low literacy levels, limited economic opportunities and declining standards of service delivery (UNDP 2009). Communicable diseases, including malaria, tuberculosis and measles account for approximately 50% of all mortality, and levels of maternal and child mortality are high and not improving (Naraqi, Feling et al. 2003; WHO 2006). Maintaining law and order is a major problem in a number of provinces (Sali 1997; Levantis 2000; Dinnen 2001), with violence (criminal and tribal) a leading cause of morbidity and mortality, and a significant barrier to the delivery of public services in some provinces (WHO 2006). Levels of gender-based family and sexual violence are very high (Dinnen 1994; NSRRT and Jenkins 1994; HELP Resources 2005; Lepani 2005; Human Rights Watch 2005a; Lewis, Maruia et al. 2008), with research documenting that two-thirds of rural women have experienced violence from a spouse or intimate partner (Bradley 1994; Amnesty

International 2006). Gender inequality is marked across most cultural groups, with women having heavier workloads than men and less access to health care, education, formal employment and participation in the political process, and poorer health outcomes (Brouwer, Harris et al. 1998; Macintyre 2000; Seeley and Butcher 2006; Wardlow 2006; Hinton and Earnest 2010; Hinton and Earnest 2010a). Mobility of people from rural communities to urban squatter settlements and the areas around industrial enclaves (such as mines, logging camps and plantations) continues to grow (Goddard 2001; Koczberski, Curry et al. 2009). In this difficult and dynamic social context, the country is now facing a significant HIV epidemic.

1.3 HIV and AIDS in Papua New Guinea

HIV arrived relatively late in Papua New Guinea and for the first few years spread slowly. By 2002 the prevalence of HIV among antenatal women attending the General Hospital in Port Moresby passed 1 per cent, and in 2004 the Government of PNG declared a generalised epidemic (PNG National AIDS Council 2006). By 2005 AIDS was the leading cause of admission and death at the Port Moresby General Hospital (Curry, Annerud et al. 2005; PNG National AIDS Council 2006). Surveillance in the country is poor, though prevalence estimates are improving with the increasing availability of information from rural areas (PNG National AIDS Council 2008). At the time data was collected for this research project (2007), it was estimated that national prevalence would be 4.05% by 2011 (PNG National AIDS Council and NDOH 2007). With an increase in the number of sites conducting HIV testing for surveillance, this estimate has been significantly revised down though the numbers of people becoming infected continues to grow (PNG National AIDS Council and DOH 2010b). The extent to which HIV has spread in rural areas of PNG is unclear, though the Highlands region (where this research project was conducted) is known to have the highest prevalence of infection outside the capital Port Moresby (estimated to be 1.02% in 2009). This is a situation of considerable concern given the limited reach of prevention and care programs in rural areas and weak district health (and other) infrastructure.

Most notifications of HIV in Papua New Guinea do not report the mode of transmission, but the majority of those that do indicate heterosexual transmission. All available evidence suggests that in PNG HIV is primarily transmitted through unprotected sex, both between men and women, and between men (PNG National AIDS Council 2008; PNG National AIDS Council 2010). Rates of other sexually transmitted infections are very high (Passey, Mgone et al. 1998; Hughes 2002; Mgone, Lupiwa et al. 2002; Gare, Lupiwa et al. 2005; Vallely, Page et al. 2010) and indicate the extent of unprotected sex and sexual networking, and the likely patterns of HIV transmission in Papua New Guinea (Lepani 2005; PNG National AIDS Council and NDOH 2007; Vallely, Page et al. 2010). There is almost equal distribution of known HIV infections between men and women, but the number of infected young women (20-24 year olds) is highest and rising fastest (PNG National AIDS Council 2008; Kitur 2009).

As in many other parts of the world, it is apparent that young people are disproportionately at risk of HIV infection in Papua New Guinea. The most common age at the time of HIV diagnosis is 20 to 29 years for women and 25 to 34 years for men (PNG National AIDS Council and NDOH 2007). While asymptomatic young women who attend ante-natal clinics may be tested for HIV and have infection detected earlier, many people diagnosed with HIV infection in Papua New Guinea are already sick with AIDS at the time of testing – with transmission of the virus, therefore, having occurred several years earlier. The burden of HIV in the country is clearly on young Papua New Guineans.

1.3.1 Current national response to the epidemic

The epidemic has had a significant impact on government planning and the development of national policy. The Government of Papua New Guinea (GoPNG) has identified HIV and AIDS as one of the major expenditure priorities within the GoPNG *Medium Term Development Strategy 2005-2010* and has endorsed the *Health Sector Strategic Plan for STI, HIV and AIDS*

2008-2010; the *National Gender Policy and Plan on HIV and AIDS 2006-2010*; the *HIV/AIDS Policy for the National Education System of PNG 2005*; the *National Research Agenda for HIV and AIDS 2008-2013*; the *National Strategy for the Protection, Care and Support of Children Vulnerable to Violence, Abuse, Exploitation and Neglect in the Context of the HIV Epidemic in PNG 2008-2011*; the *National HIV Prevention Strategy 2010-2015;* and most recently the *National HIV and AIDS Strategy 2011-2015.* The progressive *HIV and AIDS Management and Prevention (HAMP) Act* was enacted by Parliament in 2003 and provides the legal framework for the national response. In addition to this plethora of national strategies and policies, a range of annual plans, declarations, and provincial and district strategic plans have been developed in relation to HIV and AIDS.

The GoPNG has steadily increased its funding for HIV and AIDS, and the number of plans and strategies developed by government agencies (with considerable donor support) is indeed impressive. However details of how strategies and plans will actually be implemented, by whom, with what resources, and within what time frame are often lacking. The capacity of government – particularly at the local level – to implement this multitude of national plans is limited, with many district administrations having completely inadequate operating budgets, and very few personnel (Gibson and Rozelle 2003; Filer 2004; Ambang 2008). Interactions with district officers during the Tok Piksa Project confirmed that district personnel are often unaware of plans and strategies generated by national (and even provincial) bodies, with copies of these documents never having been made available to the relevant personnel – let alone districts being provided with the resources required to carry out any of the relevant activities outlined in these plans. National level HIV planning processes are very far removed from the working lives of District Health Officers consumed with the day-to-day challenges of finding transport, managing unreliable electricity and phone lines, locating missing office equipment, and prioritising their many and varied responsibilities within the broad field of health.

In this environment Churches and NGOs play a significant role in the national response to HIV. Church health services provide and manage almost half the country's health services (Hauck, Mandie-Filer et al. 2005; ODE 2009), and faith-based organisations implement various HIV-related activities (including prevention programs, activities to address stigma, programs to support the care of orphans, provision of care and counselling, and various initiatives to address other impacts of the epidemic). A range of national and international NGOs also implement HIV prevention and care programs in line with government planning frameworks. The primary focus of the Government of Papua New Guinea's response to young people's vulnerability to HIV has been to 'mainstream' HIV into the national education system, through considerable investment in curriculum development and teacher training (PNG Department of Education 2005). However the Government has limited ability to engage the very large numbers of young people not in school (it is estimated that 55% of Papua New Guinean children do not complete primary school, AusAID 2009). Therefore the bulk of HIV-prevention activities 'targeting' out-of-school youth are delivered by NGOs and faith-based organisations.

1.3.2 Preventing HIV among out-of-school youth in PNG

A growing number of organisations are working in Papua New Guinea in response to the impact of HIV and AIDS on youth. Consistent with international recommendations (UNICEF, UNAIDS et al. 2002), a primary focus of many of these activities targeting young people is participation and community mobilisation. However, the reality of youth participation in HIV programs is usually far removed from the policy discourse and development rhetoric espoused by international and national agencies in PNG.

The majority of prevention programs working with youth emphasise HIV 'sensitisation' and 'raising awareness' about the virus and how its transmission can be prevented (Vaughan 2004; Aggleton, Bharat et al. 2007). There is a focus on the dissemination of information through IEC materials ('Information Education Communication' tools such as posters,

pamphlets, radio messages etc), with young people often being recruited to distribute these materials among their friends. Reviews of the national response have questioned the efficacy of IEC-based awareness raising efforts, noting that their relevance to rural populations with limited education is unclear, and that control of the quality of messages being disseminated is inadequate (Aggleton, Bharat et al. 2007). There also appears to be little recognition that simply knowing how HIV transmission can be prevented does not necessarily mean that young people will (or will be able to) act on this knowledge (Campbell 2003).

In addition to their roles as awareness-raisers and IEC-disseminators, young people recruited as volunteers by HIV-prevention programs are also often trained as 'peer educators'. Following a brief training, young volunteers are encouraged to give information and condoms to their peers, and in some instances to support peers in seeking health services (such as voluntary counselling and testing for HIV, or the diagnosis and treatment of sexually transmitted infections). The quality of ongoing support to volunteers trained as peer educators is highly variable. Reports from the National AIDS Council and NGOs emphasise efforts to shift from 'awareness raising' to training young people in 'behaviour change communication' (BCC). However there is limited evidence of the efficacy of current training approaches in PNG, or that other (social and structural) factors related to behaviour change are taken seriously in HIV-prevention programs (Aggleton, Bharat et al. 2008a). Observation of young people 'doing BCC' demonstrates a shift in the rhetoric of HIV-prevention programs, but does not immediately clarify how the practice of this BCC is different to the awareness raising activities that were conducted before (Vaughan 2004).

Some HIV-prevention programs in Papua New Guinea devote considerable resources to establishing 'baseline' information about the HIV-related knowledge, attitudes and practices (KAP) of the young people in communities where they plan to work (Maibani and Yeka 2005; NHASP 2005; Pomat, Tefurani et al. 2007; Save the Children in PNG 2008). Most often this baseline information is quantified through questionnaires that have

been translated, and sometimes adapted, from 'standardised' questionnaires developed by international agencies. Whilst these KAP studies provide useful information to organisations wanting to assess changes in young people's knowledge or self-reported behaviours following an intervention (and are often required by funders), on their own they do not provide the qualitative, contextual detail required to make sense of any changes found or to inform the practice of HIV-prevention programs. Questionnaires are based on outsiders' perceptions of the priority questions to ask young people – young people themselves do not have the opportunity to express their perceptions and priorities, and therefore it is unclear whether these are addressed by program activities. Standardised questionnaires are also unable to account for the specific issues facing a young person in the local contexts in which HIV transmission occurs, with the particularities of setting being unexplored.

A social psychological approach to HIV-prevention (Campbell 2003) with Papua New Guinean youth recognises that young people's own perspectives form the basis of their interactions with, and interpretations of, intervention programs. A social psychological approach also recognises that a person's behaviour must be understood in relation to the particular context in which it occurs. Therefore any efforts at supporting behaviour change (or behaviour change communication) must be grounded in the local settings in which young people live. Mindful of the complexity of people's lives in the settings in which I worked, I will now briefly introduce the reader to the locations in which the Tok Piksa Project took place. Drawing on analysis of the person-in-context, these settings will be discussed in further detail in relation to the processes, findings and actions resulting from the Tok Piksa Project in later chapters.

1.4 The research settings

The Tok Piksa Project worked with three different groups of young people in three different locations in the Highlands of Papua New Guinea. The young people who participated in this project were not randomly selected, but were

members of pre-existing youth groups. The rationale for approaching these particular groups was three fold: epidemiological data showing especially high rates of HIV in the Highlands; the groups' willingness to explore different ways of working with young people to prevent HIV (as identified during my previous interactions with these, and other, youth groups whilst working with the National HIV/AIDS Support Project); and that a particular point of difference between the groups was of direct relevance to better understanding how outsiders could support young people to take control of their health (one was a grassroots group with very little outside support, as opposed to the two other groups who were made up of volunteers with an international NGO). The groups were based in the towns of Banz in Western Highlands Province, and Goroka and Kainantu, both in Eastern Highlands Province (see Map 1).

Map 1: Provinces of Papua New Guinea (adapted from map sourced at http://mapsof.net)
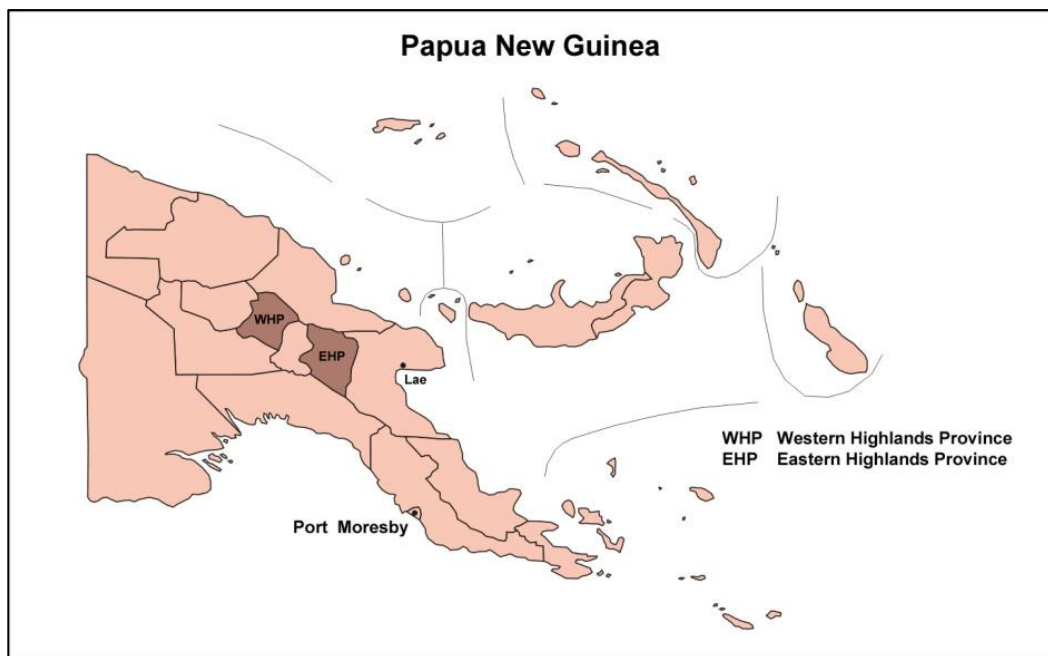
The Highlands provinces of PNG are particularly affected by HIV, with the Western and Eastern Highlands Provinces reporting the largest percentage of the country's infections outside the National Capital District and the industrial province of Morobe (PNG National AIDS Council and NDOH 2007).

The Highlands Highway, connecting the port of Lae in Morobe province with the heavily populated Highlands provinces, is commonly referred to as a "HIV pipeline" in the national media, and indeed many people in the region consider the highway to greatly increase HIV transmission (NHASP 2003). Kainantu, Goroka and Banz are significant towns along or close to this national artery (see Map 2).

Map 2: Highlands Highway traversing the Highlands Provinces (adapted from map sourced at www.adb.org)
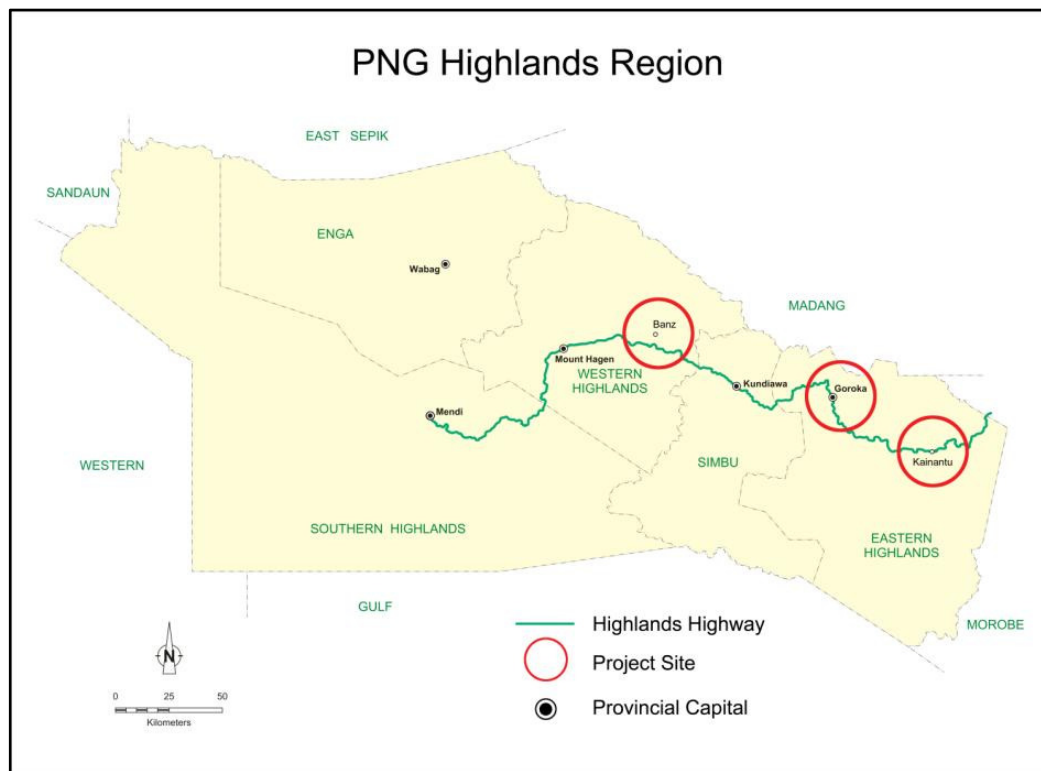
After leaving the coast and traversing the fertile Markham Valley, the Highlands Highway climbs over 5,000 feet up the steep and dramatic Kassam Pass, to bring the traveller (with ears popping) to the Highway's first transport hub, Kainantu. This status as the 'Gateway to the Highlands' reinforces notions of Kainantu as a frontier town, a place of mixing (and confrontation) between coastal people and Highlanders from several different language groups.

Highlanders living in and around what is now Kainantu district were the first people exploratory Australian patrols made contact with in the early 1930s. Kainantu town grew rapidly from this time, as a base for exploration further into the Highlands, a centre for gold prospecting activities and later as a colonial administrative centre and site of a significant airstrip. By the 1960s Kainantu was a bustling township, based on coffee plantations, gold mining and government services. Glowing descriptions of colonial Kainantu, "a lovely town", in comparison to its current state, "a shocking skeleton of its glory days" (Nalu writing in *The National* newspaper, 18th June 2010), are often used in the media as a metaphor for national decline.

Kainantu no longer has an airstrip, and the number of small businesses has decreased. Despite Kainantu being the centre of the most populous district in Eastern Highlands Province, the small rural hospital is under-staffed, ill-equipped, and often has no water or electricity supply. The local schools face similar difficulties. During the period of fieldwork for this thesis a number of violent incidents in town caused the local bank branch to close (temporarily) and the Kainantu campus of the national Divine Word University to be permanently abandoned. Sections of the Highlands Highway just out of town are particularly prone to car-jackings and highway robberies. The town itself has a reputation for lawlessness and violence, as a "cowboy town", though this was not my direct experience of it. Descriptions of Kainantu in my field diary do betray a degree of nervousness about my personal security, but are predominantly focused on the poor infrastructure (particularly my preoccupation with the unreliable supply of running water) and the overall scruffiness of the place. Few national or international NGOs have activities in Kainantu. The international organisation that the Tok Piksa Project participants volunteered with, Save the Children in PNG (SCiPNG), run the only ongoing youth-focused HIV-prevention program in town, despite Kainantu being perceived to be a district of particular vulnerability to HIV.
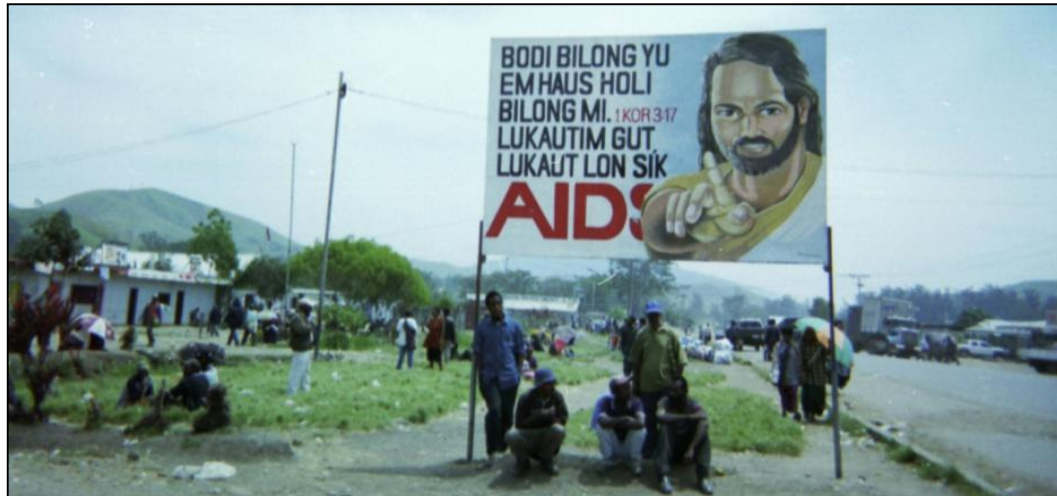
Photograph: Highlands Highway, Kainantu - Communicating about HIV. The billboard quotes the Bible and warns people 'beware, look out for AIDS'. The passage from the Bible, 1 Corinthians 3:17 in its entirety reads "If anyone destroys God's temple, God will destroy him. For God's temple is holy, and you are that temple". While the billboard only contains the latter sentence, the expression on the Christ figure's face leaves little doubt as to the fate of those who fail to protect God's temple by allowing HIV into their body. The illustration also serves as a stern 'welcome' to Kainantu.

Two hours further into the Highlands from Kainantu, the Highway passes through Goroka, the other location in Eastern Highlands Province where the Tok Piksa Project took place. Goroka is the provincial capital of Eastern Highlands, and a major administrative and commercial centre. It is home to a number of national institutions including the University of Goroka and the Papua New Guinea Institute of Medical Research. Goroka is known as the coffee centre of Papua New Guinea. Its reputation as being relatively peaceful (for the Highlands) has attracted a number of businesses and organisations, and several international NGOs have their Papua New Guinean headquarters in the town.

Goroka is well served by road and air transport, a large produce market, an enormous array of stores selling second hand goods (mainly clothes from Australia and New Zealand), and government services. It has a busy hospital and several smaller health clinics. Goroka is home to a number of people from other provinces, many of whom live in settlements around the

town. Goroka is also home to a sizeable expatriate population, most of whom live in secured compounds. The town is surrounded by spectacular mountains, and its year round temperate weather gives rise to lush gardens where these are maintained.

Whilst Goroka has a reputation as a national cultural and intellectual centre, there is a strong perception among locals and expatriates alike that 'things are being spoiled', with crime on the increase. Data on crime in PNG are notoriously unreliable (Dinnen 2001; Macintyre 2008), so it is difficult to assess the validity of these perceptions. Goroka was my home base during the fieldwork for this thesis, and what my field diary does confirm is that perceptions of increasing crime changed the behaviour of friends and colleagues over the fieldwork period. Given the significant income inequity made visible in Goroka, my field diary entries do not betray any real surprise at criminal incidents that occurred – though they do convey my frustration at feeling increasingly less able to walk (as a woman, alone) to and from my house to town.

After leaving Goroka, the Highlands Highway then continues to climb up through the densely populated mountains of Simbu province before entering the fertile Waghi Valley in Western Highlands Province, where the third setting for the Tok Piksa Project is located – the town of Banz. Banz is not directly on the Highlands Highway, but is only 10 minutes from the turn off along the Jimi Highway (a significant feeder road). Banz is the headquarters of North Waghi district and a market and transport hub. It is surrounded by significant tea and coffee plantations which, alongside domestically marketed vegetables, are the basis of the local economy. The valley is shaped by steep mountains and fast streams that converge into the important Waghi River, against which local people orientate everything.

Photograph: The Waghi River and its fertile valley. The flight between Mount Hagen and Goroka passes almost directly over Banz town

Similar to Kainantu, Banz's suitability for an airstrip saw colonial authorities establish an administrative centre there soon after 'first contact' in the 1930s. For a time Banz was a more important centre than Mt. Hagen, which is now the provincial capital. As in Kainantu, the Banz airstrip is now closed and the number of businesses has declined since the town's pre-independence heyday. Describing these changes in Banz and Kainantu brings to mind a conversation I had with an elderly Christian Brother and long time resident of Goroka, early in the fieldwork period. Upon hearing that I was working in these two particular towns, he became quite melancholy, sighing "ah, the faded belles". Banz may be in some ways 'faded' but it is recognised as an area that has produced several important national figures since independence (on learning that my university was based in London, the Tok Piksa participants were very keen for me to know both that the PNG High Commissioner to the UK was a woman, and that she was from Banz). The district is home to a well regarded high school and two vocational training

schools. A Catholic convent run by the Sisters of Notre Dame is also located in Banz – where one of the nuns, Sr. Rose Bernard, has established an internationally recognised centre offering a range of HIV-related services, including one of the first counselling and care facilities in the country.

The North Waghi district has been severely affected by HIV – since 2004 more than 12% of HIV tests done through the VCT service there have been positive (J. Millan, personal communication December 2007). In addition to the impact of HIV, North Waghi district faces a range of social challenges, including high levels of domestic and gender-based violence, as well as other law and order issues that include sporadic tribal fighting. Despite this, few international or national NGOs have activities in Banz with HIV-prevention activities largely being delivered through the Churches.

1.5 The youth groups

The Tok Piksa Project was undertaken with groups and organisations that I had a pre-existing relationship with, and I will briefly introduce them here. In Banz I worked with members of the Kanaka Youth Group, a grassroots community-based youth group, whom I had first met in 2004 through my work with the National HIV/AIDS Support Project. The group was established in 2000 by a trio of altruistic and university educated (but out-of-work) young people as a way for youth to contribute to their communities by conducting health education activities and youth outreach through theatre and music. The group was highly unusual in the context of PNG, in that it was unaffiliated with any Church or NGO, and was a secular youth-driven initiative. In early 2006 I again had the opportunity to meet with leaders of the Kanaka Youth Group. The group's leadership had changed, and whilst not exactly thriving, the group was still going, doing HIV awareness raising (including through community theatre) on an ad hoc basis for the Provincial AIDS Committee. It was at this time that I began to explore the possibility of Kanaka group members being involved in a research project focusing on young people's perspectives of health in the Highlands. In September 2006 we reached agreement that the project would proceed – a process that

involved correspondence with Kanaka members, the North Waghi (Banz) District Administration, the Western Highlands Provincial Administrator, and the Western Highlands Provincial AIDS Committee.

The two other groups of young people involved in the Tok Piksa Project were volunteers with the Youth Outreach Project that was being implemented by Save the Children in PNG (SCiPNG), a joint program of Save the Children New Zealand and Save the Children Australia. Since 2002 I had conducted numerous consultancies in the areas of primary health care, HIV and youth for Save the Children Australia on projects that they supported throughout the Pacific (in Vanuatu, Solomon Islands and PNG). This meant that I had a well established professional relationship with the PNG Country Program Director, and an emerging friendship with the recently appointed HIV Program Manager. These relationships considerably smoothed the way for me to work as a researcher with the young people who were volunteers with SCiPNG's Youth Outreach Project.

The Youth Outreach Project was established late in 2004 with the aim of reducing HIV incidence by improving the sexual health of young people aged 15 to 24 years in Eastern Highlands Province. The project works towards this end by developing youth-friendly IEC materials and training young people as peer educators. These peer educators are then supported to raise awareness of HIV in local communities; disseminate IEC materials and condoms; and support their peers in seeking services (such as HIV testing and counselling, and STI treatment). Ongoing support and training is provided to the peer educators to build their skills in engaging with their peers and transmitting accurate information about HIV and sexual health.

My ability to work with the Kanaka Youth Group and the Youth Outreach Project volunteers was based on contact through my previous work with an extremely large, well-funded project (the AusAID-funded National HIV/AIDS Support Project). This will have influenced the way I was initially perceived by the youth groups, and the subsequent relationships I was going to be able to form with the young participants and others during the research process.

1.6 Ways of 'being' with people – reflecting on researcher-participant relationships

The Tok Piksa Project involved a research methodology (Photovoice) that draws upon many of the principles of participatory action research. One of these principles is to strive for a subject-subject relationship, rather than the subject-object relationship associated with traditional research methods (Reason and Bradbury 2006).   As will be discussed further in Chapter 7, I do not think that the youth and I developed a subject-subject relationship in the idealised form discussed in the participatory action research literature (or that realistically, we would ever be able to). However analysis of the processes and actions involved in the Tok Piksa Project suggest that I was able to engage with the young people in a more interactive and dialogical way than had previously been possible in my work in PNG.

My personal history, how I saw myself, and how I was seen by others in the different research settings, played an important role in shaping the way I engaged with youth and members of the broader community during the Tok Piksa Project. I was not a neutral or objective 'blank slate' in coming to the field of youth-focused HIV research in Papua New Guinea, and my association with the NHASP (in particular) framed my initial research relationships. While the NHASP had achieved positive outcomes in some areas, there was considerable frustration among those working in response to HIV outside the capital about the project's (in)ability to support delivery of services and resources to rural areas (NHASP 2006a).

Many Papua New Guineans had also expressed frustration, to me and others, about the proportion of project resources that either returned to Australia (through high expatriate salaries) or were consumed by the activities of 'the white people' (the majority of the project's full time advisers being Australian)[2].   The project's advisers were perceived as holding the

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[2] AusAID estimates that approximately 50% of all Australian aid funding is spent on technical assistance, twice as much as the OECD average (ref. ODE (2007). Annual review of development effectiveness. Canberra, Office of Development Effectiveness.)

'keys' to the resources that the project could bring to local communities, and this certainly had a significant impact on interactions between these outside advisers, and the communities that – however distantly – they were working with.

The history of this project, and people's perceptions of it, will certainly have influenced how I was initially perceived by those involved in the research. Had I formally and visibly utilised the structures that I had previously worked through in the NHASP (such as the Provincial AIDS Committees), it is likely that I would have been viewed in very much an external, 'expert' adviser role. It is likely that this would also have raised expectations that I somehow held (or could still access) the 'keys' to resources available through Australia's ongoing support of Papua New Guinea's response to HIV and AIDS, even though I was no longer involved in the project or its successor.

While preparing to conduct the fieldwork for this thesis, I remember feelings of recognition, as well as of discomfort, when reading an ethnography of aid policy and practice, *Cultivating Development* (2005) by David Mosse. In this book Mosse describes a (foreign, 'expert') project design team of which he was a member, heading off to the rural areas of a poor country in big white four wheel drive vehicles. Mosse describes a "cavalcade of jeeps" roaring into small villages, where the "trajectories of international consultancy and farming routines [would] intersect briefly, confusingly" (p.27-28). He recalls the team visiting pre-selected villages to "sit as honoured guests on a raised dais" and then diverting from the planned program to chat with the majority poor "bewildering them with questions framed by our own preoccupations" (p.29). This was all very familiar.

I had been part of design or evaluation teams where, having descended upon villages populated by the underdeveloped 'other', we would sit at raised tables laden with tropical flowers facing the 'community' neatly arranged in rows before us. I had watched (not unquestioningly) team members scratching about with beneficiaries in the dirt, whether to conduct PRA (Participatory Rural Appraisal) exercises or simply to find somewhere more

acceptable to sit, then moving on to the next place, safe in the knowledge that they had 'consulted' with that 'community'. I had also experienced the overwhelming sense of privilege and wonder that comes with having an amazing job that involved being transported about such exotic destinations as Papua New Guinea, marvelling at the 'cultures', the stunning physical environment, glad of the sun on my skin. But somewhere amongst all this I had also seen consultation for what it largely was – a form of ritual and performance. And I recognised that as long as I was part of a process that came with such trappings (four wheel drives, sunburnt white advisers, ceremonies, the 'keys' to project resources) that it would be very difficult to take part in another way of meeting people. I considered that along with standard methods of 'consultation' (such as focus group discussions), that the trappings themselves were a barrier to dialogue and mutual understanding.

As a student-researcher, without formal attachment to any organisation or group, and with limited financial flexibility, I found myself in a novel situation. Previously when working in Papua New Guinea I had either been a short term consultant for international NGOs, and would be taken in and 'looked after' by their staff, or I was an adviser employed on a large bilateral (Australia-PNG) project, awash with cash and resources. I was used to having either access to a vehicle myself, or access to a driver. Previously my time in Papua New Guinea had involved working hard, over long hours – but also being picked up at airports, staying in safe and comfortable hotels, and having use of office facilities such as internet, printing, photocopying and phone. The administrative staff of my employing organisation would book and confirm flights for me, and generally make sure things happened as best they could. I had limited direct experience of dealing with the vagaries of Air Niugini offices, the banks, and I had never caught a PMV (Public Motor Vehicle) in my life.

The period of fieldwork for this research project was a very different experience for me. As a student-researcher, I was in no way able to afford the accoutrements of a salaried external adviser. Additionally, I was now in

the somewhat luxurious position of not having pressing organisational deadlines, and of not working to terms of reference or timeframes determined by people away from the field.

My past work for international development projects in Papua New Guinea had presented specific barriers to dialogue with young people in community settings. The spending imperative of donors and organisations acts to create a 'hurry up' culture – as does the very real need to respond to the immediate challenges of HIV-prevention in an escalating epidemic. I had always had limited time to engage with and enjoy young people's company, to earn their trust, to listen, or indeed to recognise silence and dissent.

The headquarters of most organisations and projects working in response to HIV in Papua New Guinea are in Port Moresby, the capital, but the majority of the population live in rural areas not connected to the capital by road (or, in many instances, communications infrastructure). This creates a geographical disconnect with advisers needing to fly in and fly out of settings where people are engaged in complex struggles with poverty, violence, change and opportunity – and on the basis of these literally flying visits make assessments of the best strategies to prevent HIV in such complex settings. Additionally PNG's environment of chronic insecurity acts to create a physical disconnect, with organisations' obligation to provide security and protection for their staff resulting in compound living, security guards, curfews and so on. Whilst I was not entirely able to rid myself of these structural barriers during fieldwork for this research project, I did have an unusual opportunity to try to 'be' in Papua New Guinea, and in particular to meet and interact with young people, in a different way.

1.7 Conclusion

This introductory chapter has situated the research described in this thesis by introducing the reader to Papua New Guinea, and more specifically to the locations in the Highlands where the research took place. It has outlined the broad social and structural parameters affecting young people's health in

PNG, including their increased vulnerability to HIV infection. The chapter presents an overview of the HIV epidemic in PNG and the national response to it, particularly in relation to out-of-school youth.

In this chapter I have also reflected upon the origins of the Tok Piksa Project, and on the context of my relationships with the Tok Piksa participants. In order to situate the participatory processes of the Tok Piksa Project, in Chapter 2 I will review the literature on youth participation in HIV-prevention and health promotion interventions. This chapter also introduces the social psychology of participation, which will be explored further in Chapter 3. Chapter 3 outlines the theoretical framework for my research, and is structured around three key social psychological concepts vital to the theorisation of participation – dialogue, conscientisation, and safe social spaces. Chapter 4 situates the research design within the broad continuum of participatory action research and outlines the methodological approach taken in the Tok Piksa Project. The three chapters that follow present an analysis of the participatory *processes* of the Top Piksa Project (and their impact on the young people involved, as presented in Chapter 5); the *findings* of the Tok Piksa Project (with Chapter 6 outlining the participants' priorities and perspectives on health); and the health-promoting *actions* that the young participants were subsequently able to take in their communities (with Chapter 7 examining the relationship between participation, place and health-related change).

The eighth and final chapter of the thesis will draw together the research findings to illustrate my contribution to a) the theoretical basis of Photovoice; b) strengthening the understanding of psychosocial pathways between participation and outcomes relevant to young people's health; and c) practice, by illustrating the implications of the Tok Piksa Project for practitioners and development programs seeking to engage with young people in difficult environments to improve health and prevent HIV.

Chapter 2: HIV-prevention and participation – situating the Tok Piksa Project

Most international organisations implementing HIV-prevention programs with young people describe their approach as participatory (see for example, Save the Children UK 2004; FHI 2005; UNICEF 2006; International HIV/AIDS Alliance 2009; DFID-CSO Youth Working Group 2010), and youth mobilisation and youth participation are now central to international AIDS policy. What has been learnt over the last thirty years about preventing HIV among young people that has led to participation having such prominence in prevention policy? How is participation defined by HIV-prevention programs, and how are these conceptualisations put into practice by implementing organisations, including those working in PNG?

Since 1981, when the first papers describing the illnesses associated with HIV were published, an enormous amount has been written about the epidemic. This includes an extensive literature on preventing HIV transmission among young people. In this chapter I will dissect this sizeable body of work to focus on those prevention strategies most commonly implemented in Papua New Guinea – health education, behaviour change communication, and peer education. I discuss the rationale for these strategies, as well as highlighting their various limitations. The often disappointing results of these intervention strategies have been accompanied by a growing emphasis on youth mobilisation and participation internationally. This is also the case in Papua New Guinea where participation is seen as central to the current *National HIV Prevention Strategy 2010-2015*, with the involvement of young people in program design, management and implementation listed as a key strategy (PNG National AIDS Council 2010).

In this chapter I explore how youth participation in HIV-prevention, health promotion and research is framed, noting that researchers and practitioners most often draw upon hierarchical models of increasing youth involvement in decision making (Arnstein 1969; Hart 1992). I discuss limitations inherent in these dominant models, noting in particular their basis in a linear logic of change and the limited attention paid to the contexts in which participation occurs. I will then outline the concepts that have particularly informed the development and analysis of the Tok Piksa Project, presenting a social psychological approach to participation. I introduce the concept of empowerment, central to a psycho-social approach, emphasising that becoming empowered is a "complex process of negotiation, rather than a linear sequence of inputs and outcomes" (Cornwall and Edwards 2010, p.8). I note that this challenges organisations using a 'participatory' approach in 'empowering' youth to prevent HIV, to consider how their interventions can accommodate this complexity and young people's processes of 'becoming' (Deleuze and Guattari 1987).

2.1 Preventing HIV among youth

Around the world, young people are severely affected by the global HIV pandemic. An estimated 5.4 million youth aged 15 to 24 years are living with HIV infection, and every day approximately 3500 more young people become infected (UN IATT 2008). Young people bear the impact of the epidemic disproportionately – not only are they themselves most often infected with the virus, in situations of high HIV prevalence it is young people who are taken out of school to look for work to cover rising family medical bills. Young people who care for dying parents and head families of orphaned children. Young people who are growing up in the rapidly changing and pressurised social environments associated with the long term impact of AIDS (Barnett and Whiteside 2002).

The theoretical frameworks that inform HIV-prevention interventions targeting young people have most often been drawn from the field of public health (Parker, Barbosa et al. 2000), leading to a focus on health education,

behaviour change communication, and peer education. These approaches remain the mainstay of prevention programs in many parts of the world, including Papua New Guinea, despite extensive documentation of their patchy results.

2.2 Health education

Educating young people about HIV – about what the virus is and what it does, how it is transmitted and how transmission can be prevented – has long been a focus of HIV-prevention efforts worldwide. Meta-analyses of international research have identified that many young people continue to have incomplete and/or inaccurate knowledge about how HIV is transmitted and how to protect themselves from infection (UNAIDS 2004; UN IATT 2006; UN IATT 2009). Significantly, the UN General Assembly Special Session on HIV/AIDS agreed the goal of ensuring that by 2010 at least 95% of young people would have access to the information they need to reduce their vulnerability to HIV (United Nations 2001). Therefore incorporating education about HIV into school curricula and informing young people about HIV through radio, television and other media are key elements of most national responses to the epidemic, and continue to be recommended as priority interventions (UN IATT 2006).

In Papua New Guinea some researchers and program evaluators have reported that exposure to basic awareness messages about HIV is reasonably high (AusAID 2006a; PNG Institute of Medical Research 2007), however comprehensive knowledge about transmission of the virus and its prevention is thought to be low, particularly in rural areas (Levy 2005; Millan, Yeka et al. 2007; PNG Institute of Medical Research 2007; PNG National AIDS Council 2007). Misconceptions and conflicting beliefs are commonly reported (Dundon 2007; Levy 2007; Haley 2008).

Over the last five years considerable effort has been made to educate young Papua New Guineans about HIV, with the development of national school curricula and training of teachers (PNG Department of Education 2005).

Young people in school have been described as having good basic knowledge about HIV (Robert, Ravao et al. 2007; Kelly, Akuani et al. 2008). However review of the national response in PNG notes that the health education curriculum falls short of helping either teachers or students to understand the local epidemic, and the social and structural factors which may increase young people's vulnerability (Aggleton, Bharat et al. 2009). The promotion of a new subject, Personal Development, is considered to be positive (Aggleton, Bharat et al. 2009), though its implementation is likely to present a range of challenges and will require contextualisation by teachers unused to interpreting and adapting sensitive material to the local circumstances of students' lives.

Research with young Papua New Guineans out-of-school has found that the majority of youth know that HIV can be transmitted through sex, though knowledge about other modes of transmission has been found to be lower (Millan, Yeka et al. 2007; Robert, Ravao et al. 2007; Save the Children in PNG 2008). Out-of-school youths' knowledge and attitudes in relation to other aspects of the epidemic, and the prevention of HIV, are less well understood.

Ensuring that out-of-school youth have access to accurate information about HIV is a high priority within the national response, as seen in the current *National HIV and AIDS Strategy 2011-2015* (PNG National AIDS Council 2010), and as described by the Prime Minister:

> ... *"We have programmes in the provinces,* [health education] *programmes nationally on the television and on the radio network, we have programmes taking place in villages informing people in the villages how to control the behaviour of young people in particular and we're doing everything possible ... we are doing everything to educate young people; we want to make a stop to it, make sure it doesn't spread"....* (Prime Minister Sir Michael Somare, interviewed in The Diplomat 2009)

In PNG health education targeting young people out-of-school uses a range of strategies. These include awareness raising activities based on communication of health information at markets, festivals, sporting events and other community gatherings. Health information is also disseminated by posters, billboards, pamphlets and other IEC materials, and through giving 'talks' and performing drama skits and songs (Vaughan 2004; Renkin and Hughes 2006; Aggleton, Bharat et al. 2007).

2.2.1 Limitations of the health education approach

Internationally most HIV-prevention programs targeting youth have, consciously or not, been based on social cognitive approaches to understanding health-related behaviour (Aggleton 1996; Nutbeam and Harris 1998; Campbell 2003; Panos Institute 2003; Latkin and Knowlton 2005; Vaughan 2010). Socio-cognitive frameworks such as the Theory of Reasoned Action/Theory of Planned Behaviour (Ajzen and Fishbein 1980; Ajzen 1991), the Health Belief Model (Janz and Becker 1984), Social Learning Theory (Bandura 1977) and the Stages of Change Model (Prochaska, DiClemente et al. 1992) have been widely influential in health promotion, and have informed HIV-prevention initiatives from the beginning of the epidemic. These theoretical frameworks are based on the logic of rational decision making; suggesting that people's behaviours are largely determined by the rational choices that they make in light of their knowledge about a particular health issue, and by their beliefs about their own ability to avoid or prevent the particular health problem. Socio-cognitive frameworks emphasise the importance of ensuring that people have accurate information about HIV and the steps that they can personally take to prevent it, assuming that a rational person in possession of the correct information will make healthy decisions about their behaviour (Aggleton, Young et al. 1992). This assumption underpins the emphasis on health education in national responses to HIV.

Rational decision making models have been criticised for their neglect of the social contexts which give behaviours meaning, and for their assumptions

about rationality (Ingham, Woodcock et al. 1992; Aggleton 1996; Nutbeam and Harris 1998). In addition, these individualistic frameworks have proved to have poor predictive power when applied to long-term, complex and socially determined behaviours such as those which express human sexuality (Ingham, Woodcock et al. 1992; Aggleton, O'Reilly et al. 1994; Parker, Barbosa et al. 2000; Campbell 2003; Ogden 2003). The finding of a disconnect between HIV-related knowledge and HIV-related behaviour has been repeatedly confirmed in broader reviews of the literature (Dowsett and Aggleton 1999; Panos Institute 2003; Maticka-Tyndale and Barnett 2010). This is *not* to say that accurate knowledge about HIV and how to prevent its transmission, and an accurate perception of personal risk, are not important. These factors are vital for young people seeking to make informed decisions to protect their own health. However, increased knowledge *alone* is not enough to reduce young people's vulnerability to HIV infection. Therefore national responses to HIV that prioritise health education strategies (such as awareness raising activities, and the development and distribution of IEC materials), over strategies to address the broader social and structural factors that hinder young people's ability to act upon health information, are incomplete and ineffective.

2.3 Behaviour change communication

The growing recognition that provision of information alone is insufficient for the prevention of HIV led health promoters to shift away from a focus on making sure that young people 'had the facts' about HIV, to focusing on strategies to change behaviour (for example, to delay onset of sexual intercourse; to decrease the number of sexual partners; and to increase the use of condoms). Behaviour change communication (BCC) programs spread rapidly. As defined by Family Health International, a leading proponent of BCC, behaviour change communication is an "interactive process with communities to develop tailored messages and approaches using a variety of communication channels to develop positive behaviours; promote and sustain behaviour change; and maintain appropriate behaviours" (FHI 2002, p. 3).

BCC programs focus on using communication strategies to increase a person's knowledge about HIV and its prevention; their skills to adopt prevention behaviours (such as negotiating sexual activity or the use of condoms); and their motivation to maintain these preventative behaviours. Comprehensive approaches to BCC emphasise that communication strategies should be part of a wider program that aims to increase people's access to HIV-prevention services and commodities (FHI 2002).

2.3.1 Limitations of BCC in Papua New Guinea

While Government of PNG and NGO reports emphasise that there has been a shift in Papua New Guinea from 'awareness raising' to 'behaviour change communication' (see for example NHASP 2006; PNG National AIDS Council 2008), it is unclear what the different actors involved understand behaviour change communication to be. Documentation accompanying various (self-identified) BCC programs around the country suggests that some agencies emphasise the building of specific skills (such as those required to negotiate condom use); while other organisations focus on the development of targeted and tested IEC materials (for example, pocket-sized pamphlets specifically for young people); the delivery of outreach health education at specific settings deemed to be high risk; the delivery of health education using participatory or interactive approaches; or prioritising activities to increase access to HIV-related services such as voluntary counselling and testing (Katz, Bola et al. 2007; Levy 2007; Save the Children in PNG 2007; FHI 2008; PSI 2008; Burnet Institute 2009). All of these interventions are described as 'BCC programs' making it very difficult to describe what BCC actually is in Papua New Guinea, or what its impact may be on the prevention of HIV infection.

Behaviour change communication, as an approach to health promotion, has been criticised for its focus on individuals and the underlying premise that behaviour is individually chosen, maintained or changeable (Connelly 2002). While BCC manuals and guidelines do talk about the need to build a

supportive social environment to enable people to initiate and sustain positive behaviour (FHI 2002), in practice BCC programs tend to focus on the knowledge, skills, attitudes and behavioural intentions of individuals. In Papua New Guinea, BCC activities are primarily delivered through training of individuals to increase their HIV-related knowledge and skills, and ability to pass these on to others. There is less emphasis on facilitating community wide debate about the local factors that may influence HIV transmission (such as gender-based violence; polygyny; abuse of drugs and alcohol; migration and mobility; gender inequality), and what community members collectively could do to change their local social and structural environment (Aggleton, Bharat et al. 2008a; Aggleton, Bharat et al. 2009; though see Reid 2010, for an exception to this). However some organisations have aimed to increase discussion of these social factors affecting HIV-vulnerability, within groups of people considered to be 'at risk', through peer education.

2.4 Peer education

Recognition of the disappointing outcomes associated with approaches to HIV-prevention that focused on individuals' knowledge and behaviour has, to a degree, seen a shift towards a focus on the peer group (Campbell 2003). 'Peer education' is a pillar of HIV-prevention around the world, and is specifically mentioned in the prevention targets in the UN General Assembly Special Session on HIV/AIDS Declaration of Commitment (United Nations 2001).

Peer education is an approach that uses peers (i.e. in the case of young people, other young people), rather than professional health educators, to exchange information about HIV and facilitate discussion of HIV-related issues among their peer group. The approach is based on the assumption that young people listen to, and are influenced by, other young people; and that youth are most likely to change their behaviour when they see liked and trusted peers changing theirs (Aggleton and Campbell 2000; Campbell 2003). The approach also assumes that peers will have greater access to those youth whom professionals find it hard to reach (such as out-of-school

youth), and that peers are more able to transfer the skills necessary for youth to become 'empowered' to collectively act to reduce their vulnerability to HIV (Campbell and Cornish 2010).

Establishing a HIV-prevention peer education program for young people involves the selection and training of youth representatives, usually in consultation with community members, to act as volunteer peer educators. The training provided to young peer educators is quite varied, but most commonly would include provision of information about HIV; practicing 'life skills' (such as problem solving, decision making, strategies to manage emotions, negotiation and communication skills); and training to support peer educators to facilitate discussions and stimulate debate through role plays, drama and small group discussions (Campbell 2003; Save the Children UK 2004; Maticka-Tyndale and Barnett 2010). Peer educators are also trained in demonstrating and disseminating condoms, and in encouraging their peers to seek out health services. Trained peer educators then receive varying levels of support to return to their local communities and to work with their peer group to put into practice the training that they have received.

With the intention to change social norms, the theoretical target of change in peer-led programs is the peer group (Maticka-Tyndale and Barnett 2010). As such these interventions acknowledge that "sexuality is shaped and constrained by collectively negotiated peer identities, rather than simply by individual-level information, motivation and behavioural skills" (Campbell 2003, p.42). Interventions therefore aim to work in support of the collective re-negotiation of social identities and behaviours. However Campbell (2003) also notes that the peer groups vulnerable in situations where HIV transmission may occur are often the least powerful actors in a social context, and that they therefore may struggle to act collectively to lead change in their local communities. Simply because the group level is targeted for change does not mean that this necessarily occurs.

2.4.1 Outcomes of peer education

Several reviews of a peer education approach to HIV-prevention among youth have noted that program results are mixed. Maticka-Tyndale and Barnett (2010) suggest that the most commonly reported positive change resulting from peer education programs was an increase in participant knowledge, with increased condom use also reported in some studies. Changes in other sexual behaviours were less often found. Researchers have noted that the quality of peer education program evaluations is often poor, but even so have found that there is no evidence of program impact on HIV incidence and that the effect on STI rates is equivocal (UN IATT 2006; Kim and Free 2008; Maticka-Tyndale and Barnett 2010). Nonetheless, a peer-led approach continues to be supported (UN IATT 2006). Recommendations have been made about how programs are best delivered (targeting youth through existing organisations or centres that serve young people), but less is specified about program content and approach (UN IATT 2006).

Despite these meta-analyses, it remains unclear whether the theoretical target of change (the peer group) is *actually* the target of change in how peer education programs are implemented in practice. Analyses draw upon the evaluation data reported by peer education programs. These tend to describe individual level factors such as knowledge, self-reported sexual behaviours, and rates of HIV and STIs. It is uncommon for programs to provide evidence of group effects such as collective action resulting from the peer education process, or of the renegotiation of social identities by youth (Maticka-Tyndale and Barnett 2010). When these qualitative processes of change aren't sought and captured in evaluation processes, it can suggest (to program staff and to peer educators) that they aren't valued – that all that is valued is the number of youth reached, the number of condoms disseminated, and the number of peers reporting accurate knowledge and safer sexual behaviours as a result of the program (Auerbach and Smith 2008). This can undermine program efforts to target the peer group by increasing the focus on the individual level.

In addition, several authors have noted that peer educators, and their supervisors, are often most comfortable with didactic, instructive approaches to education that are unlikely to support group level change (Orme and Starkey 1999; Campbell 2004; MacPhail 2006; Vaughan 2011). Even when peer educators are given training in approaches to supporting group discussion, group reflection, and participatory approaches to communication, young people may not have the confidence or social support to engage with their peers in this way. The skills needed to facilitate group processes may also need more time to develop than that which is allocated in peer educator training processes. When peer educators lack the confidence, skills and support needed to focus on change at the group level, it is unsurprising that many revert to one-way dissemination of health education and commodities, targeting their individual (quantifiable) peers for change.

As with BCC, many organisations involved in HIV-prevention in Papua New Guinea report that they have trained youth as peer educators and are doing peer education. However, there is enormous variability in the training received by young people, the emphasis of the program (on information and condom dissemination, or on stimulating peer group dialogue and debate about social norms), and in the follow up support received by the young people trained (Vaughan 2004). Circulating representations of what a peer educator is and should do (i.e. a 'good' youth, who 'gives out' information and resources) can be so constraining that organisations seeking to work with young people in a different way often feel they need to describe their peer educators as something else (for example, 'peer outreach volunteers'), to emphasise their attempts towards a more interactive, group-focused approach (P. Raynes, personal communication December 2006).

Little is known about the outcomes associated with peer education in PNG, with few programs having been extensively evaluated and limited dissemination of evaluation findings. However documents reporting on the progress of peer education programs in PNG usually emphasise their efforts to increase 'youth participation', describing the active involvement of youth in

workshop style trainings, IEC development, and in some cases program management through youth advisory committees (Save the Children in PNG 2007; PSI 2008; Save the Children in PNG 2008; Burnet Institute 2009). This increasing emphasis on youth participation is in line with the rhetoric of national policy (PNG National AIDS Council 2010; PNG National AIDS Council 2010a), and reflects an international paradigm shift towards community participation and mobilisation within HIV prevention efforts (Campbell and Cornish 2010).

2.5 Youth participation in HIV-prevention

The principle of 'youth participation' has been prominent in HIV-prevention policy for at least the last ten years (FHI 2005; Hart 2008; Percy-Smith and Thomas 2009). International agencies argue that young people should have the right to participate in the development and administration of programs that seek to impact upon their lives (Francisco 1999; Petren and Himes 2000; Rajani 2001; Theis 2004; UNICEF 2006; Hart 2008). Others argue for greater youth participation as a means to achieving programmatic ends, seeing participation as a way of increasing the relevance and effectiveness of youth-focused HIV activities (FHI 2005; DFID-CSO Youth Working Group 2010; UNAIDS 2010).

The prominence of youth participation in HIV-prevention programming derives from its (demonstrated and perceived) association with a range of positive impacts on health. Youth participation is described as being associated with health services that are accessible and relevant to young people (IPPF 2004; Tylee, Haller et al. 2007); and that are better able to engage 'hard to reach' youth (Truong 2008; Howard, de Kort et al. 2010). Participation has also been associated with the development of specific HIV-prevention skills such as the ability to negotiate the use of condoms (Busza and Baker 2004; Jana, Basu et al. 2004; International HIV/AIDS Alliance 2009); psycho-social resources such as self-confidence (International HIV/AIDS Alliance 2008; Wilson, Minkler et al. 2008; Foster-Fishman, Law et al. 2010); expanded social networks or health-promoting alliances (Trickett

2002; Latkin and Knowlton 2005); and 'empowerment' (Wallerstein 1992; Cargo, Grams et al. 2003; Nelson and Arthur 2003; Kesby 2005). It is unsurprising that a concept that 'promises' so much has gained such centrality in international policy.

What is meant by 'youth participation' *in practice*, however, is often unclear with organisations working to prevent HIV using the term to describe an enormous spectrum of activities (Save the Children UK 2004; UNICEF 2006; DFID-CSO Youth Working Group 2010). This variability is consistent with the contested meaning of 'participation' more broadly, with critics noting that the concept is so vaguely defined that it can be used as a 'buzzword' to lend legitimacy to groups with both progressive and regressive agendas (White 1996; Fraser 2005; Leal 2007). Therefore organisations working with youth commonly draw upon hierarchical models of participation in order to frame their understanding of the concept and to describe their participatory approach to engaging young people (see for example UNICEF 2006; Steinitz 2009).

Arnstein's (1969) model of participation is one such hierarchical approach that has been highly influential in the community health and development arena for decades. The concept of a ladder was developed by Arnstein to highlight that the term 'participation' can be used to describe token involvement of community members in projects designed and controlled by powerful others, through to situations where citizens fully control the resources and decision making that effects them. Here increasing participation is seen as a linear process of progress, with higher levels of participation enabling "the redistribution of power that enables the have-not citizens, presently excluded from the political and economic processes, to be deliberately included in the future" (Arnstein 1969, p.216).

Numerous variations of this model appear in the literature, with Roger Hart's (1992) rights-based work for UNICEF on children's participation being particularly influential in the development of youth-focused participatory programs (see figure 1 on the following page).

Figure 1: Illustration of Hart's Ladder of Youth Participation

Roger Hart's Ladder of Young People's Participation

Rung 8: Young people & adults share decision-making

Rung 7: Young people lead & initiate action

Rung 6: Adult-initiated, shared decisions with young people

Rung 5: Young people consulted and informed

Rung 4: Young people assigned and informed

Rung 3: Young people tokenized*

Rung 2: Young people are decoration*

Rung 1: Young people are manipulated*

Note: Hart explains that the last three rungs are *non-participation*

Created by The Freechild Project - http://freechild.org

Adapted from Hart, R. (1992). *Children's Participation from Tokenism to Citizenship.*
Florence: UNICEF Innocenti Research Centre.

These hierarchically-based models usefully outline variability in the extent of involvement of young people in 'participatory' programs, particularly in relation to the degree to which young people have the power to make decisions with concrete effects on how these programs are run. Models such as Hart's can be used by organisations to review and modify how they put 'participation' into practice (Shier 2001), unmasking what may in fact be tokenism or youth as decoration. For example, an international NGO working in PNG used the model during evaluation of their peer education project to analyse the way they worked with youth. Staff concluded that at present volunteers were 'assigned roles and informed of their tasks', and that there was a need to work towards greater youth decision making within the program (U. Kepas, personal communication February 2005).

Whilst illustrative of different forms of involvement, models of participation based on the metaphor of a ladder have a number of limitations. Using a ladder metaphor involves differentiating between different 'participatory' programs by allocating them to a 'rung' or level based on the degree or

amount of participation; that is, through a logic of quantity (Cornish 2004). This results in organisations framing participation predominantly in quantitative terms (for example, a project might be seen as supporting more 'participation' if a greater number of young people were consulted and informed about project activities than previously, or if there were more occasions when youth were able to initiate actions within the project – moving 'up' rungs on the ladder). This leaves unexplored the *qualitative* and *contextual* aspects of participation that may impact upon young people's health.

Research has identified that contextual factors such as 'how' young people participate in 'what' (Gregson, Mushati et al. 2004) and 'with whom' (Werner-Wilson and Morrissey 2005), shape the association between participation and vulnerability to HIV infection. However such qualitative elements are invisible in the dominant hierarchical models of participation. Review of reports produced by youth-focused HIV-prevention programs in PNG suggests that the qualities of young people's participation, and the contexts in which this participation occurs, are also invisible or only discussed in relation to very broad concepts such as 'culture', 'gender' and 'poverty' (Levy 2007a; Save the Children in PNG 2008; Burnet Institute 2009). Young people's participation in a range of activities is described, but it is rare for these reports to outline in any depth the specific social and structural factors which may need to be transformed in a local setting in order to reduce young people's vulnerability to HIV (or indeed, increase their ability to participate).

Hierarchical models also suggest that increasing participation is a linear process of change, with outcomes that are predictable. However participation involves dynamic interactions, adaptation to change as change occurs, and the non-linear outcomes that result from collective processes (Rifkin 1996; Ramella 2001). Experience suggests that participation does not necessarily lead to the outcomes that were predicted, perceived or intended by participatory projects (Mosse 2005; Nolas 2011a). A linear logic of social change focuses development organisations on planned inputs, outputs and outcomes, undermining the potential of these organisations'

participatory endeavours to support and contribute to social change in the subtle, incremental and provisional ways that it actually occurs (Cornwall and Edwards 2010). In the following section I will introduce a social psychological approach to participation exploring whether, in shifting the focus away from inputs and outcomes, a social psychological approach can support practitioners in developing more nuanced and flexible participatory programs.

2.5.1 A social psychological approach to youth participation

In positing a framework for a social psychology of participation, Campbell and Jovchelovitch (2000) move the theorising of participation away from debates about whether participation is a right; a means to achieving particular health outcomes; or a concept that can be analysed through the logic of quantity. They emphasise that the growing enthusiasm for 'participatory' approaches to health interventions has not been accompanied by corresponding theoretical development, grounded in the analysis of this participation in practice. In response they outline a social psychological approach to participation which aims to support our understanding of the *processes* by which participation can have a positive impact on health. Their approach has substantially informed the development of the research project described in this thesis.

Campbell and Jovchelovitch argue that the ability of individuals and groups to participate – that is, to be involved in the "construction/consolidation of the relationships that form community itself, and in larger social arenas where representations and resources are disputed" (2000, p.260) – is firmly embedded in a social context, and that participation should be seen as an achievement of social life. They suggest that the social psychological concepts of identity, social representations, and empowerment usefully frame thinking about this achievement of participation.

The notion of identity is central to discussion of the relationship between health-related behaviours and participation. Young people's health-related

behaviours (such as drug and alcohol use, sexual behaviours, and the seeking of health services) are shaped, constrained and enabled by social identities (Stockdale 1995; Haslam, Jetten et al. 2009; Stead, McDermott et al. 2011). The social identities available to young people living in rural areas of PNG (such as 'good Christian youth', 'out-of-school unemployed youth' or '*raskol*') can limit the ability of young people to participate in constructing health-enhancing relationships, in community decision making processes, and in actions to promote and protect their health.

Young people learn about the identities available to them through the social representations circulating in a given context (Howarth 2006). Social representations, or the shared meanings developed and held by a group about particular circumstances, phenomena and people (Jodelet 1991) shape, for example, local knowledge about health, HIV and youth. This local knowledge frames young people's participation in health-promotion and HIV-prevention initiatives implemented by outside agencies. For example, representations of international NGOs that emphasise their control over access to 'development' and resources may enhance family support for young people's participation in these NGOs' HIV-prevention programs. However, should paid employment or access to resources not be forthcoming, these representations can act as a barrier to young people's ongoing participation. Young people's social representations of health itself (that is their understandings of what health is and the meanings attached to the notion of 'being healthy'), shape their interactions with and participation in health promotion (and HIV-prevention) programs in PNG. There is scant literature describing young Papua New Guineans' own perspectives on health making it difficult for organisations working with youth to 'start where the people are', a basic tenet of community development practice (Campbell, Wunungmurra et al. 2007).

Campbell and Jovchelovitch note that the process of participation enables social representations (local knowledge) to be "expressed, reaffirmed, and if necessary, renegotiated" (2000, p.266). Through participation youth can express their understandings of health, negotiate the social identities

acceptable for young people in their communities, and potentially form alliances with (or meet resistance from) powerful others who may be able to support their projects.

A social psychological approach to participation notes that the relationships young people have with each other, and with powerful others, shapes their involvement in community life and in those activities supported by HIV-prevention programs. Theories of 'social capital' (Bourdieu 1986; Putnam 2000) have been utilised to explore how social networks and relations of reciprocity in a community may contribute to more health-enabling social environments (Campbell and Jovchelovitch 2000; Campbell and Gillies 2001). Campbell, Foulis and colleagues (2005) emphasise that both 'bonding' social capital (strong relations of trust and solidarity between young people) and 'bridging' social capital (networks and alliances formed between youth and powerful decision makers) are required to create community contexts that are 'enabling' of young people's efforts to respond to HIV.

The current international emphasis on an 'enabling environment' for an effective response to HIV and AIDS is reflected in the language of Papua New Guinean planning documents and strategies (PNG National AIDS Council 2010a). In PNG, efforts to create health-enabling environments have tended to focus on reducing stigma, preventing violence towards people living with HIV, and improving access to HIV-related services and commodities (including for youth). There is limited documentation of efforts to build young people's access to social capital, or to address other structural, economic and political elements of young people's vulnerability to the epidemic.

Young people's efforts to construct relationships, renegotiate representations and contest resources, that is, to participate, are embedded in the power structures and relations of their community (Campbell and Jovchelovitch, 2000). Young Papua New Guineans, acting in contexts where youth have very limited access to social, economic or cultural power, can find their participation heavily constrained. However, Jovchelovitch argues for a

'double-edged' conceptualisation of power, that recognises the barriers associated with powerlessness, but simultaneously allows for the possibility of empowerment, "a space of *possible action*, where social subjects strive to exert their effects" (Jovchelovitch 1996, p.19).

A social psychological approach (Campbell and Jovchelovitch 2000) represents a valuable resource for HIV-prevention programs seeking to support young people's participation. It emphasises the need for practitioners to become aware of the social identities available to young people in a particular context; the social representations held by young people and others about health, youth, and about participation itself; and the power relations that impact on young people's ability to express, negotiate and act upon their own concerns.

A social psychological approach also emphasises the non-linear, non-hierarchical nature of the social change that may be associated with youth participation, cuing practitioners to be open to the unexpected. It reinforces the need for program staff to develop a deep understanding of the contexts in which young people participate; the social relationships and alliances that they can draw upon (or which may hinder their efforts); and what young people already know about health through their lived experience (Campbell and Aggleton 1999; Ramella and De la Cruz 2000; Campbell and MacPhail 2002; Cornish 2004a; Nolas 2007). Using such an approach, practitioners may be able to support young people's 'empowerment' to act upon the contexts in which they participate, and in so doing promote health (Campbell and Jovchelovitch 2000).

2.5.2 Youth empowerment

Considerable research has demonstrated the negative impact of powerlessness, or inability to control one's own destiny, on health. People living in excluded or demanding situations do not have access to the necessary psycho-social, relational and material resources to cope with the stressors that are a broad-based risk factor for disease (Wallerstein and

Bernstein 1988; Marmot, Davey Smith et al. 1991; Wallerstein 1992). People who lack the power to shape their destiny in significant ways are less likely to believe that they can take control of their health, and are less likely to engage in health-promoting behaviours (Bandura 1996; Campbell 2003). Conversely empowerment is described as being associated with improved health outcomes (Wilkinson 1999; Campbell and Jovchelovitch 2000; Zimmerman 2000; Marmot 2007), with HIV interventions often aiming to empower groups particularly affected by the epidemic, including youth.

The notion of 'empowerment' has long been central to social and community psychology (Rappaport 1987; Zimmerman 2000) however, in a similar way to participation, it is a contested concept suffering from poor definition. Community psychologists often construct empowerment in terms of people's ability to participate with others to achieve goals (Wallerstein 1992; Perkins and Zimmerman 1995; Wong, Zimmerman et al. 2010), leading to criticism of a circular logic where participation is said to lead to empowerment, and empowerment facilitates participation in collective efforts. It has been variously characterised as inherent in individuals, measurable by their ability to achieve their personal goals (Mechanic 1991), to an ongoing process of community action through which people gain greater access to and control over resources (Cornell Empowerment Group 1989).

In order to give greater specificity to notions of empowerment, researchers have differentiated between different 'types' of empowerment (Wallerstein 1992; Mohajer and Earnest 2009), in particular between individuals' psychological empowerment, with an emphasis on self-efficacy, competence and confidence (Rappaport 1981; Bandura 1996), and groups' collective empowerment to achieve social and political change (Craig and Mayo 1995; Wallerstein 2006; Cornish and Campbell 2009). Cornish emphasises that empowerment occurs when people "gain a concrete, content-full new *power to do something* – power to take some specific action" (2006, p. 305, original emphasis). However others emphasise that "empowerment is not just about enlarging the boundaries of action. It is also about extending the horizons of

possibility, of what people *imagine themselves being able to be and do*"
(Cornwall and Edwards 2010, p.3, emphasis added).

In seeking to understand how participation may support young Papua New
Guineans to take action on health, empowerment is a central concern on this
thesis. In my analysis of data presented in the empirical chapters I will draw
upon Wallerstein's conceptualisation of empowerment as a multi-levelled
construct encompassing "change processes on an individual, organisational
and community system-wide level" (Wallerstein 2002, p. 198). In particular I
explore the two aspects of empowerment highlighted by Cornwall and
Edwards (2010) and Cornish (2006) – young people's development of
psycho-social resources (explored in Chapter 5), and their ability to take
concrete action addressing their health priorities (see Chapter 7). The
relationship between these different aspects of empowerment will be
discussed in the final chapter of the thesis.

2.5.3 Becoming empowered

Community psychologist Julian Rappaport defines empowerment as a
process ("by which people, organisations and communities gain mastery
over the lives", Rappaport 1984, p.3). The idea of process suggests that
empowerment is not a fixed state or end product, but rather involves a
contextually-grounded shifting or flux. Here it is useful to draw upon
philosopher Gilles Deleuze's evocative notion of *becoming* (Deleuze and
Guattari 1987).

A central concern of Deleuze's vast and enormously complicated
philosophical project is the idea of becoming. Deleuze emphasises that
becoming is not adopting, adapting or imitating, stating that to "become... is
to create something new" (1995, p.171), making space for *what could be*.
The notion of becoming supports thinking about empowerment in ways more
attuned to the unpredictability, complexity, and unfinishedness of people's
lives. It forces us (as researchers and practitioners) to take seriously "those
individual and collective struggles to come to terms with events and

intolerable conditions and to shake loose, to whatever degree possible, from determinants and definitions" (Biehl and Locke 2010, p.317). In engaging with people living and working in difficult conditions, this means bracketing the grand narratives of public health (including 'participation') in order to create space for seeing people's health in terms of their "efforts to carve out life chances from things too big, strong and suffocating" (Deleuze 1997, p.3), and allowing space for what 'health' could become.

A Deleuzian lens suggests that processes of becoming-empowered cannot be supported by the preconceived checklists, training packages or tools traditionally associated with 'empowerment interventions', but rather through developing an understanding of the contexts of people's lives and an openness to their desires and struggles to create something new. In developing the Tok Piksa Project I have endeavoured to work with young people in such a way as to facilitate this openness and understanding of young people's own perceptions, priorities and experience of context.

2.6 Situating the Tok Piksa Project

The Tok Piksa Project is an example of a participatory approach to research, undertaken with youth groups in the Highlands of Papua New Guinea. What the young people and I participated in is described in detail in Chapter 4 and Appendix 1. My analysis of these participatory processes differs from dominant ways of describing participation. For example, I do not attempt to allocate our participation to a 'rung' on a metaphorical ladder. I would find such an analysis difficult and misleading - at no stage in the Project were we all participating in the same way, to the same degree, or towards the same ends. Sometimes I led decision making within the Project, and at other times the young people did (as individuals or as a collective), and there were moments of contestation and disagreement where our decision making clashed. My analysis instead aims to present a rich story of participation in practice, and in context. In so doing I am able to explore the relationship between our participation and instances of becoming-empowered.

In considering how participation may support young people's processes of becoming-empowered, I am drawn back to Deleuze and Guattari who emphasise that 'becoming' "always turns out to be a *political affair*" (1987, p.322, emphasis added). How might participation support this political affair? In the next chapter I present the theoretical framework upon which the Tok Piksa Project was based. Here I suggest that young people's *participation in dialogue* (Freire 1970) might contribute to supporting their development of the critical thinking and psycho-social resources necessary to take critically-informed, and necessarily political, action on health.

2.7 Conclusion

In this chapter I have reviewed the dominant approaches taken to preventing HIV among young people in Papua New Guinea – health education, behaviour change communication and peer education – outlining their rationale and limitations. I have noted the 'participatory turn' of youth-focused programs in PNG, in line with increased international emphasis on community participation and mobilisation for HIV prevention (Campbell and Cornish 2010).

Having outlined some of the limitations associated with dominant models of youth participation, I have then introduced a social psychological approach to participation (Campbell and Jovchelovitch 2000). Such an approach, informed by the concepts of social identity, social representations and power, emphasises the non-linear nature of participatory processes. Drawing upon a social psychological approach in the analysis of participation, as it happens in a particular context, has the potential to illuminate links between youth participation and empowerment – that is young people's development of the power to imagine different possibilities (Cornwall and Edwards 2010) and their new powers to take action (Cornish 2006). It is these links that will be explored further in the following chapter.

Chapter 3: A framework for theorising participation

> *There are a number of lessons to be learned from the* experience of context *and the way this experience produces knowledge, expertise and practices which emerge from, and at the same time respond to, the concrete conditions under which a group of people live* (Campbell and Jovchelovitch 2000, p.258).

The contexts in which young Highlanders live, interact, make health-related decisions, form relationships, participate in community life, and experience the world are complex and rapidly changing. Social psychologists have called for theories of participation to pay greater attention to the realities of local circumstance, and yet there remains a theory-practice gap with limited grounding of the theoretical literature in the experience of participatory processes and spaces. Conversely the numerous case studies and evaluations of youth participation programs found in the health and development literature inadequately theorise pathways between young people's participation and health outcomes in the contexts within which they operate. There is a need for conceptual frameworks useful to health practitioners, which can also contribute to the theoretical understanding of participation in health promotion practice.

In this chapter I will outline the theoretical framework for my research. I will build upon a social psychological understanding of participation, emphasising the relationship between participation in dialogue, critical thinking, power to take health-promoting action, and health outcomes. I will explore the role of identity in mediating this relationship, in a local context. The importance of understanding the circumstances of participation will be emphasised, both in relation to the role of local environments in shaping social representations (shared world views) and in the contextual nature of local opportunities for, and constraints upon, health promoting action. I will discuss the importance and requirements of spaces that support the development of skills for engaging in dialogue and overcoming democratic inexperience. The chapter

is structured around three key social psychological concepts vital to the theorisation of links between participation and empowerment – dialogue; conscientisation; and safe social spaces. These three key concepts also serve to frame the empirical chapters of this thesis.

3.1 Dialogue: learning with young people about health

Young people's participation in health and development programs is shaped by the environment in which it takes place (Campbell 2004). Therefore research exploring young people's participation also needs to understand the local context. It is possible to become informed about the health-related context of a given community – including for example the structure of social groups, history of interaction with outsiders and 'development' initiatives, material circumstance, and local power relations – by observing, reading secondary data, and questioning selected community members, but these researcher-driven processes can only partially capture insider (emic) perceptions and experience of context. Researchers' questions and observations are shaped and limited by what we know to be important contextual factors influencing health. What they often miss is what the local participants know – their lived experience of health and well-being in a given context. To establish a constructive dialogue between what "we know" and what "they know" is a necessary pre-condition for health workers and the communities they are engaged with to work towards the development of health promoting environments (Campbell and Jovchelovitch 2000). The need for young people and those working with them to engage in dialogue about health is at the theoretical heart of this research project, substantially shaping the research methods and approach to analysis.

3.1.1 Characteristics of dialogue

Since dialogue is the encounter in which the united reflection and action of the dialoguers are addressed to the world which is to be transformed and humanised, this dialogue cannot be reduced to the act of one person's 'depositing' ideas in another, nor can it become a

simple exchange of ideas to be 'consumed' by the participants in the discussion (Freire 1970, p.61).

As outlined in the previous chapter, health promotion initiatives have traditionally been based upon social cognition frameworks (Nutbeam and Harris 1998). Underpinning these frameworks is the notion that people will make rational decisions about their health-related behaviour if they have access to sufficient information about a particular health issue (Fishbein, Middlestadt et al. 1994). Health education, a major tool for health promotion, has therefore focused on providing people with accurate, accessible and appropriate information. Historically health professionals have been positioned, and seen themselves, as 'knowing best' – as the actors holding the most accurate and appropriate knowledge about health (Campbell and Jovchelovitch 2000). Health professionals also have access to enormous symbolic power and their knowledge is recognised as 'expertise' (Foucault 1973; Farmer 2003; Frank 2005). In dominant public discourses the knowledge held by well-educated health professionals is described in any number of positive ways: 'evidence-based', 'best practice', 'best available', 'cutting-edge'. In contrast the knowledge of the (assumed to be) uneducated public tends to be described in ways that indicate its lesser value: 'lay-theories', 'folk beliefs', 'old wives' tales', 'home remedies'. Health education has therefore been based on strategies for extending the valued expertise of well-educated health professionals to the uneducated public through the mass media, awareness raising campaigns, school curricula and clinical interactions – that is, through *monologue*. Evidence for the efficacy of this approach to promoting health is patchy, with research demonstrating that information about health risks is often a very weak determinant of health-relevant behaviours (Campbell 2004a). However, approaches to health promotion based on 'campaigns' of unidirectional information-provision remain dominant within the field.

In contrast *dialogue* – reciprocal conversation between two or more actors – implies two-way and ongoing communication. Dialogue can support the understanding of multiple perspectives, and the development of new

knowledge constructed by actors from these understandings. However the achievement of dialogical relations is no easy task, and cannot be assumed to occur whenever two actors meet (Freire 1970).

Brazilian educator Paulo Freire based his highly influential pedagogy on the possibility for and necessity of dialogue. Freire frames dialogue as a horizontal relationship between persons A and B, based on intercommunication, empathy and mutual recognition (Freire 1974/2005). In contrast anti-dialogue is presented as a vertical relationship of person A over B, based on person A 'issuing communiqués' to person B, without empathy or recognition. The one-way information dissemination associated with traditional didactic health education could be characterised as anti-dialogue.

For example when a health worker, however well-intentioned, encounters a young person considered 'at risk' of HIV infection, and then presents that young person with pamphlets about HIV transmission, strongly encourages them to seek HIV testing and extols the benefits of young people 'knowing their status', there is no dialogue. The health worker has assumed that what they know (that, for example, being aware whether or not one has HIV enables a person to access early treatment) is more valuable knowledge than what the young person knows (that being aware whether or not one has HIV comes with considerable costs and does not necessarily mean treatment will be available in their poorly serviced community, for example). In this case recognition by the health worker and the young person that they both know about this issue, but that what they know is different, would be a first step towards them engaging in dialogue. Dialogue may enable the co-construction of new knowledge about young people and HIV testing grounded in the interlocutors' experience of historical and political context. New knowledge – achieved through dialogue – can more effectively contribute to change. This new knowledge about young people and HIV testing may be made visible through behaviour change on the part of the young person, but also on the part of the (usually) more agentic health worker. The new knowledge dialogically achieved may also potentially

support the joint action of the interlocutors to change the environment to make it more supportive for young people seeking HIV testing.

The horizontal communicative relationship between persons necessary for dialogue depends on whether interlocutors are able to recognise each other's knowledge as legitimate, and have the ability to take the perspective of the other (Jovchelovitch 2007). These characteristics of dialogue shape its radical potential. Perspective-taking and recognition of the other are at the basis of social psychological theories of self (Mead 1962), but in the practice of dialogue are fraught processes easily derailed in contexts of unequal power relations, democratic inexperience, different (and differently valued) identities and communication styles. The circumstances in which efforts at dialogue occur may lead interlocutors to dismiss the other's knowledge, or not recognise it as such:

> *The extent to which partners in interaction can recognise each other as holders of legitimate knowledge is constrained by the knowledges they already carry about themselves and others and, in particular, on the representation they hold about what is knowledge* (Jovchelovitch 2007, p.139).

The conditions in which dialogue, perspective-taking, and recognition of the other are supported warrant further exploration.

3.1.2 Pre-conditions for dialogue

Jovchelovitch (2007, p.133) emphasises that social psychological theories of how the self is able to take the perspective of the other give "primacy to the space of the 'between', which is precisely where recognition and the intersubjective lie". Though often unexplored, the *context* (the historical, socio-economic, cultural and structural conditions) of this space is crucial. Actors bring to the 'space between' beliefs, assumptions, experiences, fears, and hopes shaped by their histories and social situations. Interlocutors may have differing communicative power and bring different skills (or otherwise)

in listening, probing, presenting ideas, and in articulating or shutting down arguments. They may recognise and interpret verbal and non-verbal communicative acts quite differently. Interlocutors may also be unequally motivated to engage in the hard work of dialogue. Given the contexts of structural violence and inequalities in which health and development programs operate, it is unsurprising that their achievement of dialogue is rare. This is not to say that dialogue between persons with different skills, experiences and access to power cannot occur – in fact for Freire, it is in encounters with difference that the potential to interrupt and reflect upon the taken-for-granted lies[3] – but rather that its occurrence should never be assumed, or the barriers to it under-estimated.

Dialogue can, and does occur, in difficult contexts. Strategies to support this happening can be identified by reviewing communication-focused projects in different settings. Actors can be supported to develop a range of communicative skills, for example in deliberate listening or articulating ideas (Faubert, Locke et al. 1996; Westoby 2009). Social spaces for discussion and debate can be fostered (Campbell, Nair et al. 2007; Reid 2010), a strategy which will be discussed in further detail in this chapter. Actors with access to the 'rich language' of visual and multimedia technologies (Humphreys and Brezillon 2002) may have a more extensive 'vocabulary' with which to initiate and sustain dialogue. In addition, the novelty and affective impact of the rich language produced by the combination of images and text may increase actors' motivation to engage in dialogue.

The possibility of engaging in dialogue is also influenced by the ability of individuals and groups to shape what that dialogue will be about – by their freedom to bring issues 'to the table', to express their values and priorities, and to share their lived experience. This freedom is mediated by identity. The differential way that people are viewed, and view themselves, structures the content of the representations that they hold as well as their

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[3] In Freire's pedagogy the encounter between change agents (outsider-activists) and members of marginalised communities is crucial

communicative power. The ability to speak and be heard, and the recognition and legitimacy that is given to the knowledge thus expressed, is shaped by the position and status of interlocutors in a social field. As Freire notes, people with marginalised social identities "with no experience of dialogue, with no experience of participation... are influenced by the myth of their own ignorance" (1974/2005, p.108-9). In the field described in this thesis, the social identities of young Papua New Guineans living in rural areas, community leaders, and a researcher from the former colonising nation, mean these actors can not only access and construct very different knowledge, but bring differing and contextually dependent communicative power to the intersubjective 'space between'. I emphasise here the *contextually dependent* nature of our communicative power, recognising that there are situations where the young people I was working with would be more able to speak and be heard, than me (a white, middle class, Australian researcher), as well as vice versa.

As discussed in Chapter 2, Campbell and Jovchelovitch note that "health-enhancing behaviours are determined more by collectively shaped social identities than by individual rational choice" (2000, p.262). It is also true that capacity to initiate and sustain dialogue is shaped as much by social identity as by individual communication skills. The construction and re-construction of social identities both constrains and opens spaces for people to be able to represent their knowledge, priorities and aspirations in dialogue. One way in which social identities are constructed and re-constructed is through the exposure of community narratives and the telling of personal stories (Mankowski and Rappaport 1995). In order for interlocutors to be able to take the perspective of the other and participate in dialogue, they must be able to hear what it is that that perspective expresses, that is, listen to the other's story.

Julian Rappaport highlights the universal nature of stories, stating that "stories not only exist but have powerful effects on human behaviour. They tell us not only who we are, but who we have been and who we can be" (Rappaport 1995, p.796). He notes that the community or cultural narratives

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available to disempowered people are often negative, narrow, or 'written by others', and emphasises that the ability to tell one's story, and to be able to influence collective stories (narratives), is a powerful resource. In Papua New Guinea, as in many places, this is a resource of particularly inequitable distribution.

Researchers working in a range of settings have found that being able to tell one's own story is associated with the development of psycho-social resources that may support people to imagine being and doing things differently (Reissman 1993; Ewick and Silbey 2003; Nelson and Arthur 2003; Williams, Labonte et al. 2003; Polletta 2006); that is story-telling is psychologically empowering (Cornwall and Edwards 2010). Conversely contexts where people are unable to tell their own story are said to be disempowering (Rappaport 1995). In such contexts it is also likely that people's ability to engage in dialogical relations (at their own or others' initiation) will be constrained, as others cannot take their perspective. Supporting story-telling is another, underutilised, strategy to facilitate dialogue. A desire to support young people in telling their own stories about health significantly shaped my approach to the methodology of this project, as will be discussed in the next chapter.

3.1.3 What dialogue does

Where interlocutors are able to meet in communicative interaction, recognise each other's knowledge as legitimate and take the perspective of the other, a process of dialogue can begin. Dialogue is a process that, in supporting the understanding of multiple perspectives, can lead to critical reflection upon one's own knowledge and the development of new knowledge co-constructed with others. The process of dialogue creates opportunities for critical thinking and the consideration of a new, broadened perspective. Recognising the value of this new co-constructed knowledge – in what this jointly achieved critical perspective can *do* – provides the rationale for dialogical approaches to health and development work.

Social psychologists suggest that participation in dialogue can impact positively on health by increasing people's critical consciousness of their own situation, leading to collective health promoting action (Campbell and Jovchelovitch 2000; Foster-Fishman, Nowell et al. 2005; Campbell and Cornish 2010). Freire's theorisation of critical consciousness is central to understanding the potential of dialogue to facilitate the participation of people in the social change necessary to support health enabling environments.

3.2 Conscientisation and critical thinking

Paulo Freire's theory of how marginalised communities can act collectively to produce social change, detailed in the *Pedagogy of the Oppressed*, is based on the notion of *conscientização* (Freire 1970). *Conscientização,* most often translated as 'conscientisation' or the development of critical consciousness, is a process which emerges in dialogical relations. Conscientisation is fostered through dialogue about the contexts in which people live, where interlocutors co-construct a reflective and critical understanding of the broad range of (social, economic, cultural, psychological) factors shaping local circumstance.

Freire's pedagogy utilises a problem-posing approach to stimulate the dialogue fundamental to conscientisation, encouraging reflection upon, and the critique of, the inherent relationship between the construction of knowledge and power (Freire 1974/2005; 1998). This is in stark contrast to the problem-solving techniques often 'taught' to community members in traditional health interventions. Problem-posing instead has the potential to interrupt assumptions (of both health workers and community members) and redefine the nature of 'problems'. The problem-posing method has been used in a diverse range of settings by educators, psychologists, development workers and others to promote conscientisation in work with marginalised communities (Wallerstein and Sanchez-Merki 1994; Wang and Burris 1997; Ramella and De la Cruz 2000; Campbell 2003; Lykes, Blanche et al. 2003; Guareschi and Jovchelovitch 2004; Cornish 2004a; McCaffery 2005).

3.2.1 The process of developing critical consciousness

Freire's pedagogy, based on bringing the knowledge of different actors into dialogue, confirms that knowledge is an expression of historically, socially and psychologically situated lived experience. When one actor's knowledge is brought into dialogue with that of another, the process illuminates the 'diversity, expressiveness and limitations' inherent in all knowledge (Jovchelovitch 2007). When actors recognise the partial nature of knowledge, the social order can be seen as arbitrary and possible alternatives can emerge. As such 'the world becomes one which is open to change' (Cornish 2004). Recognition of the contextual nature of knowledge enables interlocutors to critically reflect upon their lived experience – how and why they each know what they know – and co-construct a new understanding of the world from which to *act* upon this context. "Integration results from the capacity to adapt oneself to reality *plus* the critical capacity to make choices and to transform that reality" (Freire 1974/2005, p.4). For Freire, the development of critical consciousness through *reflection* is inextricably linked with critical *action*. This action-reflection dynamic which both emerges from and gives support to conscientisation, Freire calls *praxis*.

Freire's psychological theorisation of the process of conscientisation describes dialogue as supporting people to move through different stages of consciousness (Freire 1974/2005, p.13-15), from the 'semi-intransitive' where actors are focused on survival; to a 'naïve' consciousness characterised by an over-simplification of problems and an inability to identify realistic strategies for change; to the final stage of 'critical transitivity' where actors can critically reflect upon problems, analyse explanations and are receptive to new ideas. The critically transitive thinker can work with others to develop a reflective understanding of their lived conditions, and act to change them. For Freire, transition through these stages requires "an active, dialogical educational program concerned with social and political responsibility" (1974/2005, p.15) in which both outsider-activists and local people participate.

3.2.2 Problematising conscientisation

Freire's psychological theorisation of the process of conscientisation, with its division of consciousness into linear 'stages', is prone to over-emphasis and simplification (Roberts 1996; Cornish 2004).   It also reveals a potential contradiction within Freire's work: that for dialogue to occur interlocutors must recognise each other's knowledge as legitimate, and yet stages of consciousness are presented in a hierarchy along which a person can 'progress' (that is, advance) suggesting that some states of knowledge could be considered 'more legitimate' than others.   The individualising of consciousness and its hierarchical ordering have been criticised on philosophical grounds (Berger 1974; Cornish 2004) and for the rationalist assumptions on which the model is based (Ellsworth 1989; Blackburn 2000). In outlining such an individualistic, psychological model of critical consciousness, Freire appears to step away from the engagement with power and the broader social field so explicit in his overall body of writing.

However, in her critique of the psychological emphasis inherent in a 'stages' model of the conscientisation process, Cornish (2004) finds the "pragmatist angle from which 'critical consciousness' can be a productive concept" (p.65).   She notes that different interlocutors may bring to an interaction knowledge that is more or less useful for resolving a particular issue in a given context.   Rather than viewing these different knowledges as being positioned in an absolute hierarchy, she rather notes the context-dependent nature of their productive use in achieving social change. It is the reflective co-construction of knowledge inherent in the conscientisation process that supports actors to identify, test and implement strategies for transformative action in the social world.

The complex and dual-edged nature of a social change agenda gives rise to a major challenge within Freire's work. Freire's pedagogy emerged from, and at the same time sustained, a lifetime of committed political activism. His theorisation of social change merges with the practice of engaged politics in working towards liberatory goals: "I reject categorically realpolitik, which

simply anesthetise the oppressed and postpone indefinitely the necessary transformations in society" (Freire 1998, p.75). Freire contends that all education is ideological, and is transparent in his own ("Even before I ever read Marx I had made his words my own", Freire 1998, p.115). This challenges all those working within a Freirian framework to be equally transparent in naming their own agenda for social change.

However Ellsworth (1989, p. 300) notes that in the writings of those inspired by Freire there is "widespread use of code words such as 'critical' which hide the actual political agendas" that the authors are working towards. Whilst this may in part result from the pragmatism (or realpolitik?) required of those working within repressive social structures, it can also result from the non-reflexive (mis)use of Freire's methods on the part of the outsider-change agent. Where outsider-change agents obscure their political agenda they prevent this position being problematised, interrogated and evaluated by the other, and rather assume the superiority of their world view, a consciousness to which others need to be 'raised'. In this situation, rather than dialogue, there is the grave risk of manipulation, domination and "the inappropriate imposition of a certain vision of power on people who may not want to be empowered in the way that is being prescribed" (Blackburn 2000, p.11). Whilst outsider-change agents may write about the unequal power relations present in the contexts within which they work (classrooms, communities, co-operatives etc), the challenges that these inequalities present to dialogue are often glossed over to be dealt with through 'commitment', 'empathy', 'creativity' and 'love' on the part of the activist. The need for *all* participants in dialogue to grapple with power, including their own, is often downplayed in presumption of the justness of an empowerment agenda.

3.2.3 Grappling with power

Freire's pedagogy requires the explicit engagement with power on a number of levels. Even noting that his use of terminology is grounded in time and place, description of communities as 'the oppressed' can give the impression of a group of people without power. Anthropologists suggest however that

the notion of a 'powerless population' is highly questionable (Blackburn 2000), with groups who have been marginalised by powerful others none the less exhibiting resistance through various demonstrations of power including sabotage and defiance, subtle strategies of non-cooperation and non-participation (including non-participation in dialogue), and by means of different forms of talking back and silence.

As Foucault (1981) asserts, power is not a static structure but is a relational, productive force. It is within the relations between outsider-change agent and the groups with whom they work, and between those groups and privileged others in the social field, that power is productive. Understandings of power must recognise the construction of constraint, but also allow for the possibility of empowerment (Campbell 2003).

Exposing the power relations between marginal groups and privileged others is at the heart of the Freirian problem-posing method, with possibilities for disrupting these relations emerging through dialogue. However the unequal and contingent power *within* marginal groups is less explored in Freire's work. The multiple and contradictory positions within groups, indeed within individual participants, challenge idealistic notions of 'community' working as one to disrupt power relations with privileged others. In addition the power relations between outsider-change agents themselves and communities are often unexamined. Concurring with Blackburn's statement above, Rappaport emphasises the need for change agents to resist using their power to determine the social change agenda, but rather to listen to communities to "allow them to tell us what it means to be empowered in their particular context" (Rappaport 1995).

The imperative to listen to communities however, raises the difficult issue of their often divided and conflicted nature (Campbell 2003). In settings where harmony is prioritised (or indeed necessary for survival) conflict is often 'silent', and may be unnoticed by outsiders in their participatory and dialogical endeavours (Tam 2006). When conflict is unacknowledged there is the risk that outsiders will reinforce local inequalities through unquestioning

acceptance of the position of participating representatives as the authentic 'voice of the people'.

The real-world contexts of interventions intending to effect social change are complex and do not readily lend themselves to a dialogical approach. As Ellsworth notes "Acting as if our classroom were a safe space in which democratic dialogue was possible and happening did not make it so" (1989, p.315). Working within a Freirian framework poses inherent challenges and involves putting 'praxis' into 'practice' – that is the critical and intentional reflection upon, and en-action of, strategies to foster a communicative space where dialogue and critical thinking are possible and where domination can be recognised and resisted. That the achievement of dialogue is a fraught and complex process does not mean that Freire's notion of dialogue is not useful in practice in real world settings, but it does suggest that the Freirian notion of genuine dialogicality is a Weberian ideal type of communication to strive towards and against which communicative encounters can be assessed (Vaughan 2011). Given these challenges, what can be done to foster such a communicative space where dialogue and critical thinking could potentially be achieved?

3.3 Safe social spaces

The significance of health enabling environments has been recognised for many years, with the importance of supportive public policy, physical and social settings, and community capacity enshrined in the World Health Organisation's *Ottawa Charter for Health Promotion* (1986). The creation of settings where participants can develop personal and social resources to promote their own health has subsequently been prioritised by community and health psychologists conducting participatory research at community level (Israel, Schulz et al. 1998; Kelly, Ryan et al. 2000). In an analysis of empowering settings Rappaport particularly emphasises the importance of spaces for communication about health, noting that sometimes "the viewpoints and interests of the community members are neither obvious nor

easily expressed because there is *no place* for them to be expressed" (1995, p.799, emphasis added).

As discussed in the previous chapter, there is strong interest in supporting enabling environments specifically in relation to HIV.   Research into environments that are enabling of HIV-responses has identified that supportive communicative settings in which people can openly discuss and debate HIV, are a key feature of successful efforts to respond to the epidemic (Low-Beer and Stoneburner 2004; Sivaram, Johnson et al. 2005; Kohler, Behrman et al. 2007; Coates, Richter et al. 2008).   Health workers and community development practitioners from around the world have developed a range of tools aimed at fostering social spaces to increase local communication about AIDS (Welbourn 1995; Salvation Army 2001; Darby, Parnell et al. 2002; UNDP 2004).   In framing an 'AIDS-competent' community Campbell and colleagues (Campbell, Foulis et al. 2005; Campbell, Nair et al. 2007; Nair and Campbell 2008) emphasise the role of safe social spaces that specifically support dialogue and critical thinking in contexts of misinformation, denial and stigma in relation to HIV and AIDS.   The value of safe communicative settings is increasingly recognised, but the *qualities* of those spaces that might support dialogue and the development of critical thinking, are less often described.

3.3.1 Dialogue and critical thinking in context

As discussed in section 3.1.2, the context in which interlocutors meet significantly influences the potential for them to engage in the dialogue necessary to build critical thinking. Freire's work recognises the contextually embedded nature of communication, but does not provide clear guidance as to the characteristics of safe social spaces that might support conscientisation.   In theorising conditions that may enable dialogue, health and development researchers most often draw on Habermas' (1987) idealised notion of the public sphere as a conceptual resource for thinking through the qualities of a safe communicative space (Ramella and De la

Cruz 2000; Parfitt 2004; Greenhalgh, Robb et al. 2006; Campbell, Nair et al. 2007; Westhues, Ochocka et al. 2008).

Jürgen Habermas' extensive social theory distinguishes between communicative and strategic action (Habermas 1987). Strategic action occurs when one actor aims to produce an effect on another through speech. Here speech is orientated towards successful achievement of one's aims, rather than reaching shared understanding. In contrast *communicative action* refers to interaction, mediated through talk, that is oriented toward achieving intersubjective understanding. Communicative action requires both a 'speaker' and a 'hearer', as it is through their interaction that meaning and identities are constructed. The centrality of meaning to the concept of communicative action reveals parallels with Freire's description of dialogue as the co-construction of knowledge through mutual recognition (Ramella and De la Cruz 2000).

Habermas portrays the 'ideal speech situation', supportive of communicative action, as one where there is uncoerced, open and rational exchange between free and equal participants. The forum most likely to produce such a situation is described in the idealised notion of the public sphere (Habermas 1987; Habermas 1989). Habermas describes the public sphere as an inclusive space in which participants freely assemble to discuss issues of common concern, in conditions of equality, and where ideas are evaluated through rational argument. Researchers and activists have employed these qualities of the public sphere to guide reflection upon those contexts that may potentially support dialogue and critical thinking.

3.3.2 Alternative publics as safe space

Habermas' framing of the public sphere as an open and accessible space, where community members can participate as if they are equals in the rational debate of issues of common concern, is fundamental to contemporary understandings of democratic practice and the notions of participation that this entails. However the many critiques of Habermas'

vision also resonate with my experience of working with young people in PNG and elsewhere. Feminist writer Nancy Fraser's discussion, in particular, of the need to recognise the limitations to genuine participation in the public sphere 'as if' interlocutors are equal, when they are in fact not[4], poses problems for thinking about a space where young people's stories can be heard in a broader setting of structured inequality.

Fraser (1990) questions the possibility of equal participation in the public sphere given that communities' "discursive arenas are situated in a larger societal context that is pervaded by structural relations of dominance and subordination" (p.65). These structural relations often create quite formal barriers to young people accessing discursive arenas. Fraser also notes that in the public sphere "subordinate groups sometimes cannot find the right voice or words to express their thoughts" (p.64). Working class American grassroots organiser and activist Linda Stout (1996) writes of her experience of having to become 'bi-lingual' in order to be accepted in a middle class world: "If I talk the way that comes most naturally to me, people judge me as being unintelligent or, at least, inarticulate" (p.xiv). In Papua New Guinea, as elsewhere, informal barriers – such as cultural style, vocabulary and decorum – act to stifle or devalue the voice of young people in the public sphere, even if they are formally seen to be 'at the table' or 'participating'. In developing the methodological approach to this research project, I was conscious of the importance of young people being given the chance to work together to 'find the right words' before they entered into, and reflected upon, dialogue with more powerful others.

In addition to these very real barriers to participation, I also recognised that *not* participating could represent an active choice (albeit a choice sometimes made in the context of oppression and exclusion). Elizabeth Ellsworth (1989) observes that what people say "to whom, in what context, depending

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[4] In stating that interlocutors in the public sphere are not equal, Fraser is not referring to the dignity and worth of individual persons, but rather emphasising that the knowledge, identity, and participatory and communicative abilities that interlocutors bring to a public space will have been shaped by unequal life experiences

on the energy they/we have for the struggle on a particular day, is the result of conscious and unconscious assessments of the power relations and safety of the situation" (p.313). For me, Ellsworth's observation brings back uncomfortable memories of fed up young people sitting sullenly in workshops while well-intentioned foreigners from NGOs prattle on the more to fill the silence. These silences seem as instructive as rational dialogue.

Fraser also observes silences in the public sphere, and notes their structural origin. She highlights that in response to the constraint of their speech, marginalised groups have repeatedly found it to their advantage to constitute alternative publics ('subaltern counterpublics'), spaces that play the dual role of allowing for safe withdrawal and regrouping whilst simultaneously providing a 'training ground' for overcoming the democratic inexperience produced by exclusion (1990, p.68). In the context of research with Papua New Guinean youth, I am very aware that young people are traditionally mute and muted in the majority of public spheres. When engaging with powerful others, even those who have the best of intentions (such as well-meaning, privileged researchers), young people consequently find it difficult to articulate their views or tell their story in a way that will be heard.

Few youth-focused interventions consciously build on the notion of supporting alternative publics for young people – safe spaces where they can regroup, reflect, and collectively build skills for articulating their views and engaging in wider public spheres. However, building a safe space for telling stories seemed to be something that could be consciously attempted in the design of my research. The theoretical underpinning for this thesis is both informed by this intention, and has emerged from the experience of the research process as it actually occurred.

3.3.3 Inter-public communication?

Habermas' theorisation of European bourgeois society emphasises the importance of a single comprehensive body of persons – 'the' public sphere. For Habermas the shift from one public sphere to a number of competing

publics in the late nineteenth and twentieth centuries was an indication of fragmentation and decline. However, Fraser (1990) draws on the work of a number of feminist historians to question the notion that the bourgeois public was ever 'the' public, noting a host of contemporaneous counterpublics. Fraser also suggests that in the real world of social inequalities, the existence of competing publics does not indicate fragmentation but rather contributes to the agenda of participatory democracy:

> *Where social inequality persists, deliberative processes in public spheres will tend to operate to the advantage of dominant groups and to the disadvantage of subordinates... these effects will be exacerbated where there is only a single, comprehensive public sphere. In that case, members of subordinated groups would have no arenas for deliberation among themselves about their needs, objectives, and strategies* (Fraser, 1990, p.66).

Fraser argues that counterpublics expand 'discursive space' and facilitate marginalised groups' formulation of 'oppositional interpretations' of their identities, interests and needs. Actors engaging in dialogue, developing critical thinking, and reconstructing alternative social identities in safe social spaces do so in the awareness of a wider audience, a wider public. Young people working together to identify their priorities in relation to health, for example, do not necessarily do so in order to keep this knowledge to themselves. Rather the existence of a supportive social space fosters their ability to work together to effectively articulate their needs and, in doing so, their ability to make the 'demand from below' necessary for the realignment of power relations and health promoting social change (Campbell 2003; Campbell, Cornish et al. 2010). As Fraser argues, counterpublics are not only spaces of retreat and regroupment, but are also "training grounds for agitational activities directed toward wider publics. It is precisely in the dialectic between these two functions that their emancipatory potential resides" (1990, p.68).

Supportive social spheres that act to expand discursive space and support the development of health-promoting actions (including 'agitational activities') are an important element of a health enabling environment, but need to be understood as being in mutually constitutive relationship with the concrete (biological, material, economic, political) context in which individuals experience health and well-being (Jones and SPEECH 2001). It is well recognised that the world's poorest people also have the poorest health. This fact is not simply a reflection of poor people's limited access to and influence in public spheres, but rather a manifestation of their poverty and social exclusion as shaped by the global political economy. The impact of poverty and exclusion on health reinforces the need to ground social psychological thinking about participation, community and development – and their 'emancipatory potential' – in the concrete environments in which people live. As useful as the theories of Freire (1970), Habermas (1987), Fraser (1990) and Foucault (1981) are to 'think with', translation of this thinking into support for vulnerable communities' health-promoting action must be ever mindful of what these communities 'live with' – the embodied, endured effects of poverty, structural violence and exclusion (Farmer 2003).

3.3.4 Dialogue and the research space

In addition to thinking about safe social spaces in relation to communication and action within public spheres, this project requires consideration of the research space itself. The social spaces of the Tok Piksa Project, and the processes through which they were formed, are discussed at length in Chapters 4, 7 and Appendix 1. It is the 'space' associated with writing up a research project that I would like to reflect on here. I refer to space to suggest an arena of movement, to invoke my 'to-ing and fro-ing' with the research data, and of my engaging with interlocutors – those conversations both real and imagined I have had with the young participants in the time since I left the field.

In presenting colleagues with a call to undertake 'dialogical research', sociologist Arthur Frank (2005) begins by introducing a story told within a

story by Russian literary critic Mikhail Bakhtin. Here Bakhtin describes the moment when a novel's character reads another famous story and, having recognised himself in the story's hero:

> ... *was outraged that his poverty had been* spied upon*, that his entire life had been analysed and described, that he had been defined once and for all, that he had been left with no other prospects ... which is to say, as something totally quantified, measured, and defined to the last detail: all of you is here, there is nothing more in you, and nothing more to be said about you* (Bakhtin 1984, p.58, original emphasis).

Frank draws on Bakhtin to ask what he believes to be the key question for research: "What can one person say about another? Research is, in its simplest terms, one person's representation of another" (Frank 2005, p. 966). Frank urges researchers not to 'spy upon' the poverty of their participants, nor to use their communicative power to define participants 'once and for all' through the monologue of a research report valued for its finalising expertise. He argues that researchers must engage in dialogue, the two-way communicative process of reflection upon one's own knowledge and the development of new understanding jointly constructed with others, in both their research methodologies and their research writing.

While a PhD thesis is expected to make a 'distinct contribution to knowledge' and demonstrate 'independent critical power', I recognise that any new knowledge that is presented here is in fact the outcome of a dialogical process – predominantly my dialogue with three groups of young people living in the Highlands of Papua New Guinea. I have tried to capture as much of this dialogue as possible in how I have written about the Tok Piksa Project, and particularly to not define the youth once and for all, leaving them with no other prospects. To do so would not only be unethical (Frank 2005) but also paint a gravely inaccurate picture of young people (and a researcher) in the unfinished, unpredictable process of becoming (Deleuze and Guattari 1987).

3.4 Conclusion

The theoretical framework of this thesis is organised around three key concepts – dialogue, critical thinking, and safe social spaces. In considering approaches to this research project, I recognised the existence of substantial barriers to young Highlanders and I being able to engage in dialogue about health. In addition to language and logistical barriers, my relationship with the youth groups with whom I wanted to work was based on previous work in the aid and development sector, and therefore underpinned by particularly unequal power relations. Our differing life experiences had shaped our respective communicative power, and despite my 'commitment' and 'empathy' I realised that it was going to be very difficult for me to take the perspective of the young research participants. I was clear that first I needed to be able to hear their story.

The theoretical concepts on which I have based this research mean that I understand being able to hear young people's stories as a pre-condition to our establishing dialogical relations. I recognise that by engaging with young people in dialogue, we may be able to jointly construct new knowledge about youth health in the Highlands and develop the critical thinking necessary to identify actionable strategies for improving health and specifically preventing the transmission of HIV. In entering into a participatory process of dialogue and critical thinking, I will *also* be in a position to reflexively examine participation (the young people's and mine), as it happens in a research process. This contemporaneous reflection can support new understandings of the mechanisms and processes by which participation is associated with health, in a context of structural constraint and limited resources. Finally, I recognise the primacy of the context in which research occurs, and the need to establish a safe social space in which young people and I can work through these processes together. This theoretical understanding has framed the research methodology and analytical procedure which I present in the following chapter.

Chapter 4: Working with Photovoice to research young people's participation

Young Papua New Guineans are competent social actors negotiating the rapid change associated with colliding life-worlds. They are creating contemporary social knowledges of which previous generations have limited understanding. In considering the design of this research project, it seemed to me that taking their views seriously, creating a space where their perspectives could be acknowledged and given recognition, was a prerequisite to an outsider such as myself being in a position to enter into any kind of dialogue with young Papua New Guineans about health. The research design was shaped by my intention to use the research process itself as a tool to explore the development of safe communicative spaces where young people's stories could be acknowledged, and where youth could engage in dialogue with each other, with me, and potentially with community leaders.

From the beginning I was clear that I wanted to design a research process different to the approaches used to gather information during my previous work in the HIV sector in Papua New Guinea. In the past when working with NHASP and other large-scale programs, information-gathering with youth during 'community consultations' tended to be shaped by what the project team expected to find, or by what was amenable to turn into a project activity that could be funded, rather than by attempting to genuinely foster open communication or to listen to young people's perspectives on their own health and wellbeing (see also Nolas 2011). In this chapter I will demonstrate how the theoretical concepts discussed earlier – participation, dialogue, conscientisation, and alternate publics – played a key role in my design of a research approach which was intended to support social spaces where more open communication could occur.

I begin the chapter by outlining the qualitative methodological approach used, and by positioning myself within the broad continuum of participatory action research. In doing so I describe who I was within the 'field' of the 'fieldwork', and how this shaped my research design. The position I occupied and my interest in alternate public spheres were instrumental in my choice to predominantly utilise Photovoice as a research methodology, a tool I then discuss in some detail. I present a theoretical rationale for Photovoice, describing strengths of the process, as well as exploring challenges to its effective use, and note limitations of the method.

In the next section I summarise the activities involved in the Tok Piksa Project (please refer to Appendix 1 for a more detailed overview). I then outline the construction of the research project, describing the young people who participated, the fluidity of the groups and some of their demographic characteristics. This section also begins to 'introduce' the reader to the young people at the heart of this project, emphasising that it was through them (and my relationships with them) that the range of research data generated by the Tok Piksa process was produced. I then outline the corpus of research material drawn upon in this thesis, and detail the strategies that I have used in my analysis of the data. I address the issue of generalisability in relation to this qualitative research project, and suggest how the transfer of useful concepts (Lincoln and Guba 1985) may be achieved. Finally this chapter discusses the ethical issues associated with the approach that was taken.

4.1 Action research

As outlined in the first chapter, the overall goal of this research project was to better understand how outsiders can support young people to take control of their health in the wider context of contemporary Papua New Guinea. The specific issues I wanted to explore were how young people make sense of HIV and the many other factors impacting on their health in a local context; and what potential role youth participation might have in the process of young people developing actionable strategies for reducing their vulnerability

to poor health outcomes. Therefore I sought to use a research methodology where I could analyse young people's sense making, as well as their experience of participatory processes, as they happened.

'Action' – dialogue and participation as they were happening, as well as the strategies for action on health that young people could potentially develop through the process – was central to my research aims and, in considering different methodologies, I was strongly drawn to an Action Research approach from the start.

Action research, as defined by Peter Reason and Hilary Bradbury (2006), is

> *a participatory, democratic process concerned with developing practical knowing in the pursuit of worthwhile human purposes, grounded in a participatory worldview which we believe is emerging at this historical moment. It seeks to bring together action and reflection, theory and practice, in participation with others, in the pursuit of practical solutions to issues of pressing concern to people, and more generally the flourishing of individual persons and their communities (p.1).*

Whilst, for me, the lofty tone of this definition (and of a considerable proportion of the action research literature) leads to sceptically raised eyebrows, there are many elements of an action research approach that appeal to me personally and politically, and which especially suit the intent of this particular research project. I am in part drawn towards action research because I am a public health/development *practitioner* – I am interested in 'practical knowledge', the bringing together of 'theory and practice' and 'practical solutions to issues of pressing concern'. My previous experience of working with young people in Papua New Guinea had left me convinced that the pursuit of improved ways of working 'in participation with' youth to prevent HIV transmission was a 'worthwhile human purpose' necessary to the 'flourishing of individual persons and their communities'. The theoretical framework of this research project – based on participation in dialogue, critical reflection and thinking, and safe social spaces – seemed particularly

well aligned to an approach to inquiry which emphasised a 'participatory worldview' and the bringing together of 'action and reflection'.

Action research refers to a broad range of approaches that have emerged from disciplines as dissimilar as liberation theology to organisational development, with their very different accompanying research traditions (Cassell and Johnson 2006). Action researchers have developed a diverse suite of tools and approaches, often with quite disparate epistemologies, values and goals, but with a common and overriding belief in the value of learning by doing and of knowledge for change (Israel, Schulz et al. 1998).

4.1.1 Participatory (Action) Research

The particular approach to action research that I have drawn upon in this project is participatory action research (PAR or participatory research). Participatory research, in various forms, had been going on for some time in both the majority world (Fals Borda 2006) and parts of the USA (Gaventa and Horton 1981), by the time Paulo Freire's *Pedagogy of the Oppressed* was published in English in 1970. However, it was Freire's view of research as a form of social (collective) action that increased attention towards the emancipatory potential of an approach to research that incorporated a broader societal analysis (Herr and Anderson 2005).

Participatory research has been described as being contextualised by macro-level social forces, where social processes are understood within a historical context; where theory and practice are integrated, and research and action become a single process; and where community and researcher jointly produce knowledge aimed at social transformation, applicable to concrete situations (de Schutter and Yopo 1981, cited in Herr and Anderson 2005). Participatory research also challenges the subject-object dualism of traditional social science. Without denying that research is embedded in a field of power relations, or that the researcher and the researched may bring completely different life experiences to the research process, intersubjectivity is emphasised in striving for a subject-subject relationship.

4.1.2 A continuum of positionality in action research

In addition to action research deriving from a broad range of disciplines, action researchers adopt a continuum of positions from being an insider to being an outsider to the setting under study (Herr and Anderson 2005). It is important for me to define my positionality in relation to the research setting, in order to clarify my role in the enactment of the methodological and analytical processes, but in fact it is something I have found quite difficult to do.

The impetus for me undertaking this PhD came very much from an 'insider' position. I was a practitioner, an insider, in the implementation and evaluation of youth-focused HIV-prevention programs in Papua New Guinea. My experience, confirmed by the epidemiology, suggested that their effect was limited and that the exploration of new ways of working was warranted. I recognised that as long as I was part of the frantically busy treadmill of programming in an "emergency response" to HIV (AusAID 2006), that I would never have the time and space for the reflection, and self-reflection, necessary to consider how things could be done differently and better.

However, in the actual process of undertaking the research – working with young people in the Highlands of Papua New Guinea – I was very much an 'outsider'. Whilst, of course, this was obvious to me from the start, the depth of this position and my entrenchment in it, was only made clear by the young people themselves:

> … *"It was my first time to be with someone like you, so I was very shy. I had never eaten with a white person before and was embarrassed what you would think of us"*... (Danu'a Enoch, Kainantu, focus group discussion)

In the process of striving for intersubjectivity, as detailed in Chapter 7, the young people and I could find elements of 'sameness' or connection. For

example, at times I would be temporarily included in 'we' on the basis of my gender, or my unmarried and childless status at the time. However these instances of 'sameness' in no way meant that my position was shifting to one of insider.

Herr and Anderson (2005) note that researchers often have complex relationships to the setting that is being studied, and may occupy multiple positionalities. I was an insider to the broad field (of youth-focused HIV programs in Papua New Guinea) but an outsider in the actual fieldwork (with young people in the Highlands). These multiple positions as a participatory action researcher informed both my choice of primary methodological tool (Photovoice) and how I undertook the analysis (which was in some instances participatory with youth, and in others a result of my own reflection upon the data).

4.1.3 Ways of working with, rather than on/to/for, young people

My research interests require the exploration of perceptions, experiences and interactions – areas particularly suited to investigation using qualitative methodologies (Flick 1998). I wanted to incorporate a range of different qualitative tools into the research design, anticipating that perceptions of health and experiences of participation are contextual and fluid, and that the same research participant may choose to represent different aspects of their life-world in separate settings (for example in private conversations or interviews with me, in comparison to discussions in a group) and in separate forms (for example visually, in comparison to written or oral narrative). Therefore it was important not to restrict participants, or myself, to the collection of data through one method. Using a variety of tools would strengthen my ability to capture the diversity of participants' experiences and perceptions.

Given my status as outsider to the lives of the young people I was working with, I was reluctant to use tools that were predominantly question based (such as interviews or focus group discussions) as my *primary* research

methodology. I did not know if I would be asking young people the right questions to elicit their lived expertise on what it was like to be a young person growing up in the Highlands today. There was also the risk that using a mix of traditional qualitative research tools alone would be seen as extractive, and reinforce power differentials between the young people and myself. Primarily using traditional methods did not seem a promising way to establish a safe space for dialogue, and lacked the element of active participation that I wanted to examine, as it happened, in the project.

There is an extensive literature describing the process of researching in a participatory way with young people (for example Michaud, Narring et al. 1999; Morrow 2001; Checkoway and Richards-Schuster 2003; Roose and De Bie 2003; Wang 2006; Nolas 2007). There are also numerous manuals and guidebooks giving examples of tools for engaging young people in the design, implementation and evaluation of projects, including research projects (such as Kirby 1999; Save the Children UK 2000; Webb and Elliott 2000). As a practitioner, I had several years experience in working with young people in a range of settings using participatory tools (Vaughan 2000; Vaughan, Kwarteng et al. 2001; Vaughan 2004a), and recognised their potential in a research project aiming to examine participation, as it happened. I considered a range of tools for their potential to support the development of an alternate public, fostering participation, dialogue and collective action, and chose to primarily utilise Photovoice.

4.2   Photovoice: a participatory tool for developing shared understanding

Photography has long been used to document and draw attention to social issues. Traditionally however, images are taken by professionals (such as photographers, documentalists, journalists) from their point of view, rather than from the (emic) perspective of insiders. In contrast, in recent years a range of techniques have been developed by qualitative researchers to enable community members to tell their own stories through audio-visual media (Harrison 2002; Ramella and Olmos 2005). One such tool,

Photovoice, has been used in a range of settings to enable participants to represent their everyday realities through photographs. It is a technique that does not require complex recording or editing equipment, and as such is particularly appropriate for use in communities with minimal access to audio-visual technology or expertise.

As developed by Caroline Wang, Mary Ann Burris, and colleagues, Photovoice draws upon Freire's approach to education for critical consciousness and is a "method by which people can identify, represent, and enhance their community" (Wang and Burris 1997: 369). It has been utilised by researchers working with young people from marginalised communities in North America (see for example Strack, Magill et al. 2004; Wang, Morrel-Samuels et al. 2004; Foster-Fishman, Nowell et al. 2005; Wilson, Dasho et al. 2007; Gant, Shimshock et al. 2009; Woodgate and Leach 2010), as well as with young people living in sub-Saharan Africa (Jacobs and Harley 2008; Umurungi, Mitchell et al. 2008; Green and Kloos 2009) and elsewhere (Larson, Mitchell et al. 2001; Drew, Duncan et al. 2010). The key elements of the method include the training of participants as co-researchers and photographers; the taking of photographs, selection of illustrative images, and the drafting of textual captions or explanations by the participants; group discussion of themes emerging from the images; and preparation of public exhibitions of images, aimed at community leaders and decision makers.

4.2.1 Strengths and potential of Photovoice: a theoretical rationale

Researchers have described Photovoice as having a number of particular strengths as a participatory research tool. Photovoice has been found to improve young people's confidence through the building of skills, and in enhancing identity formation (Strack, Magill et al. 2004). Others have found that the method increases young people's control over the direction of research (Drew, Duncan et al. 2010), and draws attention to issues important to young people that may have otherwise been overlooked (Streng, Rhodes et al. 2004). For example, Streng, Rhodes et al. (2004) found that

Photovoice supported marginalised young people to share previously unspoken criticisms of their educational experience with policy makers and service providers. Drawing on Foucault, Prins (2010, p.439) highlights that the method activates and validates 'subjugated knowledges', resonating with the pre-conditions of dialogue discussed in the previous chapter (interlocutors recognising each other's knowledge as legitimate, and taking the perspective of the other). Several authors (Foster-Fishman, Nowell et al. 2005; Hodgetts, Chamberlain et al. 2007; Castleden, Garvin et al. 2008) have noted that the act of 'picturing', of seeking things to photograph, means that participants re-frame commonplace subjects. This re-framing, interrupting the taken-for-granted, aligns with the starting point of a Freirian process of conscientisation. Photographs and their accompanying text communicate insider perspectives and representations. As a method that "takes seriously participants as knowers" (Guillemin and Drew 2010, p.178), Photovoice also seemed especially well suited to establishing how young people make sense of HIV and other health-related issues in their local communities.

Others (Harrison 2002; Lykes, Blanche et al. 2003; Drew, Duncan et al. 2010; Guillemin and Drew 2010) have emphasised the role of visual methods in facilitating emotional expression, deepening communication through the use of 'rich language' (Humphreys and Brezillon 2002). The role of this 'rich language' in motivating interlocutors to engage in dialogue is rarely discussed in literature pertaining to participation, Photovoice, or HIV prevention, and indeed the place of emotion receives limited attention from Freire. However, in settings of structured inequality where some actors may have little interest in engaging with young people in dialogue, the communicative depth and affective impact of images seemed potentially valuable for drawing people into the process.

As presented in the previous chapter, the theoretical framework that this work is based upon suggests that opportunities for dialogue may be built by supporting young people's participation in 'telling their story' about health; developing their skills in self-reflection and self-representation; and in the co-

creation of a safe communicative space. Dialogue may then support the emergence of critical thinking, the co-construction of new knowledge about young people's health, and the development of actionable strategies to promote health (Freire 1970).

The Photovoice literature generally acknowledges the Freirian roots of the method, with some authors discussing its role in the development of critical consciousness (Foster-Fishman, Nowell et al. 2005; Carlson, Engebretson et al. 2006). However discussion of the concepts of dialogue and safe social spaces is limited, so I wanted to explore whether the Photovoice process could support dialogical interaction in safe social spaces created through the workshops.

In a detailed, but retrospective, analysis of the impact on participants of involvement in a Photovoice project, Foster-Fishman and colleagues (2005) identified three main outcomes: increased self-competence; emergent critical awareness of one's environment; and the cultivation of resources for social and political action (including the building of bonding relations between participants, and bridges between participants and decision makers). These promising outcomes suggested that Photovoice was a particularly appropriate tool for use in a study exploring the links between participation and young people's ability to 'take control' of their health in an impoverished setting. The participatory nature of the tool, with its focus on critical action, also suggested that Photovoice would provide an opportunity to research participation, as it happened, in a research project.

4.2.2 Challenges and limitations of Photovoice

A range of challenges and limitations to Photovoice have also been raised in the literature. In their early work outlining the technique, Wang and Burris (1997) emphasise the inherently political nature of documenting community issues through photography. As with any political act, there are potential risks to both the photographers and those whom they photograph. As detailed in Appendix 1, I included strategies to minimise these risks in the

Photovoice trainings. A particular focus of the initial training was participant safety whilst conducting research activities, and on addressing the ethical and safety risks associated with photographing illegal or undesirable activities (particularly in relation to drug use, sex work and guns). This included discussing instances where participants may potentially produce photographic 'evidence' that could be used against those in the photographs or against the photographers themselves. While participants appeared less concerned about these situations than I was, I recognise that these risks may have resulted in the young people I was working with engaging in a degree of self-censorship. As occurs with more traditional research methods (such as interviews and group discussions), young people may also have avoided raising particular topics, to protect themselves and their community from exposure or scrutiny of sensitive issues.

Authors have noted that desire to 'give voice' to young people through participatory photography can lead to the uncritical acceptance of visual representations as '*the* story' (Piper and Frankham 2007; Yates 2010), with that which is not photographed being left unexamined (Hodgetts, Chamberlain et al. 2007). In contrast, I recognise that the participants played an active role in deciding *which* story about themselves and their communities they would like to tell, determining how they would like to be 'seen' through the process of deciding what to photograph and then selecting images to write about and discuss. At times the young people edited the text written to accompany their photographs, in preparation for public exhibition (this was unsurprising, given they had invited family and friends to these exhibitions). However, would I argue that participants also present a particular representation of themselves (and their communities) when answering interview questions, participating in group discussions, completing surveys, or submitting to the gaze of an ethnographer, and that this is not a limitation specific to visual methods.

'Absences' or 'silences' in the issues that were raised by the young people through photography may also have resulted from some issues being 'un-photographable'. Wang and Pies (2004) highlight the difficulty in determining

whether topics are omitted by participants because they are unimportant to their lives, or because the topic is difficult to photograph. This was a significant concern for me during the Tok Piksa Project, however the young people demonstrated considerable creativity in illustrating issues hard to photograph (such as gossip) or in capturing sensitive issues (such as child abuse or sexual violence) in an appropriate way. It emerged that it was important for the young people to have repeated opportunities to take photographs over time, to give space for consideration of how issues difficult to photograph could be depicted.

During the project participants had several opportunities to think about what they wanted to take pictures of, interspersed with opportunities to see what their peers had photographed and to discuss health issues raised during the process. This may have shifted their thinking about what was worthy of being photographed. Many of the important day to day issues facing young people, the impact of the 'daily grind' on health, did not emerge until later in the process. In addition, images documenting community strengths often did not appear until later rolls of film were developed. Strengths and positive influences on health were rarely something the youth attended to in the first instance. The way that I used the Photovoice method, involving sustained engagement with a number of groups over a period of months, ensured repeated opportunities for image production and reflection, and contributed to the variety of issues identified by the young people and their ability to think critically about them. However, using the method in this way (as opposed to the common approach of giving participants just one disposable camera or one opportunity to take photographs) required a significant time commitment from the young participants and me. This is an important consideration when choosing to use Photovoice, and constrained the number of young people (and youth groups) I was able to work with in this project.

In her review of visual methodologies Harrison (2002), drawing on Bourdieu (1990), notes that the act of taking a photograph, and of being photographed, is a socially designated and highly regulated practice, limiting what is recorded in this way. Whilst the young people I was working with had had

somewhat limited exposure to cameras, this was also true in the Highlands of Papua New Guinea. Initial rolls of film often featured family members neatly lined up in front of the house, or friends in sunglasses posing as *gangstas* suggesting that taking photos of family and friends is what you are *supposed* to do with a camera. However, over time, greater variety and spontaneity was evident in the young people's photographs. What became a greater consideration in the analysis of the photographs and stories, was their intended audience. As will be discussed in the following chapters, the young peoples' growing confidence and critical thinking, as well as a greater understanding of the potential of the project, leant a distinct tone of advocacy to their later photographs. This was aimed at the community leaders they invited to the Tok Piksa launches, and likely influenced selection of images and stories to be privileged through inclusion in the exhibitions.

The role of audience has received limited attention in literature documenting the use of Photovoice. Harrison (2002, p.866) notes that visual representations do 'social work', which raises the question of whom the photographer intended their images to do work upon. Some authors have suggested that the primary audience in visual research methodologies may in fact be the researcher, with data being 'biased' by participants producing images with the researcher – and the researcher's perceived needs, priorities and analyses – in mind (Sharples, Davison et al. 2003). I recognise that some issues may have been excluded from photo-stories because of who I was (see, for example, p.305 on the young people's limited discussion of *sanguma* or sorcery). However in the Tok Piksa Project it was during *interviews* that I was occasionally asked by the participants "what else would you like me to talk about?" or "have you got what you need?", rather than when I was looking at the young people's photographs (as has been found by others, see for example Guillemin and Drew, 2010).

I would argue that the notion of audience needs to be considered in all forms of data collection and interpretation. This is not to say that I, as an audience, had no impact on the photographs that the young people took and selected during the Tok Piksa Project, but rather to suggest that researcher influence

on how participants represent themselves (selecting what and what not to present) is not a limitation specific to the Photovoice method. The (original) audiences for the images produced during the Tok Piksa Project were multiple, and included the photographer themselves, other participants, me, and perhaps most importantly the community members that the youth planned to invite to the exhibition. The prioritisation by participants of community leaders as an audience is not a limitation of the methodology, but rather informs the analysis presented in subsequent chapters.

Photovoice, as with any participatory research technique, involves engagement with the messy reality of communities, with their "structural relations of dominance and subordination" (Fraser, 1990, p.65). While the research process intended to support a safe social space for young people, where they could collectively negotiate their self-representation to a wider public, there was the risk of the research process reinforcing existing power relations *within* the youth groups. As Meredith Minkler highlights (1978) "the process of community organisation itself may serve more to maintain the status quo than to change it" (p.208). This was particularly evident in the project along the axis of gender. Numerous strategies (such as same-sex small groups, self-selected small group work, encouraging young women to volunteer for specific tasks) were used in the workshops to try to ensure that the young women involved in the project were able to participate as fully as the young men. This was partially, but not entirely, successful and will be discussed further in Chapter 5.

4.3 Summary of the Tok Piksa Project

In the interests of reproducibility, and to provide a concrete example of how Photovoice can actually be *done,* Appendix 1 gives a detailed overview of the Tok Piksa process. However, in order to inform understanding of how the corpus of research material was constructed, I will summarise the main features of the project here.

As outlined in Chapter 1 this research project was undertaken with groups and organisations that I had a pre-existing relationship with – the community-based Kanaka Youth Group in Banz, and volunteers with Save the Children in PNG's Youth Outreach Project in Kainantu and Goroka. In the first instance I facilitated a one-week training workshop with each of the three youth groups in December 2006 and January 2007. These **introductory workshops** focused on three major areas: a) discussion of photography and power, safety and ethics; b) development of technical skills for taking photographs and communication skills for talking with others about the project; and c) approaches to the selection of important or representative images, and strategies for writing about them. An example of the timetable that was given to the young people during these workshops can be found in Appendix 4, and the sessions are discussed in detail in Appendix 1. During these first workshops, participants also reviewed the project's explanatory statement (please see Appendix 2) and completed background information forms (please see Appendix 3) which formed part of the young people's consent to their ongoing participation in the project.

The intention behind the approach I took to facilitation of these, and all other, Tok Piksa activities – that is, how the methodology was put into practice – was to create an environment where dialogue and, potentially, opportunities for critical thinking could occur. As discussed in Chapter 3, dialogue requires that interlocutors are able to meet in communicative interaction, to recognise each other's knowledge as legitimate, and to take the perspective of the other. Therefore I tried to engage with the participants in such a way as to foster an environment of mutual respect, where individual contributions were valued, and in a social space that emphasised communication (sharing, listening, asking questions). Many of the activities detailed in Appendix 1 – for example small group discussions, role plays, or supporting youth to present their perspectives through both image and text – were designed with the intention of fostering such a safe communicative space.

Following the initial workshops there was a period of approximately one month, during which the participants took photographs to illustrate factors

that they thought had *a positive or a negative influence on their health*. The **in-between periods** after these, and subsequent, workshops allowed time for the participants to reflect on the Tok Piksa process in my absence, to choose whether or not to continue their participation, to take photographs and write stories, and to engage with community members about the project.

The initial training workshops set the parameters of the Tok Piksa process, but the nine **follow-up workshops** were where the bulk of the project's dialogue, debate and emergent critical thinking actually happened (or failed to occur). Three follow-up workshops were held at approximately one month intervals with each of the three groups. They were held over two to three days and involved participants selecting images for critical discussion in small groups; participatory analysis of themes emerging in their combined photographs; discussion and identification of 'gaps' in the issues that had been identified; and preparation for community exhibitions of their work.

The inclusion of **exhibitions** in the Photovoice process intends to give participants the opportunity to document and communicate aspects of their lives, and are one way of developing skills and experience in collective action (Wang, Morrel-Samuels et al. 2004). The Tok Piksa Project involved four exhibitions in total. Three exhibitions were held in the youth groups' local communities (Banz, Kainantu and Goroka) in April 2007. Later, funding was obtained from the PNG National AIDS Council and AusAID to bring all three youth groups together for a joint workshop to share their experiences (and to finally meet each other), and to prepare a major combined exhibition which was held in Goroka in September 2007.

The participants recognised that the community exhibitions were an opportunity for them to collectively represent themselves in the public sphere. A lot of effort was made by the young people to practice drama performances and songs, draft speeches, distribute invitations etc. in preparation for the launch of their Tok Piksa exhibitions. Parts of the follow-up workshops were allocated to these preparations.

Following the three local exhibitions, some of the participants worked together to undertake **health promotion actions**. These included initiatives such as a community clean up day in Banz, or participants using their photographs and stories to run sessions at local schools to discuss the health issues identified with students. There were substantial barriers to the youth undertaking collective health promoting action however, and these will be discussed further in Chapters 5 and 7.

All the Tok Piksa workshops were based around small group discussions, wider group brainstorms and debates, and some participatory work in pairs. The workshops were conducted in English and *Tok Pisin* with some of the small group work in *Tok Ples* (particularly in Banz, where participants were all from the same language group). The young people recorded their discussions on large sheets of paper (depending on the group, this was in Tok Pisin, English and/or through drawings and diagrams) which were displayed around the room for the duration of the workshop. The processes of these workshops, as detailed in Appendix 1, aimed to foster a 'youth-owned' space. The challenges implicit in the development of such a space will be highlighted in Chapter 7.

In designing the Tok Piksa process I had envisaged my student-researcher role to be that of facilitator, interlocutor, observer and analyst. However this was often entirely subsumed by the necessity to be logistical problem solver – the challenges of working with grassroots groups who don't have phones, faxes or bank accounts are enormous and enormously time consuming. Rather than being sources for idle complaint, these logistical factors tangibly constrained the scope of the research design, limiting what we were actually able to do. As a practitioner I had been required to spend a lot of time discussing 'sustainability' of development project activities. As a researcher I reflected on what that might mean given how wearying achieving any small thing, let alone making any meaningful sustained change, could be. I often wondered if rather than pre-conditions for dialogue, whether a thread of my research shouldn't be pre-conditions for even getting people together in the same room.

Logistics, and the workaday realities of field work in difficult settings, played a major role in the process of this research. The initial design and methodological choices I made were driven by my research questions, but the way that these actually unfolded over time was heavily influenced by logistics.

4.3.1 Reflecting upon our participation in project activities

The Tok Piksa methodology aimed to support young people to engage in a process of self-reflection and self-representation. The activities outlined above did this by fostering the development of new skills (in photography; organising events; working as a group; using tools for critical thinking and analysis) and, in particular, by focusing on communication (with participants being supported to articulate their perspectives; listen to the perspectives of others; speak up in front of a group; communicate verbally, as well as through image, text and performance; and to engage with different members of the community, as well as each other).

The activities associated with the Tok Piksa Project created a particular context or social space for communication. In the workshops participants were encouraged to communicate with others in ways that they otherwise might not do. Outside the workshops, the young people were also required to engage in an unusual kind of communication – approaching others to ask for photographs and explain what the project was about; articulating perspectives on health through presentation of their photo-stories to community leaders. Additionally I was able to communicate with youth differently, engaging with these participants in ways that had not been possible during my previous work with youth for NGOs and bilateral government-run projects in Papua New Guinea. Reflection upon the processes and results of our participation (in developing skills, communicating critically-framed perspectives, and in the emerging social spaces for communication), is the focus of analysis in the next three chapters.

Whilst it is relatively straightforward to outline the various activities that the young people and I participated in during the project, it is more complicated to describe this participation using any of the hierarchical models of participation (Arnstein 1969; Hart 1992) discussed in Chapter 2. As the Tok Piksa process unfolded over the ten-month period, the nature of our participation varied. Many times activities were primarily initiated and led by me, but at others young people were the predominant drivers of the project's activities. However, at no time could the 'young people's participation' be described as if they were a homogenous mass all participating in the project in the same way or to the same degree. As in any group of people, some of the youth were more able or inclined to adopt a leadership role than others, and some of the young participants faced greater constraints to their participation (particularly because of their gender) than others. It is not possible to capture the nuanced nature of our participation by allocating the youth a rung on a theoretical ladder of participation, or indeed by suggesting that over time participants experienced a linear process of progress toward great control of resources and decision making (in contrast to the approach taken by Arnstein 1969; Hart 1992, and many others). Our experience challenges essentialist representations of participation and disrupts assumptions about 'youth participation' inevitably resulting in improved youth health.

4.4 Constructing the study

4.4.1 Research project participants

Youth groups in PNG lie along a spectrum of support, from those young people engaged by or volunteering with international or national NGOs, to young people involved in groups established and supported by community structures (such as church youth groups), to groups established by young people themselves in the absence of financial or organisational support. The study has been constructed with youth groups from opposite ends of this spectrum in order to explore the interaction of outside support and young

people's participation, and to generate concepts useful to colleagues working with young people in a range of settings.

It is not easy to be definitive about how many young people were 'participants' in the Tok Piksa Project. My initial intention was to provide training to, and then work with, forty young people (consisting of 20 young men and 20 young women, with half the group being from Banz and half the group from Kainantu). Whilst I did not anticipate that all forty young people would remain engaged with the project through the entire process, I did hope to begin with roughly equal numbers of young men and women. And I had anticipated that the numbers of young people disengaging from the project would be similar in both Banz and Kainantu. Not surprisingly this neat arrangement did not pan out in real life.

In the first week-long training workshops held in December 2006, thirty-seven young people participated. The two groups (in Banz and in Kainantu) were not evenly sized. In Kainantu, thirteen volunteers with the SCiPNG Youth Outreach Project attended this training (six young women and seven young men). In Banz, twenty-four members of the Kanaka Youth Group attended the workshop (twenty young men and only four young women).

The under-representation of women in the Banz group, and the over-representation of older (male) 'youth' is entirely consistent with community based youth groups throughout Papua New Guinea. Where community groups are not specifically 'women's groups', women find it difficult to be actively involved in group processes (Hinton 2009). This is particularly true for young women, who may even be sidelined by their elders within women's groups (Lee 1985). To be a 'youth' in Papua New Guinea is a social identity that is often associated with negative public representations, with the mass media in particular associating youth with criminality, disease or social decline. However, membership of a *youth group* may be one of the few opportunities younger community members have to access potential support (such as funding, training, status or recognition) from sources external to

their local community. Such opportunities are a scarce resource and, similar to other community resources, one that tends to be monopolised by men.

The disproportionate impact of HIV on young women in Papua New Guinea, and their under-representation in any organised forums aiming to give space to young people's views, meant that I wanted to work with more young women if I could (at the end of these first two workshops, less than a third of the participants were female). It was at this point that I held discussions with SCiPNG staff about working with their female Youth Outreach Project volunteers in Goroka (the town that was my base during the period of fieldwork), and in January 2007 I held a further week long training workshop for seven of these young women in Goroka. Two more young women joined the group in Kainantu, so by the end of January, early in the life of the Tok Piksa Project, there were forty-six participants – nineteen young women and twenty-seven young men.

In the workshops that followed there was some attrition of participants with the largest proportion of young people who 'dropped out' coming from Kainantu – the different factors challenging young people's sustained participation in the three research settings are discussed further in Chapter 5. Of the four young people who disengaged from the Kainantu group at this stage, three were young women and all were from rural villages (and represented over a quarter of the original participants in this group).

In the period between the local community exhibitions of the young people's photographs and stories in April 2007, and the joint workshop and combined exhibition in September, national elections were held in Papua New Guinea. The months leading up to elections, and those after the announcement of results, are characterised by considerable movement of people and money (as well as alcohol and, in the Highlands, guns) around the country. Campaigning is vigorous and has been associated with upsurges of violence in the past. This is particularly true in the Highlands region. I had anticipated that I might lose contact with a number of the young participants during this period, and that by September it was possible that very few would remain

actively involved. I was particularly concerned about the impact of the elections on the young people in Banz, with the Western Highlands being particularly affected by violence over the election period.

However, only one young person from Banz discontinued their involvement with the project in September – and this was because they had found full-time paid employment. One of the young women in Goroka married and moved to another province, but Kainantu again saw a significant number of young people 'drop out'. Only four (three young men and one young woman) of the original fifteen Kainantu youth participated in the Tok Piksa Project activities in September. Barriers to young people's participation, and in particular to the retention of female participants, will be discussed further in Chapter 5.

Figure 2: Changing numbers of participants
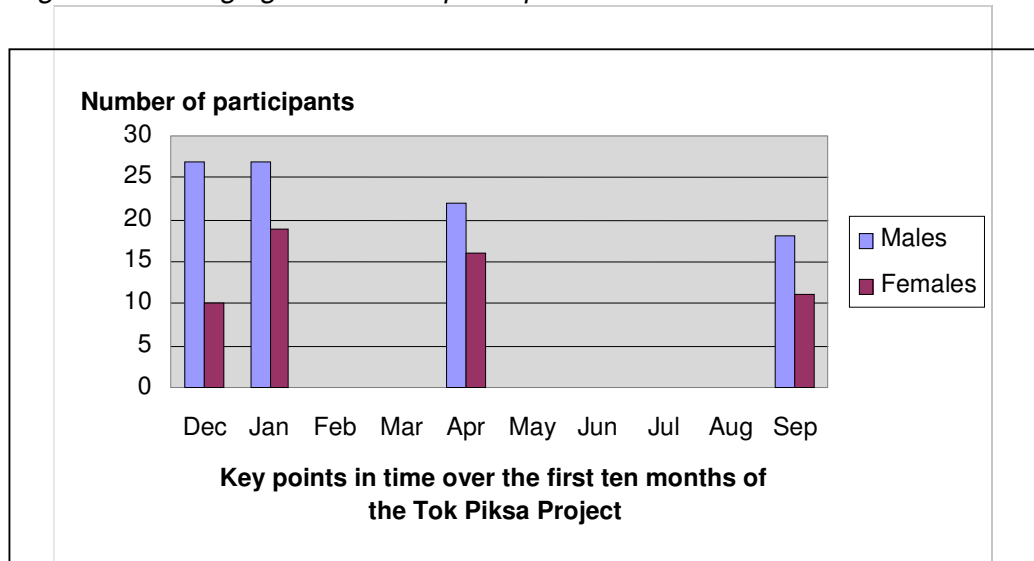
This graph illustrates the changing numbers of Tok Piksa participants over the first ten months of the project. The changes in participant numbers were least in Goroka and Banz, with the bulk of 'attrition' occurring in Kainantu (where 73% of the original participants disengaged with the project by September 2007).

4.4.2 So, who were these young people?

The table below provides a general overview of the participants, summarised from information they provided on the 'Background Information' forms distributed in the first training workshop. The table has been compiled from the forms provided by those young people who participated in the bulk of Tok Piksa Project activities only, i.e. those young people who remained actively engaged up until the time of the local community exhibitions in April. This did not necessarily mean that these young people had attended every day of every workshop, but the young people included in the table below considered themselves, and were regarded by the rest of their group and myself, as 'active' Tok Piksa participants to April 2007. These thirty-nine young people had an average age of 22.4 years and were 59% male and 41% female. The average age of the young men (23.8 years) was higher than that of the girls (20.7 years)

Figure 3: Summary of participant characteristics

	Kanaka Youth Gp (Banz)	YOP Kainantu	YOP Goroka
Number of active participants (April)	21	11	7
Av. participant age (with age range)	23.9 (18 – 34)	20.1 (17 – 25)	21 (18 – 28)
% of female participants	19%	45%	100%
Av. years of formal education	10 (6-16 yrs), with 2 current students	9.3 (2-12 yrs)	10.8 (9-13 yrs)
Av. family income	K1542 p.a.*	**	*** (see over page)

* I have excluded the youth group coordinator and his wife from this figure. Most Kanaka Youth Group members came from families of subsistence farmers, whose annual income ranged from K500 to K3000 (£76 – £456). The youth group coordinator had casual employment with the Provincial Administration, and his wife was an elementary school teacher. Their combined annual income of approximately K12,500 (£1900) was quite distinct from the rest of the group

** The Kainantu participants did not answer this question with a figure, instead answering "subsistence farming" or "marketing" (selling vegetables). The average income of these families is likely to have been quite similar to that of the Banz group

*** The Goroka participants also provided a written, rather than numerical, answer to this question. Four of the young women had families dependent on subsistence farming and the selling (referred to as "marketing") of this produce. Three girls had families dependent on the income of one relative who had employment in the cash economy, in occupations with an average annual income of approximately K8000 (£1216)

Whilst a table like figure 3 is useful for giving a snapshot of the youth – and for highlighting immediate differences (for example, that the Banz youth were older and more likely to be male) – it doesn't really tell the reader much about who these young people actually were. Tabular summaries can't include information about who was the group clown and what made people laugh, how friendships were made or reinforced, what made people passionate, and when the group would get frustrated and cranky with each other. They can't describe the within group leadership and interpersonal dynamics, particularly those defined by age and gender. Tables also can't describe the immediate 'feel' you get when walking into a room to first meet a group of young people – whether that be enthusiasm and curiosity, or slightly surly suspicion – and how that feeling influences you as a researcher, trainer and facilitator. In the chapters that follow, I will endeavour to communicate aspects of the young people's life-worlds, as they shared them with me, and as reflected in analysis of data generated by the project (our joint analysis, and my own subsequent reflection and interpretation). I will particularly reflect on my shifting relations with the different youth groups in Chapter 7, in discussing the process of participatory action research, as I experienced it.

When filling out their background information forms in the very first workshop, I gave the young participants in this project the opportunity to adopt nicknames and be made anonymous in the study. The young people provided nicknames to me at this time. However, by the completion of the project the participants asked me not to use them – they felt strongly that they would like their stories and photographs to be acknowledged as their own, an issue that has been faced by other researchers using visual methods (see for example Guillemin and Drew 2010). They were proud of the work that they did in the Tok Piksa Project (and undoubtedly I am proud of, and grateful to, them). The Kanaka Youth Group members and SCiPNG

volunteers wanted to be 'in' my PhD thesis. In keeping with Frank's (2005) observations on the importance of dialogical research, I have tried to keep the young people 'in' this document as much as possible by incorporating their stories, using their own words, and including some of the photographs they selected.

By way of my own photographs, I also introduce the three youth groups here:

Members of the Kanaka Youth Group after their initial training workshop in Banz, December 2006.

Volunteers with Save the Children in PNG's Youth Outreach Project in Kainantu, December 2006.

Cathy with volunteers from SCiPNG's Youth Outreach Project in Goroka, following their first Tok Piksa exhibition in April 2007 (Photograph taken by Geraldine Valei, SCiPNG).

4.4.3 The corpus of research material

A range of different artefacts and materials were produced in the course of this research project. These are outlined in the table below, and will be briefly discussed in turn.

Figure 4: Research material informing project analyses

Research material	Quantity	Comments
Young people's photographs: a) Photographs selected for inclusion in exhibitions b) Photographs selected to discuss in small groups at workshops but not exhibited c) Photographs not selected or exhibited	126 53 3015	Photographs taken between December 2006 and April 2007 in response to the framing questions "What has a positive influence on your health and well-being? What has a negative influence on your health and well-being?" There were then two points of 'reduction', when young people decided which of their photographs to select – prior to small group discussions in the follow up workshops, and in deciding which images to enlarge for inclusion in the exhibitions
Photo stories: Young people's stories written to accompany and explain photographs (whether exhibited or not)	171	These varied considerably in length from one paragraph to two typed pages, and include stories written to accompany photographs that were later left out of the exhibitions

Research material	Quantity	Comments
Artefacts of group work: Products of young people's participatory analysis of themes emerging from their combined photos and stories	See details on right	These were key points of group discussions youth recorded on large sheets of paper (transcribed to 12 typed pages), as well as problem trees (9), causal diagrams (6), and records of ranking exercises (3)
Participation stories: Young people's stories about how they felt and experienced participation	98	Stories written between December 2006 and April 2007 (some of the participants also wrote participation stories in September 2007). These were written at two monthly intervals, and varied in length from a third of a page to one typed page
Group discussions: Notes hand recorded during group discussions with the youth groups (notes then transcribed)	3	Held with each youth group after their photography exhibitions in April. These varied in length from 30 minutes (Kainantu), to 40 minutes (Goroka) and 45 minutes (Banz)
Youth interviews: Interviews recorded with the Tok Piksa participants (recorded on video tape and then transcribed)	28	Conducted with young people in September 2007, where they discuss one or two photographs they have selected in detail, as well as describe their overall experience of being part of Tok Piksa
Leader interviews: Interviews with community leaders (recorded on video tape and then transcribed)	9	Conducted in Goroka and Banz in September 2007 (with leaders from participants' communities)
Field notes: These were in diary form, initially hand written and then later typed (this total refers to the number of typed pages)	74	These include my observations and reflections; notes taken during the young people's small group discussions and presentation of participatory analysis tools during follow up workshops; notes written after informal conversations with young people, community development practitioners in Goroka, Banz and Kainantu, and with people working in the Highlands in response to HIV.

Photovoice was the primary methodology for this research, and the largest proportion of the research material described above is directly related to the Photovoice process. This includes young people's photographs – of which there were over 3000 in total. I will not directly draw upon or refer to the majority of these photographs, as the analysis will focus on those images (and their accompanying text) that the young people selected to discuss in small groups during the workshops or for public exhibition. The photographs

that were selected by the young people have been analysed in conjunction with the text that the photographer wrote to accompany the image, as well as any references that were made to the photograph and its "story" during interviews with that young photographer. It should be noted that I have not used techniques from visual anthropology or semiotic analysis of images to interpret the photographs, adopting a reflexive position that "the meaning of the images resides most significantly in the ways that participants interpret those images, rather than as some inherent property of the images themselves" (Stanczak 2007, p.7). I did not think it appropriate to try to ascertain signs and meanings in images taken by someone from a completely different culture and life experience, particularly as I could ask the photographers themselves what they were trying to express. The young people I was working with told me what the photos meant to them and why they had taken them, and I saw no reason to privilege my interpretation over theirs.

Artefacts produced during group work in the workshops with young people were all photographed, and where necessary text was transcribed into English. These products were analysed in conjunction with notes that I took during the process of their development. Usually several small groups would be working on a participatory exercise at once, so I was unable to sit in and listen to each group discussion from start to finish (and in many cases these conversations were in Tok Ples, so I would not have been able to understand them anyway). The noise level during this process also precluded the tape recording of individual group discussions. Key points from each of the small groups were presented back to the wider workshop along with what they had produced (problem tree, causal diagrams etc), and I took notes of these and the resulting discussion in my field diary.

The young people's stories of participation in the project were framed around the question "what has changed for you over the last two months because of being in the Tok Piksa Project?" Prompts to accompany this question suggested by the participants were: Because of your participation in Tok Piksa, has anything changed in how you feel? Has anything changed in your

experience? Has anything changed in how you see things (in your community)?   In the introductory workshop these stories were shared and discussed in small groups.   However, as the project progressed it became clear that some of the youth were writing quite personal stories which they may have been uncomfortable sharing in a group. Participation stories were then handed to me individually, and an informal discussion of "how things were going" was facilitated with the wider group at each workshop and hand recorded in my field-notes.

A group discussion was held with each of the three youth groups after their community exhibition in April.   This group discussion focused on capturing their experience of the exhibition launch (reaction from the audience, questions they were asked, things they enjoyed, things they think we could have done differently etc), their reflections on the Tok Piksa process to date, and to document their plans for the following months when I was to be away from the field.   Notes from these discussions were hand recorded in my field-notes.

Following the combined workshop with the three groups, and their joint exhibition in September 2007, those youth who remained actively involved in the project at that stage were interviewed. These interviews were conducted in Tok Pisin or English, depending on the young person's preference, and video-recorded (for potential inclusion in a short film we made about the project, see Appendix 9). The majority of these interviews were conducted by me, but in some instances the youth participants elected to interview each other on camera. During these recordings the young people were able to discuss in detail one or two of their photographs.   The interviews then focused on the young person's experience of participation in the Tok Piksa process, and on what they thought were the major influences on young people's health and well-being.   These interviews were open-ended and additional topics were driven by the young people themselves – some youth wanted to use the opportunity of being filmed to give "messages" to community leaders or organisations working with youth.   Others wanted to discuss specific issues in their communities in more detail (for example drugs

and alcohol or violence against women). At the end of each interview the camera was turned off and the young people were asked if there were other things they wanted to tell me in private – by this stage I had been working with the youth for almost a year, and in the majority of cases had established a relationship of trust with them. The few additional comments some young people made at this stage were recorded in my field-notes, but have not been directly cited in the thesis.

In September, interviews with leaders from the young people's communities were also video-recorded. I conducted these interviews (with translation assistance from one of the youth from that community if necessary) in the village setting. Leaders were asked about their overall perceptions of the Tok Piksa Project and of how participation in it had affected youth in their community; to recall their reactions to the photography exhibitions; and to discuss what they thought were major influences on young people's health and well-being in their community.

Data collected through interviews and group discussions were used to deepen understanding of material collected through the Photovoice process (images, stories, products of group work) and of my field-notes. As described above, notes were hand recorded in a field diary during the Tok Piksa workshops themselves. I added to these notes during the evenings and in the periods after the workshops, usually directly into the computer. These 'additional' field-notes primarily consist of notes written in diary-like form, where I reflect on the Photovoice process and my role in it. These notes also record my thoughts about the context I was working in, reflections after conversations with friends and colleagues about HIV and young people in Papua New Guinea, and notes on the challenges of participatory research. The field notes were organised chronologically, with hand written notes typed up and put in the appropriate place between notes directly made on the computer.

Over the course of the Tok Piksa Project I also conducted informal interviews or conversations with stakeholders working in response to HIV in PNG in

Port Moresby (the capital) to inform the background for this thesis. These informal discussions were with representatives from the Government of Papua New Guinea (National AIDS Council Secretariat, Department of Health, Department of Community Development, Institute of Medical Research), donors and multilateral organisations (AusAID, ADB and UNICEF), and NGOs (Save the Children in PNG and Stop-AIDS). I filed notes typed up after these conversations along with my field-notes.

4.4.4 The analytical process

Analysis of research material was an ongoing and iterative practice. Initial analysis occurred during the workshops, and was a participatory process with the young photographers. Individual photographers generated images and actively interpreted these through their stories. Then as a group, we analysed the photographs and stories produced by the youth to identify patterns that we could see in the data. In the case of the photographs, this was done by laying them all out on the floor at once, and reviewing them to identify recurring topics or representations. These were then listed by the young people on large sheets of paper and formed the basis of group activities during the workshops (such as developing problem trees to identify factors contributing to, and resulting from, the particular issue). I continued the process of initial analysis during the workshops by reading, re-reading and typing up the young people's stories (to be filed with a scan of their matching negative) in the evenings. This helped to identify unanticipated findings, gaps in the data, and questions for follow-up or clarification with the young people the next day.

The young people also analysed their stories through a review of what was to be included in their community exhibitions. Each of the three youth groups undertook a ranking exercise identifying their highest priority influences on health, and ensuring that these were covered in some way by the photo-stories that they had selected (see p.176). This led to a process of 'gap' analysis where young people identified issues that were missing from the current data, but that they thought were important to include in their collective

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representation of themselves and their priorities during the exhibition. I facilitated this process of gap analysis by asking the questions: What is missing? Who is missing? Why are they missing? The young people worked in small groups to answer these questions, and their responses were both recorded (in my field-notes) and fed into ongoing analysis and the collection of additional photographs and stories. The young people also participated in analysis of project artefacts, and of the processes through which they were generated, in their interpretations and reflections during interviews at the end of the project.

In addition to these participatory analysis activities and my ongoing reflective journaling and subsequent follow-up questions, I undertook a detailed process of thematic analysis after I had left the field. This did not involve individual youth participants, as I was the only person who was aware of the overall body of data from the three project sites, the variety of contexts in which it was generated, and the theoretical framework upon which my overall analysis was based.

All textual materials (stories, artefacts and transcripts) were in either Tok Pisin or English in the first instance. Tok Pisin material was translated into English prior to entry into a qualitative analysis program (NVivo 7). Translation was done by post-graduate social research students at the PNG Institute of Medical Research, staff of Save the Children in PNG, or a post-graduate student at the University of Melbourne, all of whom I paid a small fee. All translation was done by Papua New Guineans to ensure local idiom was captured, and was checked by a social scientist fluent in Tok Pisin (but whose first language was English).

The process of reading and re-reading textual material in the field, and then reading, re-reading and entering the material into NVivo on my return, meant that I was very familiar with the data. Following the steps for thematic analysis outlined by Braun and Clarke (2006), I generated initial codes based on issues that had been identified in the participatory processes described above and on my areas of research interest. I then identified patterns within

the codes which allowed me to collate them, linking them together to form overarching themes and sub-themes (grouping the relevant coded data extracts together). NVivo facilitated the management of the data and meant that this was an efficient process. The coding frames drawn upon in Chapters 5, 6 and 7 are included as appendices, with more detail of the specific data drawn upon in the development of these coding frames included at the beginning of the respective chapter. I recognise my active role in the identification, selection and presentation of themes in this thesis, and have therefore regularly returned to the data to reflect about the origin of particular themes, knowing that "if themes 'reside' anywhere, they reside in our heads from our thinking about our data and creating links as we understand them" (Ely, Vinz et al. 1997).

4.5 The question of generalisability

My decision to use a qualitative, participatory methodology in this research project has at times been challenged by other (predominantly medical) researchers who question the research's 'generalisability'. In the context of the scientific method, generalisability refers to the external validity of a piece of research, that is, the degree to which findings produce universal laws or can be applied to settings other than that in which they were originally tested. When using quantitative methods, generalisability is achieved through the random sampling of the population of interest. When the sample size is sufficiently large, findings are said to be generalisable on the basis of statistical probability. This approach to 'generalisability' doesn't make sense for qualitative methods designed to generate interpretations, reflections and meanings rather than universally applicable laws. However, this does not mean that the qualitative study of a particular situation cannot be "used to speak to or to help form a judgement about other situations" (Schofield 2002, p.179). The influential work of Lincoln and Guba (1985) suggests that qualitative researchers move away from the notion of generalisability, based in a quantitative paradigm, to instead consider 'transferability' from a sending context to a receiving one.

Participatory research generates knowledge through the detailed examination of, and reflection upon, experiences and events occurring at particular times in particular spaces. Is this knowledge then transferable? Or to paraphrase Schofield, can this knowledge be used to usefully speak to or inform judgements about other settings?

Lincoln and Guba argue that knowledge produced through qualitative inquiry "is best encapsulated in a series of 'working hypotheses'" (1985, p.238). They go on to suggest that as other researchers and practitioners use 'human judgement' to assess the relevance of these working hypotheses to their own situation, it is the responsibility of the qualitative researcher to provide detailed, rich description of the phenomenon of interest and its context so that readers' human judgements are informed and reasoned.

The knowledge generated through this research project is grounded in the experiences of a particular group of young people and me, in three locations in the Highlands of Papua New Guinea. In order to inform readers' judgements as to the relevance of this work to their own setting, I have endeavoured to provide a 'thick description' (Geertz 1973) of the participants, the research process, and the local settings in which the Tok Piksa Project took place. Geertz argues that it is through 'thick description' of not only people's words and actions, but of the contexts in which they occur as well, that such words and actions become meaningful to an outsider. In this thesis I take the person-in-context as the minimal unit of analysis (Cornish 2004), and utilise verbatim quotes, participant photo-stories in their entirety, and extensive description of the contexts in which our actions did (or did not) occur, in order to inform readers' assessments of transferability and trans-contextual credibility (Greenwood and Levin 1998).

Thick description supports transferability in unpredictable ways as "readers recognise similarities with situations of their own" (Stake 1986, p.99). Stake goes on to note that through this recognition, "perhaps [readers] are stimulated to think of old problems in a new way". This reinforces the potential of thick description as a tool to 'think with'. Indeed my thinking

about the design and analysis of the Tok Piksa Project has been stimulated by my own reading of rich case studies describing responses to HIV (for example, Farmer 1992, Campbell 2003, Cornish 2004) and of detailed ethnographies exploring social change in different parts of PNG (for example, Knauft 2002, Wardlow 2006, West 2006). These qualitative works have generated useful concepts, 'working hypotheses', about power, participation, collective action, and development, which I have been able to draw upon in the Tok Piksa Project. Such transferability is unlikely to have been predicted by these researchers working in such different settings or on quite different issues.

I also seek transferability by placing my working hypotheses about the relationships between participation in dialogue, critical thinking and safe social spaces, in the context of existing theories as discussed in the previous chapter, and interrogated in the light of our actual experience (Cornish 2004). In so doing I seek to advance existing theories by examining their usefulness in the context of the particular case of the Tok Piksa Project, and by generating new knowledge which may be similarly challenged by other researchers and practitioners working in their own contexts. I return to this potential for future transferability in the final chapter of this thesis.

4.6 Ethical issues

Research conducted with young people, instigated by an outsider and situated in a setting of limited resources, raises a number of ethical issues. Some of the ethical issues associated with this project were expected, and could be addressed by adhering to the standards required by institutional ethics committees and professional associations. Others emerged during the project, and needed to be debated and resolved jointly by the young people and myself in consultation with local organisations or community leaders. The tensions involved in this (dialogical) process are discussed further in the next chapter.

4.6.1 Approval for the research

In addition to obtaining ethical approval from the Institute of Social Psychology at the LSE, I sought and was granted ethical clearance from two key bodies in Papua New Guinea. All research projects related to human health in Papua New Guinea must be brought to the attention of the Papua New Guinea Medical Research Advisory Committee (MRAC), and their approval is required for expatriate researchers to be granted a research visa. Please see Appendix 5 for copies of the ethical approval letters from the MRAC and the Papua New Guinea National AIDS Council Research Committee giving permission for this study.

4.6.2 Consent to the study

The young people who participated in the study as photographers did so on a voluntary basis. They were free to withdraw their participation at any time, and as discussed already in this chapter, a number of the youth did so. Whilst the majority of the young people who disengaged with the project, did so for a range of structural and social reasons (which will be discussed in the next chapter), at least one of the young men in Banz who did not return after the initial training workshop was actively withdrawing from the study as he felt it would take too much of his time.

Options for ensuring informed consent were discussed with representatives from a range of research bodies in Papua New Guinea, including the National AIDS Council Secretariat and the Institute for Medical Research. They were also discussed with Save the Children in PNG staff members and the Kanaka Youth Group. Following these consultations, I decided not to ask participants to sign a separate consent form. The young people I was working with had varying levels of literacy and exposure to expatriates, and it was felt that a consent process based on the signing of a form could be both intimidating and misleading. Rather, an explanatory statement was read to the three youth groups (as a group) in both English and *Tok Pisin* (see Appendix 2 for the English version), and copies were distributed to all the

youth present. The youth were given the opportunity to discuss and debate their participation in the project in local language amongst themselves (and in the case of the Save the Children volunteers, with staff if so desired). During these discussions they were asked to identify their ideas, questions and concerns which I then answered in order for them to decide whether they wanted to continue in the project. Participants were all aged 18 years and over (or turned 18 during the project), and legally able to consent for themselves. If they wanted to withdraw their consent at any time, they could physically stop coming to the workshops. Whilst I would inquire as to their whereabouts out of concern, I did not pursue those who no longer attended.

As the project commenced, I met with community and political leaders. The purpose of these meetings was to inform the leaders about the research project and to obtain their blessing for the project to be undertaken in their communities. It was also an opportunity to listen to the elders' ideas about the project, as well as to encourage their support for the young people's research efforts. These meetings acted as a mechanism for informing the wider community about the project.

4.6.3 Specific ethical issues associated with participatory and visual methods

One of the strengths of participatory action research is its ethical underpinning, representing an approach to inquiry that embraces principles such as "self-determination, liberty, and equity and reflects an inherent belief in the ability of people to accurately assess their strengths and needs, and their right to act upon them" (Minkler 2004, p.684). However, fully engaging in a participatory action approach to research can bring with it some thorny ethical dilemmas. These include managing the heterogeneous views of more and less powerful group members; preventing excessively raised expectations among research participants; insider-outsider tensions; cultural misunderstandings and real or perceived racism; the emotional relationships inherent to working in partnerships; confidentiality; ownership and dissemination of findings; and the limits to possible 'action' in the absence of

wider structural supports (Williams and Lykes 2003; Minkler 2004; Smith and Bryan 2005).

Issues specific to a participatory approach were raised in initial meetings with the Kanaka Youth Group and SCiPNG, and in the training of the young people using the ethics guidelines developed by Green, George et al. (1995) for participatory research in health promotion. However, strategies to manage some of these challenges often only emerged through a joint process of self-reflection, disagreement and dialogue between the young people and me. An example of our dialogue over what was 'ethical' is discussed in the following chapter.

Wang and Redwood-Jones (2001) have identified specific ethical issues requiring consideration when using Photovoice. These include the possibility of intrusion into private spaces and the potential disclosure of information that subjects do not want revealed; misrepresentation of people and places through an image and/or its corresponding story; the possibility of researchers or others using the images produced for commercial benefit; and the issue of ownership of negatives.

In response to the possibility of intrusion and unwanted disclosure, Wang and Redwood-Jones (2001) recommend the use of photo 'acknowledgement and release' forms, where photographers obtain subjects' signatures prior to photographs being taken. However, during the consultations around informed consent procedures, it was again decided that written forms would be inappropriate in this context. Instead, a significant part of the initial training workshops was devoted to supporting the photographers to develop strategies for how they would explain the project to others, ask permission to take photographs, and outline how these photographs may be used. Young people were also supported to develop strategies for telling stories about sensitive or illegal issues through photographs, in a way that did not incriminate, embarrass or identify the subject (workshop sessions addressing ethical issues are discussed in more detail in Appendix 1). Prior to exhibition of their photographs, the young people asked at least one trusted and

respected adult at that site to review their selected images to get their perspectives on the likelihood of unintended harms resulting from the photographs' inclusion in the exhibition.

Whilst these steps went some way to minimising the possibility of someone having their likeness exhibited or shared against their wishes, it does not necessarily prevent a photograph being taken that is later regretted (by either the photographer or the subject). In order to, in part, address this each of the packets of newly developed photographs were handed back to the photographers before I looked at the images. The young people had the opportunity to review their pictures and remove any that they did not want the other youth or me to see.

The issue of commercial benefit was particularly pertinent in this study, located as it was in communities with very limited access to income-earning opportunities. Early on some of the young people were concerned that I might sell their photographs, a concern that was also raised by community members. While Wang and Redwood (2001) insist that photographers should own the images that they produce, and receive an honorarium if images are used in publications which result in profit, they do not address the potential for Photovoice to arouse *suspicion* of exploitation (if not actual commercial exploitation). The possibility that researchers may, consciously or not, use photographs in ways beneficial to their interests but that are not aligned with the interests or intentions of those who 'own' the images is also not considered. Others have encountered these ethical dilemmas (Joanou 2009; Prins 2010), but note that as with other questions of ethics, there are no easy 'one-size-fits-all' answers. In this case I had to earn the trust of the young participants that I would not sell their pictures, something I believe happened over time – but I cannot be sure as to whether some of their early suspicions resurfaced after I left the field. I also worked with the young people during workshops so that they were confident in responding to questions about commercial benefit from community members, and encouraged them to direct people to me for further information about the project.

Consistent with the aims of Photovoice, I emphasised during the first and subsequent workshops that the participants owned their own photographs, but indicated that I would take a copy of them. To this end I planned to give them back their negatives as soon as I had scanned them, though many of the participants asked me to keep them secure on their behalf. I asked, and was given, permission to use the young people's photographs in publications, presentations and of course, this thesis. Initially some of the participants had suggested that we develop a Tok Piksa website where their images could be displayed, and that they could sell copies of their photographs (primarily to expatriates based in PNG) to raise money for their respective youth groups. However, these ideas were discussed and debated amongst the youth and eventually rejected because of the potential for unintended harms. The participants and I agreed with Guillemin and Drew's proposition that "while visual researchers may be careful to use research material ethically and respectfully, they cannot always predict how material may be taken up and used by others" (2010, p. 181), and that photographs have the potential to take on a life of their own.

One of the strengths of visual methods is their power to communicate the 'unsay-able'. Whilst this enhances the richness of data generated, it can also produce unintended consequences for a participant portraying an upsetting or difficult situation. Some researchers note this to be a potentially positive ('therapeutic') experience (Drew, Duncan et al. 2010), but this will not necessarily be the case. In anticipation of the potential for participant distress as a result of the Photovoice process, I identified local organisations and individuals who provided different forms of counselling and other services in the three communities in which I worked. I discussed this with participants in the introductory workshops, emphasising that these services would be available (at no cost) to them should they want them. None of the participants requested this kind of support during the Tok Piksa Project, but whether this is because the young people did not need or want it, felt unable to ask, or made their own arrangements, I do not know. Images evoke emotional responses for the viewer as well, and while the purpose of the project and the community exhibitions was clearly explained to the audience

at the exhibition launches, it was not possible for me to assess the affective impact on all attendees at the exhibitions.

In her critique of participatory photography, Prins (2010, p.439) emphasises that the inspecting gaze is "multidirectional: participant-photographers are subject to others' gaze and commentaries; participants scrutinize photographic subjects; participants and community residents internalize the researcher's gaze; and researchers are observed by participants and local residents". The former – the scrutiny photographers are subject to – has rarely been discussed in the literature. In violating social norms, doing something as odd as taking photographs in the village, Tok Piksa participants were potentially subject to ridicule, embarrassment and suspicion. I hoped to support the participants in dealing with community scrutiny by providing training to build their technical and communication skills, but this potential harm was realised for some of the young participants and is discussed more fully in the next chapter.

4.7 Conclusion

Links have not been explicitly drawn in the literature, but I felt that there were instinctive parallels between the process of Photovoice participants working together to build skills in photography, debate the selection of photos and then prepare to exhibit these images to the public, and Fraser's (1990) analysis of the role of alternative publics. I wanted to explore whether the Photovoice process could create a safe space where young participants could retreat to support each other in building skills – in dialogue, critical thinking and critical action – necessary for effective engagement in public spheres. In the next three chapters I analyse the participatory processes associated with this Photovoice project and instances where dialogue was (and was not) achieved; the young people's critically framed priorities and perspectives in relation to health; and in the final empirical chapter, the participants' subsequent ability to take critical action on health in wider public spheres.

Chapter 5:   **The Tok Piksa process – 'participation' as it happened**

With the last chapter having framed what it was that the young people and I participated in during the Tok Piksa Project, in this chapter I analyse the participants' experience of the project's activities and the effect that these experiences had on individual young people. The aim of this chapter is map out our experience of participation (in a 'participatory' research process) as it actually happened, providing an empirical response to Herr and Anderson's (2005) observation that there is "far more writing *about* action research than documentation of actual research studies" (p.6).

This chapter is divided into three sections. The first outlines my analysis of the way that participation in the Tok Piksa Project (as detailed in Appendix 1) affected individual young people. This analysis is framed by the notion that the development of individual young people's knowledge, skills, and psycho-social resources, contributes to their ability to challenge "internalised powerlessness" (Wallerstein 1992, p. 198) and is associated with a particular aspect of empowerment (Cornwall and Edwards 2010). In the next section of the chapter I will highlight struggles that occurred in the process of our participation, noting that participatory research processes have the potential to cause harms as well as to have positive effects on participants (Minkler and Wallerstein 2003).   I will present barriers and enablers to youth participation as they were experienced in the context of this research project.

One of the rationales for engaging in a participatory research process was to try to facilitate an environment where dialogue, and therefore potentially critical consciousness, could develop. In the third section of this chapter I will analyse examples where dialogue could be seen to have occurred during the research process – as well as instances where there was a failure of dialogue – and discuss these in light of the pre-conditions for dialogue introduced in Chapter 3. Examining the occurrence of dialogue will lead to

the following chapter that discusses processes of critical thinking in relation to the perspectives and health priorities of the participants, as illustrated by their (critically framed) photo-stories.

5.1 Analytical procedure

This chapter draws primarily upon four sources of data – the young people's written stories about their experience of participating in the project ('participation stories'); interviews with the twenty-eight youth who remained actively involved in the project after the joint workshop and exhibition held in September 2007; interviews with nine community leaders conducted in September 2007; and my field-notes containing observations about participation (the young people's and my own) in the Tok Piksa workshops and exhibitions.

Analysis of these data began as I typed up and read through the young people's participation stories, and read and re-read the field-notes that I was making. My immersion in the data at this time shaped my questions to the participants and community leaders in interviews conducted at the conclusion of the fieldwork. This early review of the data was framed by theoretical concepts about participation and my interest in the young people's experiences of participation in this particular project. The process also enabled me to clarify any aspects of the young people's participation stories that may have been unclear to me, particularly as identified during translation of stories from Tok Pisin to English.

After I had left the field and had entered the data into NVivo 7, I moved from this deductive and conceptually driven early review of the data, to now undertake an inductive 'data-driven' coding of the text identifying codes from the details of the empirical material (Gibbs 2007). Following the steps for thematic analysis outlined by Braun and Clarke (2006) I collated codes into basic themes and linked these into overarching or organising themes. The coding framework drawn upon in this chapter can be reviewed in Appendix 6.

One limitation to a thematic approach to analysis is that the procedure can struggle to capture the complexity and temporal nature of *process* (Frost, Holt et al. 2011). The occurrence of dialogue is one such complex process, where it is difficult to code text in a way that adequately reflects the temporal nature of changes associated with dialogical engagement (and the links and relations between these changes over time). Therefore, during review and analysis of the data I also purposively sought examples where dialogue could be seen to have occurred, and where there was evidence that dialogue had failed, and have drawn upon some of these in the final section of this chapter.

5.2 What did participation do?

Analysis of interviews with youth and leaders, and of the young people's participation stories, reveals that the participants were affected in a range of ways by their involvement in the Tok Piksa Project. My analysis identified changes that were associated with participation in the project *per se* – that distinct from any health-promoting 'action' that may have resulted from the project, just being part of Tok Piksa had an effect on participants in and of itself. These effects included psycho-social changes (including increased confidence, a sense of respect, and seeing a positive future); changes in knowledge and skills (including practical skills such as photography, communication skills, and participants developing a new understanding of their own community); and changes in the young people's relationships (that were both positive and negative). I discuss these effects below, concluding this section by reflecting on the relationship between the changes experienced by individual participants and their 'empowerment'.

5.2.1 Psycho-social changes associated with participation

Confidence

...*"At first when taking photographs I felt nervous and unconfident toward my peers, but when I approach them asking them to take*

the photograph, they embrace me with good courage. This leads me to gain confidence to talk in front in my peers, think big and look ahead at ways by which our problems can be minimised. So there is something changing in my system"... (Johana Andy, Kainantu, participation story)

One of the changes associated with participation most commonly discussed by the young people was that their involvement in the project had led them to have more confidence. The participants talked about confidence in a range of ways – they spoke about being more confident in themselves, feeling more confident to speak and write in English (a third language for all of the participants), and feeling more confident to approach people and to speak in public:

... "I'll have to take anything on, anything new coming to me, and I'll be ready to tackle it. I see in myself it has helped me to talk, and stay at the front of people, and talk and give me more confidence that I see in myself, that I feel I can do what is come, I can do it. It's nothing impossible"... (Mike Ano, Kainantu, interview)

For some of the young people the change in their self-confidence was evident in the way that they engaged with others in the Tok Piksa workshops and exhibitions. For example Mike (quoted above), who at seventeen years of age was one of the youngest Tok Piksa participants, was initially a friendly but quiet member of the Kainantu youth group and was very shy in his interactions with me. Over the course of the project he began to demonstrate substantial leadership and organising skills, and volunteered to give a short speech of thanks (in English) at the launch of the combined photography exhibition on behalf of the twenty-nine participants from the three different youth groups present:

... I am amazed by the change in Mike. From the shy kid, the baby of the group, hiding behind his hand when he first mumbled hello, to making a speech on behalf of all the groups. In front of the PAC

[Provincial AIDS Committee] *no less!* [I was] *So proud! ...* (Field-notes, 15th September 2007)

Staff from the Youth Outreach Project who had known Mike for over a year prior to the Tok Piksa Project noted how much he had 'come out of his shell' during the time of the project, and that he had capabilities that they had been unaware of. Mike's brother also noted:

... *"Yes, I have seen a big difference and I am proud and I am so happy about the way he has turned out, and he tells me about the things he has learnt from here"* ... (Nathan Ano[5], Kainantu, interview)

The effects of participants' increased self-confidence were made visible in the concrete actions of youth interacting with leaders, speaking up in public settings, engaging with English speaking foreigners (such as representatives from AusAID), and organising events (such as the photography exhibitions).

Several of the participants expressed that they had also developed confidence in their ability to have a positive impact on their communities:

... *"Involvement in the project made me think that I am somebody in the community. I think that us youths can make a big difference and that we can play a part in making things better in the community"* ... (Moses Opum, Banz, participation story)

Participant confidence made visible through action at the community level was more difficult to realise and subject to a range of constraints. Factors that enabled or inhibited young people's broader action in their local communities will be discussed in detail in Chapter 7, but it is important to note that, for many of the youth, participation in the project led to them

[5] At his own request, Mike's older brother Nathan was briefly interviewed (and video-recorded) during production of the short film about the Tok Piksa Project

having increased confidence that such action at the community level *was possible*. The horizons of what they imagined to be possible had shifted (Cornwall and Edwards 2010).

Respect

... "*When I go back home I go with a new camera which makes me feel proud and more important. At first when I took the camera around it was a little bit strange and unusual, but the people now know the importance of what we are doing so they don't bother me anymore. Bit by bit I am getting respect and value in the community. Mi gat numba nau!*" ... (Petrus Kuipe, Banz, participation story – English and Tok Pisin in the original)

Participation in the Tok Piksa Project was associated with feelings of respect for many of the youth. Often this was expressed through the Tok Pisin idiom *'mi gat numba nau'* – literal translation: 'I've got a number now' – which conveys that a person has importance or status in a community. Participants describe feeling respected because they were seen to be doing something that was potentially useful in the community. Several spoke about the positive feedback that they had received from community members:

... "*When I, I go out with my camera and I photograph the things that I see, one thing is that the people respect me and they make me feel that I am a grown up person now. They say good on you*"... (Jeff Kumie, Banz, interview*[6])

... "*People respect me in the community now, they say 'ah she is a photographer, it is good. It will help people to know more about our situation' *"... (Theresa Bina, Goroka, interview*)

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[6] Throughout this thesis, where participants' or community leaders' words have been translated from Tok Pisin or Tok Ples into English, this will be indicated with an asterisk (*)

When participants received positive feedback and encouragement from community leaders, they describe this as giving them greater self-respect and feelings of pride in their achievements.

> ... "People from all over the district came [to their exhibition] and we have got a lot of recognition. I am so happy to see all the big people come and shake hands with us! The youths were all crowded, people so excited and impressed to see the photographs. We really had our chance to have a say and they took the time to listen to us and respect our ideas. I feel like we are making history – it is a very proud time"... (Lucy Kip Misik, Banz, participation story)

In addition to the young people feeling greater respect, it was also clear that participation in the project was associated with increased social status in their local communities. As articulated by Petrus above, access to opportunities and material resources not normally available to community members (such as cameras), played a role in participants feeling 'proud' and 'more important'. In settings of limited resources, possession of material goods can increase status (as well as attract jealousy, as will be discussed later in this chapter). Another factor, not directly articulated by the participants, that may have increased participant status, was their interaction with an outsider (me). Community leaders in particular were positive that their small rural communities were receiving attention from the 'outside'.

> ... "I want it this way. That you came in, you are most welcome, I am very happy you came into my ward. It is a long time since we saw you people"... (Community leader, Banz, interview*)

This positive reaction from community leaders may reflect the idealised notions of the recent colonial past frequently espoused by some Papua New Guineans (the "you people" above referring to Australians), but also reflects leaders' strategic attempts to build social relations with someone seen as a conduit for greater opportunities for their community. The young people's

role in maintaining the community's link with me (and therefore, potentially with opportunities) was valued by elders and a source of social status for the youth.

A positive view of the future

> ... "Photovoice project has brought a great change into my life. I can feel a great difference comparing to the past life where I was all over the place, meaning no hope in me. But now it gives me hope to set a GOAL, work for it and plan ahead to achieve the goal"... (Emma Martin, Banz, participation story)

Towards the end of the Tok Piksa Project, some of the participants began to write about having a plan or a vision for the future. This was usually expressed in general terms of hoping to make a positive difference, though some young people spoke specifically about what they felt they needed to do to achieve their positive vision for the future. Most often this involved staying at, or returning to, school:

> ... "I don't want to be someone who is a 'drug body' or a 'steam body' later on in life. I want to go to school and like, like when I am now young I have a chance to work to change the community. Because when I am old and I am just at home, later on the children, the young, like my children, that will grow up and if they do not behave well, I will regret that when I was young I was not taking seriously those small jobs to change the community, to make it good for my children to settle well and to benefit. So then I would think back to my young days and have regrets. So I must do my work properly and work hard to stay in school so I can make a difference to my community"... (Jeff Kumie, Banz, interview*)

Jeff was one of the few Tok Piksa participants still at school, so his plan to continue his education is not unrealistic. The young people who were specific about their vision of a positive future were not outlandish with their

expectations, instead documenting modest aspirations such as staying at school, practising family planning, mobilising community action on maintenance of community infrastructure, or engaging other youth in community activities. This suggests that shifts in participants' horizons of possibility, in what they "imagine themselves being able to be and do" (Cornwall and Edwards 2010, p.3), are more realistic than the narratives of dramatic change sometimes evoked by the empowerment literature. Instead these shifts in the possible were incremental and provisional, and involved identifying ways in which the young people could find more room to manoeuvre towards desired futures, to 'become', in limiting circumstances.

The participants across the three youth groups were not equally likely to write or talk about having a positive view of the future. Participants in Banz were most likely to speak positively of the future, to discuss having a vision or plan, or to talk about having 'hope'. While some participants in Kainantu spoke about being more confident in their own ability to meet future challenges (see for example Mike quoted earlier), none of the Kainantu youth discussed their view of the future in their participation stories. The positive engagement of the District Administration and community leaders with participants in Banz (and to a lesser degree Goroka), encouraged those youth to think about ways that they might be able to garner support for any future plans. This engagement from the wider community was absent in Kainantu, and given the limited interest from Kainantu leaders, there was less support for these youth to imagine that the future could be any different to the present or that they might be able to get the help necessary to make positive changes to their communities.

> ... "While taking photos and making stories, I know more about how youths today live their lives and they were also happy for their photographs to be taken. In fact, nothing really changes but I did enjoy taking photos"... (Florence Aneto, Kainantu, participation story – emphasis added)

5.2.2 Development of knowledge and skills

New practical skills

Most of the participants noted that they had gained practical skills. Taking photographs was a new experience for these young people. None of the participants had ever owned a camera, and few had taken photographs before. Several of the young people wrote about their excitement at learning to use a camera effectively.

> ... *"When I get the idea on how to use the camera I feel something nice in me. I was very happy that one thing we did was sharing our ideas and do some discussion in the group first which made it more clear"*... (Michael Dar, Banz, first participation story)

While the workshops only taught basic technical skills and did not place any specific emphasis on the artistic elements of photography, a number of the young people took considerable pride in their growing prowess with the camera – capacity that they could see developing for themselves as their rolls of film contained progressively fewer blurry images, dark shots, or pictures with people's heads chopped off. Some of the youth began to take quite beautiful images that were appreciated by the whole group:

> ... *"I am happy to be learning about the taking of pictures. My pictures make people happy and I feel like I am a camera girl now"*... (Liksy Dui, Kainantu, participation story*)

Another practical skill that the young people described was their growing mastery of English – workshops were conducted in a mixture of English, Tok Pisin and Tok Ples. My Tok Pisin improved through the course of the project, as did the participants' English, as we worked to make ourselves understood in conversing about more complex issues than we were accustomed to in a second (or third) language. The opportunity to practise their English was highly valued by the participants, as English language skills

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are a distinct advantage when seeking employment in the cash economy. I also appreciated the participants' patience with my efforts to improve my Tok Pisin, something I had previously had limited opportunity to do in the time-pressured environment of consulting on national development projects.

New communication skills

Early on many of the participants found it difficult to approach members of their community during their Tok Piksa activities. These youth wrote that they were nervous participants, with several of them noting that they were embarrassed to take photographs in public. Participants describe not using the camera's flash to try to avoid drawing attention to themselves in the market or the street. Initially some of the young people were uncomfortable explaining the project to others or asking people for consent to take their photograph, and these participants therefore mainly took pictures of family members or scenes without people in them.

However, many of the youth described the way that their skills in approaching and interacting with members of their community quickly grew – partly as a result of the role-playing exercises that we did in the introductory workshops (practising explaining the project to others and asking for consent to take photographs), and partly through watching how their peers went about the process and learning from each other:

> ... *"Once we start the lesson on how to take photography at the market, street, at home and so many other places, I was interested but feeling ashamed at the same time because I don't know how to approach people and make them happy. So when we discuss as a group, I come to know so many ways on how to approach people to take photographs. Yesterday I utilised what was demonstrated in the class so now I believe and I hope that I'm fit to be a photographer"...* (Emma Martin, Banz, first participation story)

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Increased confidence in approaching others in the community, including older and influential people, led to some of the young people becoming involved in community activities that they otherwise would not have been part of. For example, the participants from Goroka (who were all young women) decided to approach the director of a local NGO who was organising International Women's Day celebrations in town. The Tok Piksa participants had heard that something was being organised for the 8th of March, and wanted to know if any young women were going to be involved. When they found out that no youth had been included in the day's program, the participants asked if they could say something on behalf of young women. They were positively received, and their approach resulted in Susan, one of the more confident Goroka participants, making a short speech about a health priority that the group had identified – sexual violence – to an audience that included a range of women's leaders as well as MPs and representatives of NGOs and the donor community.

> ... *"When I spoke, it was my first time and when I spoke I was quite proud because I am a young woman and I have to speak for my rights, I must speak for my rights as well as others in Papua New Guinea and they must know their rights and stand for what they believe in"...* (Susan Lohoro, interview, Goroka*)

The development of public speaking skills was one of the most frequently discussed (and visible) effects of participation in the Tok Piksa Project. It should be noted that in many Highlands cultures skills in oratory and persuasion are highly valued and associated with 'big-men', leadership and the ability to manipulate the networks along which resources flow (O'Hanlon 1993; Strathern and Stewart 1997; West 2006). Participants repeatedly identified that the chance to build skills and confidence to speak in front of their peers and the wider community, was an aspect of the project that they valued most. Youth had the opportunity to practise describing their photographs and articulating their concerns with each other (in both small and plenary groups in the workshops) before then presenting their photo-stories to members of the public at the Tok Piksa exhibitions:

... "With these trainings it make me speak more openly to the other youth and also to the public which I never practice it before"... (Gabriel Gus, participation story, Banz)

Participants were often members of other peer groups (church youth groups in particular) but noted that, despite this, discussing their concerns with peers in an in-depth manner over a protracted period of time was unusual. The workshops gave participants opportunities to rehearse the articulation of their own ideas and to get feedback from others, which built their confidence and skills in then presenting in public. Several of the participants also noted that they were better at listening to different points of view because of their participation in the project:

... "We had a good chance to hear from each other. Sometimes I don't agree on what they say, but we can learn from the other ones if we listen. Before I close my ears if I did not agree"... (Allison Brian, Goroka, participation story)

Skills for advocacy

In addition to developing personal communication skills, some of the participants developed a new understanding of how tools for communication could be used. For example, Regina, one of the participants in Kainantu, used most of her first two rolls of film taking snapshots of her friends and relatives, and wrote quite short captions to go with these photographs (see, for example, the first photo-story on the following page). It was clear that she was enjoying the project, but was not thinking particularly much about it or necessarily motivated to engage with it in any depth.
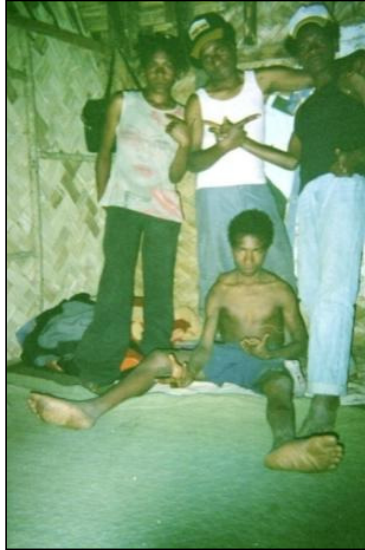
Friends house

Photo and story:
Regina Oveka, Kainantu*

This photograph shows some of my friends in their house. What is happening is we are just hanging out together. I took it because friends are a good thing in my life and for health.

However during the second workshop, Regina engaged in ongoing conversations with Lobo, one of the young men in her group, about his photographs. Lobo had taken quite a different approach to Regina, taking photographs of structural and social influences on health (see photo-story below as an example) with a view to communicating about these to a particular audience – elected officials and community leaders. Lobo saw the potential to utilise photographs and stories to advocate for change in his community right from the start.

Boy drinking from river

Photo and story:
Lobo Andi, Kainantu

Water supply closure has been frequent because of the old pipes rusting and leaking. This has caused the pressure of water to reach only to some sections of Kainantu town. As a result people are getting their drinking water from the nearby creeks. This is unhygienic and can cause sicknesses like typhoid to outbreak. Proper authorities must look into putting in new pipes to stop this problem and make our community a better place to live in.

Conversations with Regina suggest that through her discussions with Lobo, and recognising the impact of his photo-stories on herself, that she began to think differently about the potential of using images and stories to communicate for change (and the potential benefit of this to her). This new understanding is evident in Regina's later photo-stories that took a more challenging approach, as shown in the photo-story below.

Law and order problems

Regina Oveka, Kainantu*

Kainantu is called a "Cowboy Town." Why is it called a cowboy town? Because there is law and order problem in the town. There is fights everyday at certain corners of the town. Tribal disputes are brought to the town to be solved. Kainantu town is also called a battle field. Why is this said? Because there is no LAW and ORDER. All the policemen in Kainantu are slack. Because they are practising "wantok system." They misuse the government vehicle, take their families and friends and drive around town looking for beer. The people of Kainantu should say something about this so all these policemen can move out and new people come to take their place, and also get those who have just come out from Bomana Police College so they can do the work.

The change in Regina's photo-stories is quite clear. However, what is less apparent is the process behind this change. Regina herself felt she had 'learnt something new' from Lobo, but what had she learned? Did she, through her conversations with Lobo, just learn what another participant thought I wanted them to show? Or did she identify potential benefits from producing a particular kind of photo-story and opportunistically change her approach accordingly? Or did she build on new knowledge co-constructed with her peers to critically reflect on the situation of her community? There is

considerable ambiguity in the processes of change seen here that is difficult to resolve. My analysis is that elements of all three of these factors were at play. Lobo's photo-stories resulted in extended discussion during the plenary sessions, perhaps suggesting that these were the type of issues that I (or the other participants) wanted their photo-stories to show. As Regina identified herself, her conversations with Lobo meant she understood the planned exhibition to be an opportunity that could benefit her community. Finally, my observations of the participants' small group discussions, informal conversations and the young people's participation stories suggest that the Tok Piksa process stimulated the youth to critically reflect on their lives and communities and come to new understandings about them.

New understanding of community

Participants were unanimous in describing an increased awareness of circumstances and conditions within their community. The process of seeking ways to illustrate positive and negative influences on health, of actively *looking* for things to photograph (Hodgetts, Chamberlain et al. 2007), meant that at different times the youth were more attentive to their surroundings, noticing things that they may have previously overlooked or taken for granted.

> ... *"I am going with my camera in my bilum* [woven string bag] *all the time, so I am seeing Piswara* [her settlement] *with new eyes"*...
> (Alice James, Goroka, participation story)

The participants' understanding of their local communities was also strengthened by hearing about the other participants' concerns, priorities and perspectives during the workshops. Several youth wrote how they had enjoyed learning about health in the community from each other, rather than from an outsider coming to tell them about health issues:

> ... *"It is best we learn from ourselves. Sometimes people come down and talk to us from head office but they are not at our level,*

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so they don't know what is really the situation here. We youth know the things that are going on at the roots and it is better to learn about this"... (Johnny Siai, Kainantu, participation story*)

Participants were motivated to share their new knowledge about influences on the community's health with other young people, seeking to use this knowledge to effect health-related change in their local communities:

... "One big thing that the Photovoice project did was helping me to know good and bad things in my community or area, and to see what is causing the problems. Photovoice project also teach myself as a Kanaka Youth to help other youths to change some bad attitudes".... (Michael Dar, Banz, participation story)

5.2.3 Changes in relationships associated with participation

Expanded social networks

... "I've met many new friends through photograph taking. I like talking to people when I am taking photographs. It is good to go to new places and see new faces" ... (Georgina Eric, Goroka, interview*)

Many participants reported that one of the most positive things about being involved in the Tok Piksa Project was that they had met new people and made new friends. Young people living in small communities, particularly those not in school or employment, can have limited opportunities to interact with people from other villages or from town. This is particularly true for young women whose mobility is often more restricted (by parents) than their male peers. The project provided an unusual opportunity to engage with other young people, and with community members generally. Many of these connections were not ongoing but some strong friendships did develop, particularly through the workshops.

The project also provided an unusual opportunity for young people to make connections with people in positions of power, such as local community leaders as well as decision makers from outside the community including elected officials, NGO staff and donor representatives.

> ... *"I am a girl who always feels shy or something like that....I laugh too much about all sorts of useless things and be embarrassed. But now I feel that with the Tok Piksa I became very open to a lot of men and women and I asked them* [to come of the local exhibition]. *Even the very important, distinguished people as well!"*... (Regina Oveka, Kainantu, interview*)

For participants such as Regina, the Tok Piksa exhibitions were a safe space where she could utilise her new found self-confidence in interacting with community leaders and expanding her social network, from being predominantly based in her village and church, to include decision makers such as elected officials and public servants. The impact of the exhibitions in particular will be discussed further in Chapter 7.

Photograph: Regina Oveka discussing her photo-stories with women's group leaders at the Kainantu exhibition

Negative impacts on social relationships

While many of the youth described expanded social networks, developing the skills and confidence needed to engage with community members was not a straightforward process for some of the participants. A number of the young people describe their fear of how the community would react and their reluctance to be seen undertaking an unusual activity such as photography:

> ..."I feel a bit shy in case people think I am a show off. It is my first time to do something like this"... (Dalcie Philip, Goroka, participation story*)

The novelty of the Photovoice method was an effective strategy for engaging young people, but its very novelty was a mixed blessing for some of the participants. In small communities with limited resources, new opportunities and experiences are coveted and can lead to jealousy and subsequent gossip. Young people in particular feared being thought a 'bikhet' (big head) – a label that suggests a person is conceited, stubborn, self-important and/or disrespectful – inferring qualities that are contrary to the representation of a 'good' youth in Papua New Guinea (Wardlow 2006).

> ..."I was also a bit ashamed, because I am a local man and maybe they think of me and say 'what is this stupid going around taking photographs for', they might think I am a big head"... (Danu'a Enoch, Kainantu, participation story)

Gossip and jealousy were an actual (rather than only feared) consequence of participation in the Tok Piksa Project for some of the youth. For example, one of the quieter participants in the Banz group describes feeling ashamed and intimidated by the attention that his participation in the project attracted.

> ... "What do I feel to get photograph in public? In the beginning I was excited to get photographs because it is the first time in my life, but now I thought myself that people gossiped about me.

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Another thing is I feel a bit ashamed because four corner eyes are focusing on me"... (Gabriel Kombuk, Banz, participation story)

Photograph: Members of the community watching Julie Palme taking photographs in her village (Bunum-Wo, located just out of Banz). It was difficult for participants to take photographs without themselves drawing considerable attention from community members

Some of the other participants felt that they were being viewed with suspicion by members of the community or accused of having ulterior motives for their Tok Piksa activities.

... "Yesterday evening up at the bus stop people asked me is your group tricking us to make money. They think that we will sell the photos, something like this. I explain them again about the project but they might not believe"... (Sailas Denick, Kainantu, participation story)

All youth were reminded that they could withdraw from the project at any time, however the experience offered was highly valued by the participants and none of the youth who discontinued their participation reported doing so because of negative responses from the community (though it was not

possible to re-connect with two of the young women who stopped coming in Kainantu). None the less, the negative impact on some local relationships was significant for a small number of the participants. By engaging in the unusual activity of photography, participants were violating social norms and became quite visible, and therefore vulnerable. This potential harm associated with participatory action research has received limited attention in the literature (though for an exception, see Prins 2010), and suggests that researchers and NGOs (for example, in their recruitment of volunteers) need to carefully consider how their actions in a community may negatively affect pre-existing social ties – relations which are often invisible in the unusual social spaces created by 'workshops' or 'trainings'. It is particularly important for outsiders to tread lightly when engaging with groups of people as they often can't see or understand local social networks. There is a tendency for complicated social relations among potentially quite disparate people to be masked by homogenising group labels such as 'youth', 'women', or 'the community'.

5.2.4 How do these changes relate to empowerment?

Young people's description of increasing capacities and confidence aligns with a psychologically oriented view of empowerment, focused on change at the individual level (Rappaport 1981; Zimmerman 1990; Mechanic 1991; Bandura 1996). Analysis of research materials suggests that participation in the Tok Piksa Project supported some of the young people to be able to challenge internalised powerlessness (Wallerstein 2002).

As discussed in Chapter 2, empowerment can be conceived of as extending the horizons of what people imagine to be possible (Cornwall and Edwards 2010). The changes described (and exhibited) by the participants – in psycho-social resources, skills and knowledge, and social relationships – suggest that, for many of them, participation in the Tok Piksa Project was experienced as empowering. The data presented above paint an empirical picture of what processes of becoming-empowered might look like in the context of these young people's lives.

It is important to recognise that an approach to empowerment focused on individual level change has been criticised for inadequately considering how power is located in the socio-cultural, political, and economic structures of a society (Labonte 1994; Harvey and Langdon 2010). However, drawing on Wallerstein's (2002) conceptualisation of empowerment as a multi-levelled process of change, I suggest that changes at the individual level are an important *aspect* of empowerment, and that they are a necessary if not sufficient condition for marginalised people to then be able to work together to agitate for broader structural change. I would also argue that where broader structural change efforts may be taking place (for example, through legislative reform or the development of economic opportunities), previously excluded individuals will be unable to realise resultant opportunities without increased access to psycho-social resources, knowledge and skills. That is, changes at the individual level and at broader community, organisational and societal levels, are interconnected and mutually constitutive. I will explore the relationship between participation and the young people's ability to take health-promoting action in their communities, that is, their concrete power to do something (Cornish 2006), in Chapter 7.

5.3 What influenced our participation?

A number of factors influenced the young people's involvement with the project, including their ability to attend all the Tok Piksa workshops and exhibitions; and their ability to actively participate in these activities if they were present. Barriers to participation were primarily associated with gender, age and physical mobility. Factors which increased young people's ability to participate in the project included social and material support, the project's novelty, a sense of altruism (that was both pre-existing and developed over the period of the project), and that they felt engaged by the process.

5.3.1 Barriers to participation associated with gender

The most apparent limitation to the young people's participation in the Tok Piksa Project was that imposed by a participant's gender – it was more difficult for young women to engage in the project's activities on a number of levels. There were fewer female than male participants in the project to begin with, and young women 'dropped out' of Tok Piksa at a higher rate than their male peers. Interviews with the young women involved in the project (including one who stopped coming to the Tok Piksa workshops after she married) demonstrated that expectations and pressure from parents and family acted as a barrier to their participation:

> ... *"Sometimes it's difficult for girls to join these sorts of groups and travel around due to the parents not wanting to allow them to go which is one reason, and another reason is that it is not safe for the girls to join and travel for long distances"*... (Emma Martin, Banz, interview)

Parents in PNG are often particularly reluctant to allow their daughters to participate in activities which involve travel (even just in to town), as this is perceived to be quite unsafe for women. The high level of sexual violence in Papua New Guinea is commonly cited by community leaders as a reason for restricting the mobility of women (Wardlow 2006; Hinton and Earnest 2010a), a strategy which the Tok Piksa participants did not contest.

Female participants also noted that expectations as to their social role outside the workshops limited their ability to attend Tok Piksa activities. In particular they were expected to be engaged in productive activities (working for pay, selling vegetables, or in the garden), with parents often only allowing them to participate in voluntary activities – such as working as a peer educator or coming to the Tok Piksa workshops – if they believed that this would lead to paid employment in future. When asked why she thought more girls than boys had dropped out of the project, Alice noted:

... "It is so difficult for girls [to keep attending the Tok Piksa workshops]*, because sometimes because of household labour, or like Georgina getting married. Or their parents are saying you are just doing nothing, that is an unpaid job and you are wasting your time. So it is mainly because of these things. Girls need to be busy to find food for their families"...* (Alice James, Goroka, interview)

Power imbalances between men and women in the workplace, and between male staff and female volunteers, were identified as a reason that women choose not to participate in voluntary activities in general (including HIV-prevention programs). Regina highlighted that this may have hindered the number of young women who volunteered to be part of Tok Piksa in the first instance:

... "The girls did not want to volunteer and that was like, because, sometimes the bosses or important people would express their interest in dating these girls and things like that, and that's why some of them are scared to come and volunteer"... (Regina Oveka, Kainantu, interview*)

For those young women who were able to attend the various Tok Piksa activities, there were further barriers to their full participation within the workshops themselves. For example, there were times were it was clear that it was harder for the female members of the Kainantu and Banz groups to speak up in large group discussions than it was for their male peers. During small group work, as much as possible, I suggested that the young women work together in a separate group to the small groups of young men. This facilitated active discussion amongst the girls, but did not always translate to the young women then having the confidence to engage more fully in the plenary sessions. The young women would happily (and articulately) present back their small group findings to the larger group and answer questions from their male peers, but they would less often ask question themselves and would rarely interject, challenge or debate the young men about what

they were presenting. When young women did speak out during the workshops (this did happen on occasion), it was noticeable for being unusual – whereas this kind of active engagement was the norm for the majority of the young men.

Young women's participation within the workshops was also constrained at times by the young men's expectations of the girls (and the young women's expectations of themselves).

> ... Everyone was working away in their small groups chatting about their photos, when I noticed that Linda and Julie had drifted away and were busying themselves in the kitchen. It was heading on for twelve o'clock, and when I went in to find them, the girls had gotten all the cups out as well as allocating portions of chicken and rice for everyone. No one asked them to do it, but it was pretty clear to me that everyone thought this was their job ... (Field-notes, 8th February 2007)

Some of the young women were visibly gaining in confidence and skills through their participation in the workshops, but this did not mean that they used this confidence to argue for their male peers to take greater responsibility for preparing food or cleaning the workshop venue. It was taken for granted by all the youth that these tasks were the female participants' responsibility and that they were to do this in addition to their Tok Piksa work. Despite efforts to promote critical thinking and the questioning of those things taken for granted, this did not really change through the life of the project (see also p.166 on failures of dialogue).

5.3.2 Barriers to participation associated with age and social status

Young men faced fewer limitations to their participation than young women, but this is not to say that all young men were able to engage with the project equally. Within the youth groups power hierarchies existed along the axis of age. In the Banz group in particular (where there was a broader age range

of participants than in the other two groups), younger men tended to defer to their (often only slightly) older peers in group discussions. Younger men found it harder to influence large group discussions or take a leadership role within the group, despite the fact that some of the younger men were extremely articulate and able to present a carefully reasoned perspective about the influences on health as they saw them.

In addition to gender and age, the young people's ability to influence debate, shape discussion, or put "issues on the table", was influenced by their social position in their home community. Young people from a powerful *lain* (line or clan), or who were related to traditional or elected community leaders, were more able to have their perspectives heard. This is in contrast to Habermasian (1987) notions of a public sphere where ideas are evaluated through rational argument. Our Tok Piksa experience suggests that even unusual social spaces, such as those created through the workshops (Jones and SPEECH 2001), are still situated in a larger societal context of unequal power relations. The influence of community-level social and structural influences on young people's ability to participate in health promoting action is discussed further in Chapter 7.

5.3.3 Barriers to participation associated with mobility

Most of the participants lived in villages varying distances out of the central towns in which the Tok Piksa workshops and exhibitions were held. Therefore mobility was also a significant barrier to the young people's participation. I tried to address the ever present 'transport problem' (which is proffered as an explanation for almost any delay, hiccup, or setback in PNG) by providing bus fares to the youth for every day of the workshops or exhibitions. However, lack of money was not the only limitation to participant mobility. In Kainantu three (of the four) participants who ceased coming to the workshops in the initial phase of the project were from villages up to 12 miles away from town and where access to transport was quite variable at times. The roads around Kainantu are also particularly prone to hold-ups and car-jackings which, according to the other youth, meant that the parents

of these three young people (two of whom were young women) were reluctant to support their continued participation in the Tok Piksa project. Ensuring safe access to transport also meant that workshops in Kainantu tended to finish earlier than at the other sites so that participants could be certain they were home before dusk.

> *... Rosa has stopped coming – according to Liksy this is because of what happened at the hospital and her parents won't let her come in to town any more unless she is with her cousin or something. I can understand that, but such a shame as she seemed really into it...* (Field-notes, March 29th 2007 – referring to the pack rape of a nurse which had occurred some weeks prior)

In Banz participant mobility was limited by a serious episode of tribal fighting which occurred towards the end of the first phase of the project. Events resulted in one of the participants being unable to attend the last workshop and the local exhibition for fear of retribution if he left the safety of his village. This young man, however, made a particular effort to continue to engage with the process as much as possible whilst physically absent, sending photographs, stories and letters back and forth to me through other youth. In one of his letters he explained that "*it's very hard for me to move freely around... I'm sadly missing the exhibition, so please get my story across*". The efforts Gabriel made to ensure his perspective was included in the local Tok Piksa exhibition and to participate in some way, if at a distance, reinforced to me how important the project had become to many of the young people.

5.3.4 Social support enables participation

A range of factors had a negative influence on young people's ability to engage with the project, but none-the-less the majority of youth who attended the first Tok Piksa workshop continued to be active participants throughout the life of the project. One of the most important factors that

enabled young people's participation was the social support that they received to do so.

> ... "For me coming here, I got the support of my father and mother, they support me. They think it is good I am learning new things like this, and that I am being busy"... (Alice James, Goroka, interview)

Parental support had a particularly positive influence on the participation of young women in the project, while support from peers was reported by the youth to increase the likelihood of both young men and young women continuing their involvement in the project.

Over the period of the Tok Piksa Project, the youth group with the fewest participants to 'drop out' of the process was the Banz group. Amongst this youth group a strong sense of solidarity (or 'bonding' social capital, see Campbell, Foulis et al. 2005) developed amongst members. This solidarity – group cohesion and a sense of collective momentum – was evident in the way that the group worked together in their extensive preparations for their local exhibition, and in their organisation of a local community clean-up event. This sense of solidarity was sufficiently strong to transcend the tribal fighting that involved the communities that these young people came from (despite some of the participants being from opposite 'sides', and one being quite seriously injured in an early incident).

The majority of the participants in the Tok Piksa Project were explicit in their stories or conversations with me that they wanted to 'make a positive difference' (they were, after all, all volunteers in HIV-prevention programs). However the contexts for enacting this altruistic intent were different across the three groups. In Banz, as distinct from the other two sites, the young people's altruism was matched by their growing solidarity and a local context that fostered a sense of group identity. In part this was because the youth group itself was locally initiated (as opposed to being driven by an international NGO, which was the case in Kainantu and Goroka), with the

participants often referring to themselves as a Kanaka Youth Group member. The socio-political context in Banz at the time of the research also fostered a sense of group identity amongst the Kanaka youth in reference to their wider community[7]. These participants often proudly referred to themselves as being 'North Waghian' or 'Jiwakan' (their district and provincial affiliations), and expressed a desire to work towards improving things for youth across their district:

> ... "There are many problems inside my community, but I could only look out for my own problems. Since the time of the Photovoice project I can now look at other things and see that there are some problems and some good things, and I can do things to help not just myself but other youth in Jiwaka" ... (Godfrey Mal, Banz, participation story)

Participants in Kainantu and Goroka spoke in imprecise terms about wanting to 'make things better' for other young people, but they rarely spoke in terms of their district or province and did not project any sense of group identity. There was also no sense of collective momentum in these two groups, which in part may be a result of the groups' smaller size and the fact that they had been brought together by the actions of an international NGO, rather than of their own volition.

5.3.5 Material support enables participation

In his participation story cited on p.136, Petrus noted that taking home a new camera after the Tok Piksa workshops made him feel proud and important. However, he began this participation story (which was titled "Does Tok Piksa have an effect on my life?") by talking about something quite different to the psycho-social effects that his participation was having:

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[7] At the time this research was being conducted there was a significant push from political leaders in three districts, including North Waghi, to form a 'break-away' province separate to Western Highlands Province. This push was ultimately successful, with parliament voting in March 2009 that the separate province, Jiwaka, be formed in 2012

... "Does Tok Piksa have an effect on my life? Absolutely yes, each day when I come to the workshop I eat chicken and chips/rice for lunch, not to mention the breakfast and afternoon tea"... (Petrus Kuipe, Banz, participation story)

While this observation made me smile, throughout the project several of the participants mentioned that they would not have been able to justify to their families their continued attendance if their bus fares were not covered, and if they were not provided food. Not only did this kind of material support to the young people make it easier for them to participate in the project, but it was also a demonstration of my respect for the fact that they were contributing considerable time and energy to the process. Ensuring we were all able to eat together, in particular, played an important role in providing opportunities for relationship building among the participants, and between me and the young people. As in many parts of the world, sharing food is an important way in which social ties are formed and represented in Papua New Guinea (Strathern 1988; Gewertz and Errington 2010), and in the case of the Tok Piksa workshops provided valuable opportunities for informal interaction:

...A bit of a frustrating day. But I had a good chat with Lobo at lunch about his application to Unitech [a tertiary institution in Lae] *– I noticed Mike and Florence were listening in, maybe they are also thinking about trying to go back to school? Over lunch we can all relax a bit, and I really need the chance to be around them but 'off'...* (Field-notes, March 28th 2007)

It is difficult to measure the degree to which this contributed to the creation of a social space in which the participants felt safe to engage in dialogue and debate, but for me it was an important part of the day where I wasn't facilitating, analysing or taking notes, but just being with people.

5.3.6 Engaging youth

Development practitioners often report that mobilising and engaging young people can be a significant challenge for the successful implementation of youth-focused programs (Save the Children UK 2004; International HIV/AIDS Alliance 2009). One of the key factors that supported young people's participation in the Tok Piksa Project was the novelty of the method. The participants were clearly excited to be doing something creative and unusual, and could see the opportunity for new experiences.

In analysing the young people's participation stories, it also became clear that the fact that the project provided an opportunity for self-reflection and self-representation was supportive of participation.

> ... *"I, Petrus Kuipe living in Grisa village, I am so confined that I didn't bother to think of other people's problems. I was thinking of solving me and my family's problem. However, this Photovoice Project really changed my thoughts completely. It has been a chance for me to think about our future and different lives in Jiwaka. I am proud I had this chance and we worked so hard to show youths can make a difference"...* (Petrus Kuipe, Banz, participation story)

Petrus was one of the more educated participants, having started (but not completed) an undergraduate program. At the project's commencement he was using a number of substances quite heavily, though this changed over the months of the fieldwork. He had a range of competing opportunities, social pressures and obligations over the time period of the Tok Piksa Project and would perhaps have typically been seen as 'difficult to engage'. However, he remained one of the most active and committed participants throughout the project, relishing the opportunity for reflection and discussion of social issues with peers. For Petrus, his participation was enhanced because of *what* he was participating in. Researchers in other settings have

found that young people particularly value opportunities for personal self-reflection (Drew, Duncan et al. 2010) which was also the case here.

5.4 Seeking dialogue

Dialogue – between young people, between youth and community leaders, between youth and me – is at the theoretical heart of this research project. Photovoice is a methodology based on Freirian notions of dialogue, and one of the intentions of the Tok Piksa process was to develop a social space where dialogue could occur. Review of data generated during the project suggests that genuine dialogue – where interlocutors engage in two-way and ongoing communication from which they both learn and are changed by the process, and from which new knowledge is co-created (Freire 1970) – is indeed difficult to achieve. However there were instances where this occurred. In this section I will explore two cases where dialogue (between me and the young participants, and among youth) occurred, as well as two instances where it was obvious that there had been a failure of dialogue. These cases have been selected to inform analysis of conditions which can support or hinder dialogical engagement.

5.4.1 When dialogue happened

Dialogue about ethics

Mike, one of the participants in Kainantu, took a photograph of a young boy that became central in an episode of dialogue between me and the Kainantu youth. The photo was taken at night, and so was grainy because of the camera's weak flash. It showed a boy, thought to be about ten years old, with a (marijuana) joint in one hand and a plastic two-litre container in the other. The plastic container had a poison symbol on the front, indicating its former life as a receptacle for bleach, but in the photograph it contains *stim* (steam, or distilled home brew). The young boy's eyes are squinting from the smoke, and his face looks far older than that you would expect above the

skinny shoulders of a ten year old. Mike titled the photograph 'Young boy with drugs'.

> *... I am in a quandary. They* [the Kainantu participants] *want to include Mike's photo of the kid drinking and smoking. Initially I was strongly discouraging this, and started to discuss – actually, not discuss if I am honest but tell/direct/lecture on – issues of informed consent, reminding them that a 10 year old (or thereabouts) can't give consent, let alone if he is high or drunk. Apparently the boy thinks it is great that Mike took his photo and wants 'the whole world to see it'. I asked whether this had been discussed with his parents, but apparently there are no parents (of course). I was being quite firm about the ethics of showing this particular photo, and very set that we couldn't, when I was interrupted by Lobo. He just looked at me and said "but isn't it unethical not to talk about this?" Ah. He has a point. My pause left a silence that was quickly filled with comments from Florence and Mike – they came back at me, disagreeing with my position on what was and was not ethical. So we have agreed to keep talking about it next time I am up. Thinking about it now I am still quite unsure...* (Field-notes, 27th March 2007)

There were two more workshops with the Kainantu group before the opening of their Tok Piksa exhibition. During these workshops we would return to discussion of Mike's photograph. I would talk about issues of informed consent and about the potential harms associated with including this particular image in the exhibition. The participants would talk about the fact that everyone in town knew about this boy; that he 'hung out' at the central market, and that community members would essentially step over him on their way in to buy produce. His identity and situation was not going to be revealed by including the photograph – it was already well known. Our discussions led to the participants asking SCiPNG staff for their perspectives on what to do with the image, and also asking program staff what could be done to connect this boy with services (such as they were in Kainantu).

The ongoing and two-way communication between members of the Kainantu youth group and myself over this photograph was a clear example of dialogue. We recognised each other's knowledge as legitimate and made efforts to take the perspective of the other. Our discussions about what would and would not be the ethical thing to do in this instance were challenging but thoughtful, and left both parties changed by the process. As a result, new knowledge was co-created (by me, the youth, and members of the SCiPNG staff) about what might be considered 'ethical' in this context. That new knowledge – which in part jarred with the public health oriented 'expertise' I brought to the discussion – was put into critical action by the young people seeking to link this boy with support and services immediately, but also in the decision that was reached to include the photo-story in the local exhibition (where the situation should already have been known to the local audience), but to not include the image in this thesis or the combined exhibition (so as not to reinforce negative stereotypes about Kainantu, a concern strongly held by the photographer, Mike, and to prevent identifying the boy to strangers).

Changes in representations of youth drug use

Another example where dialogue was achieved was in the way that drug use among young people was represented and discussed by the youth in Banz. In the first workshop, one of the older male youths chose to discuss a photograph he had taken showing young men smoking marijuana. Robert wrote a story to accompany his photograph that began "*I select this snap of lazy young people smoking spak brus in public places. These are lazy people wasting their time and not doing good things in their village*". In the plenary discussion of selected photographs Robert dominated discussion around youth drug use, emphasising that drug users were lazy, un-Christian and should be punished. Robert spoke about these matters very forcefully and none of the participants presented an alternative perspective on young people who use marijuana.

Over the following workshops several of the other participants took photographs to illustrate various issues associated with young people's use of marijuana. My field-notes document that the way participants were talking about drug use in their small groups began to shift, with increasing discussion of the underlying reasons for high levels of substance abuse in their communities. This was reflected in more considered discussion of drug use in plenary sessions, and in the photo-stories that individuals selected for inclusion in the group exhibition (Robert's photo-story about drugs was not selected). For example, one of the marijuana related photo-stories that was included in the exhibition begins:

> ... *"This picture show a leaf of the herb called marijuana. In a short term, it makes the user feel good, relaxed and funny. In a long term some who just took it to experiment eventually get hooked and cause all kinds of problem in the village, because it makes people not conscious of what they are doing. This situation can start because youths try to get away from their problems like rejection from family or community, unemployment and drop outs from school"...* (Tommy Tai, Banz, photo-story)

By the time of the local Tok Piksa exhibition, a more nuanced and sympathetic understanding of young people's drug use had been reached by the Banz group[8]. This new knowledge was achieved through discussions with each other during the workshops. When I asked one of the young men who had been quite vocal in his criticism of drugs and drug users in the early workshops what had changed his mind he replied ... *"It is not just because of laziness. Now I know some people have problems and can't see solutions, so we must find ways and means to help them instead of drugs"*... (Lucas Dorum, Banz, interview*). The participants had jointly constructed this new understanding of drug use.

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[8] The Kainantu and Goroka participants had already been exposed to a wide range of perspectives on drug use through their work with SCiPNG, and displayed less judgement of substance abusing youth than did the Banz youth in the first instance

5.4.2 When dialogue failed

There were occasions where we were able to develop a new shared understanding through dialogue, however the achievement of dialogue could never be assumed – and proved to be quite a fragile thing. Throughout the project there were also quite clear examples were dialogue failed.

Thinking about gender

Throughout the Tok Piksa process there were numerous conversations about gender and gender inequality. Despite this there was little evidence that involvement in the project led to the co-construction of new knowledge about gender in any of the groups. For example the leader of the Kanaka Youth Group selected a photo-story about a woman running as a candidate for election in his local area, for inclusion in the local Banz exhibition. The story, titled 'Gender equity' read:

> ... *"During the colonial era and the traditional times women were seen to be inferior, where as the man was seen as superior. It is now clearly known that women are recognised to be another human being. Men now respect the job and responsibility of women. There are more girls enrolled in schools, as well as increasing employment opportunities for women in both private and public sector. This picture shows that women can also become leaders at all levels of government if only we respect women and men to work cooperatively. This woman is one of the first female candidates for government in Western Highlands Province, and she is the first for North Waghi. In North Waghi, Western Highlands and Papua New Guinea men now understand the contribution of women and girls to the nation"...* (Augustine Misik, Banz, photo-story)

In both small and large group discussions about this photo-story, Augustine assertively suggested that there was now gender equity in Western

Highlands and that this woman's candidature was evidence of this[9]. The young women in this youth group had produced a range of photo-stories (about domestic violence, limited opportunities for education and employment, and sexual abuse) suggesting that from their perspective there were far from equitable opportunities (and constraints) for men and women in their communities. Some of these photo-stories were chosen to be included in their local exhibition. Despite this, attempts to challenge the notion that there was 'gender equity' in North Waghi (made by myself, and one of the more confident female participants in Banz) were quashed each time – the majority of other participants would either not engage in the conversation; nod as if to agree but then move on to other topics; or blithely suggest that 'things are better now'.

Whilst gender loomed large in the young women's perception of influences on health, Augustine's photo-story was the only example where this was raised by the male participants in this group. During the Banz workshops we failed to achieve dialogue about gender, with there being limited recognition of the young women's expertise in assessing influences on young women's health. We were unable to create new knowledge based on dialogical exchange, with the process reinforcing my existing understanding that thinking about gender is particularly entrenched and that it is exceedingly difficult to create space for young women to actively and openly discuss how gender affects their health when their male peers are present.

Confrontations over money

... I am furious. Why on earth didn't they come and talk to me about this earlier? And a letter, today of all days? Honestly sometimes I think why bother – is it just a handout after all?... (Field-notes, 14th September 2007)

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[9] While several women did run as candidates across the country in the 2007 elections, only one woman was elected to the 109 seat parliament. Only two women have been elected to the national parliament in the last twenty years

On the morning of the launch of the combined photography exhibition at the end of the Tok Piksa Project I was approached by members of the Goroka group and handed a letter. The morning was quite chaotic – we had to prepare the venue for the launch and the attendance of more than sixty invited guests, and ensure that all selected photographs were displayed with their corresponding Tok Pisin and English stories – and I did not get a chance to sit and read the letter until just before the invited guests were due to start arriving. The one page letter, signed by all the Goroka participants, was a 'letter of formal complaint'. The young women had written to me to complain that I had 'treated them unfairly', adding that they were angry to 'have received unequal money from you'. I was utterly deflated.

In order to bring all participants together for the joint workshop and exhibition I had approached AusAID for a small grant to cover the costs associated with bringing youth from Kainantu and Banz to Goroka the week before the annual Goroka Show, and accommodating them there until after the Show was finished. These youth had their accommodation and travel paid for, and a small daily allowance to enable them to purchase food for meals outside workshop hours (as they were all away from home). The young women from Goroka did not need to stay away from home, and so received their usual bus fares (and meals during the workshop and exhibition) but no 'living away from home' allowance. Prior to the workshop starting I talked to the Goroka participants as to what the arrangements would be, presenting a rationale as to why they would not receive an additional daily allowance. I had thought that the reasons were accepted by these participants, as there was general nodding and murmurs of agreement. In hindsight I had made the same mistake so many other expatriates do in PNG – mistaking silence for agreement; an absence of confrontation for satisfaction.

It is not surprising that the participants from Goroka were disappointed that they weren't receiving a daily allowance. I suspect that the other youth were eating as much as they could during the workshops, and then not using their allowances to buy food in the evenings but keeping the money, and the Goroka participants may have also suspected this and felt they were missing

out. In some ways their writing me a letter of complaint could be seen positively as a demonstration of confidence and assertiveness, but it could also be seen as a retrograde step with the young women framing me as benefactor and themselves as the deserving poor. Whilst there is ambiguity about how the letter should be interpreted, there was no doubt that there was no dialogue here. We hadn't been able to effectively communicate about money – a sensitive and difficult issue.

5.4.3 Factors supporting or hindering dialogical engagement

These examples serve to illustrate a number of factors or conditions which can support or hinder dialogical engagement. Overall Photovoice, which facilitates communication through image and text, was a process supportive of dialogue. At different times during the process the young people and I reflected on the 'power' of photographs. The images produced during the Tok Piksa Project appeared to motivate participants to engage in dialogue, in part through their effect on emotion. This was illustrated by young people's passionate reaction to Mike's photograph of the young boy using drugs. The participants, as well as members of the community who attended the Tok Piksa exhibitions, would frequently describe some of the images as 'moving'. Having been emotionally moved by an image, community leaders (for example) appeared more motivated to engage with young people about the issue that the photograph raised.

The images acted as a tool of dialogue, as a mediator of communicative exchange (Carlson, Engebretson et al. 2006; Hardman 2011). They were both a physical mediator, providing a concrete point of interaction and a place for interlocutors to both fix their gaze (overcoming cultural barriers associated with young people initiating eye contact with elders), and a symbolic mediator giving credibility to young people's expertise in their own lives. It was harder for community leaders to dismiss young people's concerns when there was photographic evidence of the issues they were raising up there on the wall for all to see. In this way the images enabled others to recognise the legitimacy of young people's knowledge, one of the

pre-conditions for dialogue. Dialogue was supported by the image-based research method, but communicative engagement was also influenced by the historical, psycho-social and material context in which interlocutors were located.

Dialogue among the Banz participants, or between these youth and me, about Augustine's 'gender equity' photo-story was hindered by a number of factors. Augustine's social position – he was an older male from an influential family, and was also the leader of the Kanaka Youth Group – made it difficult for the participants to question or debate his suggestion that there was 'gender equity now'. Several of the young women in this group raised the issue of gender through their photo-stories, which could have stimulated dialogue within the group, but there is no evidence these images (including one which had significant affective impact on many people who saw it – see p.195) led to critical thinking among the participants or to the co-construction of new knowledge during the Tok Piksa workshops.

In a context where marked gender inequity is institutionalised and at the foundation of most aspects of community life, with a range of negative consequences for women (and their families), not engaging in dialogue may have served a self-protective function. Some of the youth had already been through 'gender training'. All were aware of the activities of church groups and NGOs in their area, including their attempts to improve the situation of women. Participants could see the limited impact of these activities in their communities so it is likely that the 'gender issue' was seen as something completely intractable. Not engaging in dialogue may have allowed some participants to avoid reflecting on distressing experiences, and to avoid what may have been perceived as pointless attempts to change a situation that was beyond their control.

In addition to gender relations, the occurrence of dialogue between the youth and me was influenced by the history of interactions between community members and expatriates and how this history shaped our relationships. Where youth had primarily experienced relations with expatriates (or other

outsiders) as a 'project beneficiary' this hindered the occurrence of dialogue, as demonstrated by the letter from the young women in Goroka. Their beneficiary status, and location within a relationship of patronage with an international NGO, framed all our interactions despite my endeavours to 'be' with these young people in a different way. This example also illustrates the limitations of working and communicating in predominantly a verbal way. In hindsight, I suspect that there was lots of non-verbal communication of dissatisfaction, or 'silent conflict' (see Tam 2006), that I missed. The participants' letter acted as a stimulus for confrontation, mediating our communication to 'shift things to a new level' – where we could engage in the kind of frank exchange that paradoxically may have resulted in dialogical engagement. After the discussions we had subsequent to the delivery of the letter, some of the young women expressed their satisfaction that we had 'cleared the air', though I am not sure that we achieved genuine dialogue even then.

The example of the participant letter however illustrates the value of mediating tools in potentially supporting dialogical exchange (Vaughan 2011). Most obviously in the Tok Piksa Project, the young people's photographs acted as a tool of dialogue, increasing the likelihood that their knowledge would be recognised as legitimate and helping others to take their perspective. Other project artefacts, such as problem trees and causal diagrams, were also tools of dialogue. These objects were co-constructed by small groups – a process which could (though not inevitably) lead to dialogue. They were then presented and discussed by others in plenary sessions, and at the local exhibitions, where questions about their meaning sometimes led to dialogical engagement and critical reflection. These artefacts supported a communicative space in which dialogue could occur by encouraging the consideration of multiple perspectives, and the critical reflection of factors underlying particular health issues (see p.193 and p.200 for examples of problem trees produced by the participants).

5.5 Conclusion

In this chapter I have analysed the different ways that the participatory processes associated with the Tok Piksa Project affected the young people involved. Their participation resulted in psycho-social changes such as feelings of confidence and respect; the development of new knowledge and skills; and expanded social networks. For many of the young people, their participation in the Tok Piksa Project could be described as empowering on an individual level. However, for some young people their violation of social norms through photography also resulted in criticism, suspicion and other negative impacts on their social relations. This chapter also described factors that influenced our participation, noting that gender, age, social status and mobility could all limit the ability of young people to meaningfully engage in a project such as Tok Piksa over a sustained period. Participation was enabled by the social and material support the youth received, and encouraged by the novelty and creativity of the approach.

Having analysed the young people's participation in this way, I then explored whether and how this participation was associated with the development of dialogical relations among the youth, and between the young people and me. I have presented examples where dialogue could be seen to have occurred during the research process – as well as instances where there was clearly no dialogue – and discussed some of the factors influencing whether dialogue took place. My interest in dialogue is driven by what it can potentially lead to – the development of critical consciousness, and the praxis (critical reflection and action) that both emerges from and supports this process. The following chapter examines this theoretical potential in practice, analysing the young people's critically framed photo-stories and the perspectives and health priorities that these communicate.

Chapter 6:   Young people's perspectives on health

In the introduction to this thesis I noted my desire to investigate the 'things' that young people had at the 'front of their minds'; to understand what they thought was important in relation to health. In Chapter 2 I outlined a social psychological approach to participation that emphasises the need to develop an understanding of local knowledge about health, recognising this as the basis of local people's interactions with participatory programs.   Young people's understandings about health are the focus of this chapter. Here I will present the *findings* of the Tok Piksa Project, the perspectives on health that the young people prioritised through critical reflection and dialogue with their peers, and as depicted through their photo-stories.

As outlined earlier, the impetus for this research project was my experience with youth-focused HIV-prevention activities in Papua New Guinea and elsewhere. Some of these youth-focused HIV-prevention programs in PNG were based on 'needs assessments', which usually involved surveys of young people's knowledge, attitudes and behaviour in relation to HIV, as a way of establishing their need for information, services and other activities. Few organisations assessed youth needs by asking them – in an open, undirected way – as to what they thought would help them to reduce their vulnerability to HIV, or whether indeed HIV was the most important health issue that they faced. Needs were assessed against the technical skills and services that organisations were set up and funded to deliver, and quantified through pre-existing questionnaires (see for example FHI 2000) exploring knowledge about routes of HIV transmission, condom use, health-seeking behaviours, sexual practices and so on.   Whilst such surveys give organisations information about the proximal determinants of HIV transmission, the young people I had worked with in PNG would rarely

describe their vulnerability to infection in these terms and certainly not in these terms alone.

The focus on young people's sexual behaviours, numbers of sexual partners, condom use, and management of STIs is not without value for the prevention of HIV. In Papua New Guinea HIV is, after all, spread primarily through sex[10]. The project needs assessments described above, and researchers referenced in Chapter 2 (National Sex and Reproduction Research Team and Jenkins 1994; Jenkins and Alpers 1996; Levy 2005; Millan, Yeka et al. 2007; PNG Institute of Medical Research 2007), have highlighted that young Papua New Guineans often have patchy knowledge about HIV transmission, use condoms infrequently, have multiple sexual partners, are involved in or subjected to violent sex, and do not seek effective treatment of STIs. Young people could certainly benefit from the sexual health services and information that youth-focused HIV-prevention programs are funded to provide.

However the broader priorities of Papua New Guinean youth in relation to their health and well-being are unknown, and it is unclear where young people think HIV 'sits' in relation to the many other factors impacting on their health in a local context. Therefore, I wanted to engage with the participants over an extended period of time, and support them to identify and document what they thought increased or reduced their vulnerability to negative health outcomes, including HIV. In this chapter I present the participants' priorities, substantiated by their photo-stories, and evidence of their critical thinking in relation to health. I reflect upon the young people's perspectives and priorities in relation to the priorities of those youth-focused programs working with them, and the implications this has for supporting youth-led action on health.

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[10] Most commonly, mode of HIV transmission is not recorded in Papua New Guinea but where it is the route is sexual or from mother to child. Transmission through blood products or injecting has never been reported.

6.1 Analytical procedure

The primary data source for this chapter is the photographs that the participants took to depict their perspectives and priorities in relation to health, and the stories that they wrote to accompany them (where possible these photo-stories will be presented together as this was how the photographers intended them to be seen).

As detailed in Appendix 1, initial analysis of the collection of photo-stories was done by the young people themselves. In the first instance, this was done by individual photographers selecting which images they wanted to discuss in groups with their peers during the Tok Piksa workshops. The participants also engaged with the research material in an analytical way when identifying recurrent themes in their 'snapshot' review of their combined images (see p.303). Working in small groups, the young people then subjected the themes that they had identified to further discussion, exploration and analysis using participatory tools such as problem trees and causal diagrams. These tools supported young people in their identification and critique of factors that were underlying young people's vulnerability to negative health outcomes. My field-notes documenting the participants' presentation of these tools, and the project artefacts themselves, substantially inform this chapter.

The structure of this chapter is based upon the young people's own analysis of the priority influences on health. In the third follow-up workshop, the participants ranked what they thought were the top ten positive and top ten negative influences on young people's health in their community (Jayakaran 2002). The results of this ranking exercise are shown in figure 5 on the following page.

Figure 5: Young people's priorities as identified during ranking exercises

Banz	Kainantu	Goroka
Most important **positive influences** on health		
1. Education 2. Christian spirit 3. Agriculture, hard work 4. Family support 5. Fertile land and environment 6. Friends 7. Youth helping themselves 8. Parents' vision 9. Sports teams 10. Pride in culture	1. Education 2. Family support 3. Getting a job 4. Good land 5. Church guidance 6. Sports 7. Natural talents 8. *Wantok* system 9. Youth groups, things to do 10. SCiPNG	1. Support from parents 2. Going to school 3. Good husband 4. Sufficient income 5. Good gardens 6. Friends 7. Going to church, Christian values 8. Being a peer educator 9. Family works together 10. Keeping busy
Most important **negative influences** on health		
1. School fees 2. Family problems 3. Marijuana and homebrew 4. No government services 5. Violence, tribal fighting 6. Rape 7. Unemployment 8. Gambling 9. Street roamers, child labourers 10. Risky friends	1. School fee problem 2. Neglected youth 3. Drugs and alcohol 4. Second marriage 5. Violence and rape 6. Job opportunities 7. No facilities 8. No law and order 9. Anger 10. *Raskol wantoks* (criminal relatives)	1. School fee problem = Sexual violence 3. No family support 4. Surprise pregnancy 5. Gambling 6. Drugs and alcohol 7. Second marriage 8. Household labour 9. Gossip 10. Brideprice

In addition to the participant's analyses, this chapter is based upon my reflections, interpretations and thematic analysis (Braun and Clarke 2006) of the text of the young people's photo-stories; my field-notes discussing the analytical artefacts (problem trees etc) that they produced; and interviews with the youth where they discuss their photographs. The coding frame developed during thematic analysis of this material is attached as Appendix 7. The young people's priorities focus the chapter but my interpretation of their analytical activities, and of the broader corpus of research material, guides its presentation.

As discussed in the previous chapter (in reference to dialogue), a thematic approach to analysis struggles to capture process. Examples of young people's critical thinking do not readily lend themselves to being coded and allocated to a theme. I have therefore again used a combination or pluralistic approach to analysis (Frost, Holt et al. 2011), purposively seeking 'case examples' where the development of young people's critical thinking can be seen. As an illustrative example, I have drawn upon the photo-stories of Moses Gising from Banz in this chapter.

Given the overwhelmingly negative, deficit-focused way that young people and their health are represented in development circles and the national media in Papua New Guinea (Luker and Monsell-Davis 2010), I was interested in identifying whether young people's photo-stories were also predominantly negative or whether they painted a different picture. Therefore, in addition to the analytical processes described above, I coded the young people's photo-stories as being broadly 'positive', 'negative' or 'neutral', and assessed the issues they raised in relation to an ecological framework of young people's health (Blum and Nelson-Mmari 2005). This analytical exercise informs the final section of this chapter.

6.2 Young people's priorities

The priorities youth identified during ranking exercises (figure 5), and as analysed during my reflection upon and interpretation of project material, are presented below. My discussion is substantiated by examples from the participants' photo-stories and problem trees.

6.2.1 The value of education

For all three of the youth groups, education or going to school was ranked as one of the most important positive influences on young people's health. Education was also the most *frequently* discussed positive influence on health, and was seen as being protective of health in the present and in the future.

School holidays

Photo and story: Dalcie Philip, Goroka

This photograph was taken at the park. The school boys were coming from their long weekend break at home. They came to meet their girlfriends and were telling stories with them. They are enjoying their school break because they can meet with all their friends – they are so excited to see them. But they are also looking forward to getting back to school. They enjoy the national high school, because they are learning new things there compared with primary school. They also know that education is important to their future, and they hope that they will get a good job.

The participants took pictures of schools, school children, families conducting fund-raising events to pay for school fees, and communities working together to construct classrooms. In contrast to research from other parts of Papua New Guinea (Demerath 2000) the young people involved in the Tok Piksa Project highly valued education and the opportunities it was perceived to provide. Being able to attend school was seen as an avenue to greater community respect, increased self-confidence, and happiness, and as likely to lead to better prospects for future employment, a healthy family and overall well-being.

Some of the young photographers' photo-stories described the extraordinary lengths that they, or their peers, had gone to in their attempts to stay in school. Staying in school was recognised as an achievement to be celebrated, as shown in Susan's photo-story on the following page:

A University of Goroka student

**Photo and story:
Susan Lohoro, Goroka**

This story is of a boy who worked hard to earn his school fees by working in the garden or selling betelnuts during his school holidays. His father passed away when he was a baby and his mother went away to live in Port Moresby leaving nothing behind for the child. He was adopted by his aunty but his aunty mistreated the boy's rights, so he himself worked hard to pay his own school fee.

(My friend the student is on the right of our group, wearing the blue cap and black print t-shirt)

He should have left school but he said that he had the strength to work his father's land to earn his school fee. He said "I am a young man, and I must work hard. There's money in the soil, I don't have to depend on someone or relatives". That's how he gets his school fee. He'll finish his third year at the University of Goroka this year.

The vast majority of Tok Piksa participants were out of school at the time of the project but their average number of years of schooling (9.8 years) was well above the national average of 6.6 years for boys and 5.5 years for girls (UNICEF 2008). This reflects the fact that Save the Children in PNG usually target young people with at least a Grade 10 education to be volunteers in their Youth Outreach Project, and that there were a small number of participants in the Banz group who had reached tertiary education. However their 'above average' number of years in school masks the wide variation within the groups (from two years of primary schooling to tertiary education), and does not convey the highly variable quality of education that the different young people had been exposed to.

The young people took pictures of dilapidated bush material school buildings, wrote about schools being closed down and mentioned that their enrolment in a primary school where there was no teacher present for months at a time would still mean they were considered as having been 'in school'. Despite their mixed experiences with the education system, the participants still highly valued the potential of education and wanted better for their own

children or younger siblings. Their frustration at, in the main, having been excluded from the education system at some point was evident throughout this project:

6.2.2 The 'school fee problem'

When asked to rank the most important negative influence on their health and well-being, <u>all three youth groups</u> gave highest priority to 'the school free problem'. School fees are an ongoing source of anxiety for families in Papua New Guinea, and result in an annual flurry of condemnatory newspaper editorials and a rush for bank (and other) loans at the beginning of the school year.   Fees are very high compared with the average annual income in Papua New Guinea. According to the Department of Labour, caps on school fees in 2004-2005 ranged from 100 kina (£15.20) at the beginning of primary

school to 1,200 kina (£182.40) for day students in grades eleven and twelve (Human Rights Watch 2005). The estimated average household income for the Tok Piksa participants was £234 per year.

Parents making flour balls to tackle school fee problem

Photo and story: Florence Aneto, Kainantu

Parents working together to earn their children's school fees is better, rather than only the mother or the father carrying all this responsibility themselves. Especially for the ones without a steady job. Parents working in public sectors or other organisations are lucky. In Papua New Guinea there are lots of subsistence farmers, and when it comes to dealing with school fees they find it very hard because some of their food may rot while being transported to market, or some may be destroyed by pests etc. That's when their children are pushed out of school. The government should consider how to help parents solve this problem.
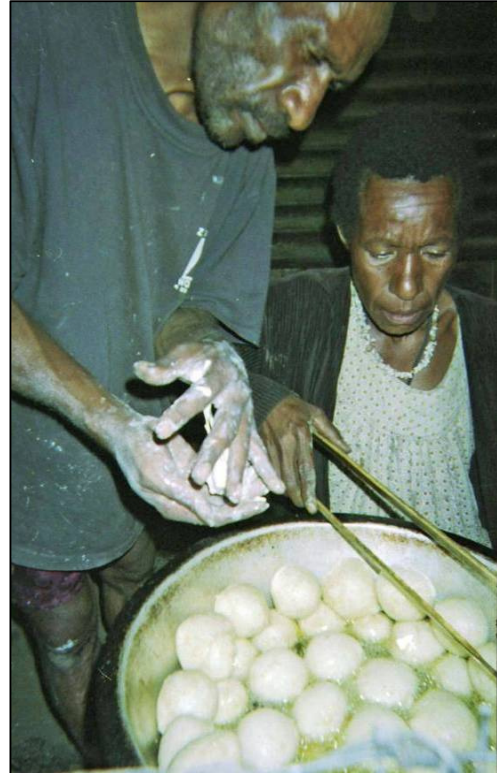
The participants' stories showed that school fees were associated with family stress and conflict, anger and resentment among young people, and division within families (with some siblings working to pay the fees of other children). Inability to pay school fees led to children being out of school, often at an early age, and contributed to the poor quality of school infrastructure endured by those students who could stay at school. The young photographers perceived school fees to be a particular burden on cash poor subsistence farming families, and that school fees contributed to intergenerational poverty, meaning most rural youth would never have the same opportunities as peers who had family members in the cash economy. Many of the participants resented being labelled 'drop outs', with its implications of personal failure, describing themselves as having been 'pushed out' of school (see Florence's photo-story above).

Group discussions during the Tok Piksa workshops revealed a range of barriers to young people accessing education other than the economic (in 2003 it was estimated that 30% of primary education age children were not enrolled in school, and absenteeism among those who were was high. See Asian Development Bank, AusAID et al. 2007). In addition to the direct costs of education, barriers to young people accessing education included lack of transport, roads and school facilities, and families not prioritising education.

> ..."Ah the children, they don't like to do it [street selling], but even the parents they don't force them to do it, but maybe it's the pressure that is forcing the children, or, because they don't have any other things to do. These two small boys in the picture are doing street sales in order to get money, but the children and their family have forgotten all about the importance of education. The parents think that the money they get from street sales is big enough to support the children. Well in the future, we can see that the future is quite dim and not bright"... (Petrus Kuipe, Banz, interview)

Some young people expressed frustration that children were often expected to work the family gardens or pick coffee, rather than attend school, and felt that parents could be short-sighted in not prioritising education. For the youth involved in this study the experience of being out of school was perceived to be associated with a range of health compromising behaviours and situations, particularly substance abuse, police harassment, earlier onset of sexual activity, and involvement in criminal activities (*raskolism*), as described in Gabriel's photo-story on the following page:

Children out of school are at risk of becoming street roamers

Photo and story:
Gabriel Gus, Banz

The first picture is showing about the young generation carrying about 20 to 30 kilograms of coffee out of the plantation block to the weighing scale. As you can see such a weight of coffee is too much for their size. This generation don't get to go to school because their parents think that earning money from picking coffee is more important right now, than sending their kids to go to school for years.

However, when they grow up to the age of 20 to 30 years, they may already be addicted to drugs and alcohol. Why? Because they had no proper education when they were small. Lack of education brings a lot of problems to the young generation. They have no proper plan or vision of their own life, that's why plenty of young people are roaming around doing nothing and end up mixed up in plenty of violences.

These two pictures are trying to say that it is good for parents and leaders to encourage children to go to school. The leaders of the country must seriously consider what to do about the vast population of youth who are already not educated well. As a result of their lack of education, plenty of youths are not respecting their own life and the government services.

6.2.3 School fees, young people's aspirations and frustrations

It is important to note that young people's use of the phrase 'school fee problem' carries a larger meaning than just the inability to complete school. The phrase alludes to young people's frustrated hopes and desires, their unmet expectations and disappointment in 'development'. For Highlands youth, not only is education the most common pathway to upward social mobility, for many young people it is the *only* available avenue out of the village.

School is one of the ways that young people in rural areas of the Highlands are introduced to new ideas, experiences and aspirations of what it is to be

successful and modern, all communicated in what is often students' third language (English) (Swatridge 1985). English language skills and (usually) completion of high school are necessary for young people to obtain even basic positions in the formal employment sector. As anthropologist Bruce Knauft highlights, school "imprints village children with fantastic possibilities and ultimately dashed hopes of modern success" (2002, p.202).

Missed educational opportunities are recognised by youth as condemning them to a life of hard physical labour similar to that of their subsistence farming parents. Some young people expressed a willingness to follow in their parents footsteps:

> ..."*These days we have to keep our land, as money comes from the ground. If we roam around we won't have any money and we won't have good clothes either. So we youths we need to go back to our land and work hard*"... (Lucas Dorum, Banz, interview*)

But the majority of participants outlined their (often frustrated) aspirations to engage in a wider world through paid work, or by following the dreams they associate with modern life:

> ... "*This group of young boys, they were drug bodies or heavy drug consumers. But these boys they have stopped doing bad things like taking marijuana – they really want to become PNG's top singers. They are asking for donations going around Kimil market, so with the help of the market community they want to pursue their dream to become top singers*"... (John Telda, Banz, interview* where he is discussing one of his photographs).

In their photo-stories and interviews, most of the project participants would talk about school fees in relation to individual experience ("my parents couldn't pay", "his family had no money"), locating the problem within the family. The PNG media and national NGOs might critically frame school fees

in relation to the role of the state and models of development assistance, but short of sentiments that "the government should do something about this", the youth rarely did so unless prompted. Young people's resignation to the status quo in this instance serves a self-protective function, given their political disempowerment and inability to change the structural constraints of the situation (see also Agnes' photo-story on p.180).

Despite participants' limited critique of the structural underpinning of the 'school fee problem', their framing of education as a *health* issue demonstrates considerable critical insight. The positive association between health and education is well established, with education both directly facilitating good health and having an indirect impact through influencing work and economic conditions, psychosocial resources, and lifestyle choices and options (Ross and Wu 1995; von dem Knesebeck, Verde et al. 2006). In addition, international literature analysing risk and protective factors for young people's health has identified 'skipping school' as being correlated with a range of negative health outcomes (including violence, substance abuse, early onset of sexual activity), and connectedness to school as being health protective (Resnick, Bearman et al. 1997; McNeely, Nonnemaker et al. 2002; Blum and Ireland 2004). The participants' photo-stories demonstrate that young people themselves perceive participation in education to be a major influence on their health – and that this is true even in PNG where youth are more often excluded from than 'skip' school. The way that the youth in this study wrote and talked about education however, suggests that the important issue for them was not so much 'connectedness' but access, full stop.

Access to education and educational attainment have been found to have a particularly important influence on vulnerability to HIV. Research has shown decreasing HIV prevalence among young people with higher levels of education, alongside increasing HIV among those less educated (Hargreaves and Glynn 2002; Glynn, Carael et al. 2004; Michelo, Sandoy et al. 2006; Hargreaves, Bonell et al. 2008). Education is believed to reduce

young people's vulnerability to HIV directly by increasing HIV-related knowledge and indirectly through increasing opportunities for employment and securing material resources, and potentially increasing social status, confidence and negotiation skills. School attendance is also thought to lower vulnerability to HIV by influencing the size and characteristics of young people's sexual and social networks (Gregson, Mushati et al. 2004). This has led researchers to recommend that governments and their donor partners accelerate efforts to increase access to both primary and secondary school and explore strategies to minimise drop-out and absenteeism as a HIV-prevention strategy (Hargreaves, Morison et al. 2008; Pettifor, Levandowski et al. 2008). The young participants in this study perceive that similar efforts in Papua New Guinea would have a positive and broad impact upon their health and vulnerability to HIV.

6.2.4 Prioritising family relationships

As shown in figure 5, family support and support from parents were also highly ranked as positive influences on young people's health. Families were seen to have a positive influence on health when they were able to meet young people's material and economic needs (such as providing housing, food, clothing and school fees for younger children, and access to land and the means to pay bride price for older youth), and when family relationships encouraged religiosity or met young people's emotional needs. Several of the youth wrote about the importance of parents having a plan or vision for their children, and associated this with positive future outcomes for these young people (as shown in Gabriel's photo-story on the following page).

Other participants wrote of their gratitude towards family when they worked together to find ways to provide for young people's needs (particularly to pay school fees), and acknowledged the hard work involved in raising children in constrained economic circumstances (see for example, Florence's photo-story already shown on p. 181).

Father and son

Photo and story:
Gabriel Gus, Banz

This picture shows a subsistence farmer with his son and they are standing at the edge of a pineapple garden, ready to weed the grass.
It is best for the farmers to teach their children so they know how to plant, weed and dig the drain for a particular crop. With this help, the children will fulfil their ability and become a good farmer in their future life.

The youths won't fulfil their parents' plan or vision unless they stick to teaching their children when they are small. In this picture you can see that the father has a plan for this son to be a good subsistence farmer. The parents have to care for their children and show them how to cultivate the land and plant the crops.

A number of the young people had elderly parents and these youth were appreciative of the particular challenges their parents had faced because of the rapid and dramatic changes in Highlands Papua New Guinea over their parents' lifetimes.

> ... *"My father remembers when the white men came, and he fought in the war. He has seen so many changes.... I think of how, the hard work, he's done to help me and my sister. So I thought, ah, my father is very important to me because, when he go by, I don't know, I will not have such a father like that"...* (Theresa Bina, Goroka, interview)

All of the young participants in this project lived with 'family' – the majority lived with at least one of their (birth or adoptive) parents, with many living in a group or cluster of dwellings housing their extended family. Some of the older youth lived with their spouse and children. None of the participants were homeless or living with unrelated friends or peers. While there is a great deal of variability in what is assessed as a measure of family

connectedness (Barber and Schluterman 2008), on one measure used in developing country contexts – co-residence with parents (Kumi-Kyereme, Awusabo-Asare et al. 2007) – the participants in this study could be described as being highly connected to family. Residing with parents (Lee 2001; Magnani, Seiber et al. 2001; Blum and Nelson-Mmari 2005) and connectedness to parents and family have been repeatedly described as protective of young people's health (Resnick, Bearman et al. 1997; Resnick 2000; Blum, McNeely et al. 2002; World Health Organisation 2007).

However, while family was often perceived by the participants in this study as an important positive influence on young people's health, it was also one of the most common themes in their photo-stories about factors detrimental to their health.

6.2.5 Families under pressure

Neglected youths

Photo and story: Florence Aneto, Kainantu

Lack of parental care, mistreatment by family and less recognition from the government bodies, including limited job opportunities, are the major problems of youths today and because of these problems they feel they have been neglected. That's when boys start involving themselves in criminal activities, alcoholism and smoking of marijuana, and girls end up in prostitution. What will happen in the future, they don't know.

As shown in figure 5, all three youth groups identified difficulties within families (described as family problems, neglected youth or no family support) as one of the most negative influences on their health. While family relations were seen as potentially protective of health, the Tok Piksa participants also

associated them with harmful relationships characterised by conflict, exploitation, mistreatment and neglect.

> ... *"This is a fatherless boy, but his mother married again and the husband would hit him all the time so he came back to stay with his grandparents. But there is no good discipline for him to do good things. Because of this, he tells me he takes drugs to do away with the problems he has in his life. He doesn't think that on the other hand he is spoiling his future and he cannot achieve any goals"...* (Tama Sailas, Kainantu, interview* where she is discussing one of her photographs)

The youth involved in this study frequently described the often disastrous consequences for young people when a parent dies (see, for example, Tama's description above). A significant proportion of the young people's photo-stories mentioned the death of a parent. Many stories, often ostensibly about something else (substance abuse, transactional sex, school fees) would begin with "his father passed away..." or similar. The traditional extended Melanesian family and the *wantok* system has been perceived to provide a 'safety net' for family members and protection for children and young people (including orphans), however family structures are currently undergoing great change and relationships are subject to considerable strain (Macintyre 2008). Informal adoption of children is extremely common, and has been associated with the neglect and abuse of children (Duke 1999; Peters, Kemiki et al. 2000; HELP Resources 2005). Polygyny has always been part of many PNG cultures, though is thought to be increasingly common in Eastern and Western Highlands Provinces in recent times. Current concepts of marriage are fluid, and men seem less restricted by community expectations (of the provision of support to all households), before taking multiple wives. Polygyny has been found to be associated with a range of negative health outcomes for women (Passey, Mgone et al. 1998; Koczberski 2000; Goddard 2005). 'Second marriage' was a highly ranked negative influence on health, with the female Tok Piksa participants describing the impact of polygyny on mental health in particular:

> ... *"She doesn't enjoy her married life because she feels she wasted her chance, and it is difficult being married to a man with three other wives. And too her mates and friends go at the back of her and gossip about her"...* (Theresa Bina, Goroka, interview where she is discussing her friend who is also her male cousin's fourth wife).

A number of the Tok Piksa participants had lost parents and/or been adopted, and two of the young women were 'second wives'. In addition to difficult or harmful family relationships, all three youth groups identified parental death, adoption and polygyny as having serious negative impacts on young people's health.

Researchers have identified an association between dysfunctional family relationships, changing family structures, and the poor health outcomes of children and young people in contemporary PNG (see for example Duke 1999; HELP Resources 2005). Family conflict and neglect of children has been found to be associated with transactional sex, substance abuse and involvement in violence (Sykes 1999; Wardlow 2002a; Human Rights Watch 2005a). In a major study of the commercial sexual exploitation of children in Papua New Guinea, researchers identified "very serious problems of parenting in a transitional society [resulting from] cultural and generational clash" (HELP Resources 2005: 83). The international literature on the protective influence of family connectedness on young people's health rarely discusses the challenges posed to parenting by social and economic transition – an overwhelming influence on the family context in Papua New Guinea.

The dual edged nature of the young people's photo-stories about family illustrates participants' critical reflection upon their relationships, and their rejection of the notion that the institution is universally 'good'. Family is closely intertwined with a range of other highly prioritised negative influences

on health listed in figure 5, including gambling, tribal fighting, child labour, second marriage, brideprice, household labour, and anger.

6.2.6 Drugs and alcohol

Rolling drugs　　　　　　　　　　**Photo and story*: Godfrey Mal, Banz**

This picture shows a bundle of drugs put together on a bag and a teenager wrapping them for selling purposes. This situation occurs because teenagers find that it is hard for them to get money, so that is why they do such things to earn a living. When young people have nothing to do, they take drugs as fun and from that the drugs affect their body.

If we want to stop them from taking more drugs, then we must provide them with something that is useful to teenagers who take drugs – such things as sports, education, job opportunities and more.

Drugs[11] and alcohol were ranked by all three youth groups as being among the most important negative influences on their health.   Marijuana ('*spak brus*') and home brewed alcohol (or, in the case of distilled alcohol, '*steam*') were referred to by <u>every</u> young person involved in this research project (either through their photographs, stories or group discussions), at some stage during the Tok Piksa process.   As discussed in Chapter 5, young people's drug use was the subject of considerable dialogue throughout the project.   Young people's dialogical and critical reflection upon youth substance abuse identified boredom, exclusion and the relationship between drugs and (the lack of) money as factors increasing drug use.   For example, in writing a long photo-story about one of her friends, Karina points to the economic drivers of drug production and consumption:

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[11] When discussing 'drugs' young people are invariably referring to marijuana, which is most often smoked rolled in paper/leaves or inhaled through a homemade water pipe ('bucket bong'). The most commonly used substance in Papua New Guinea, the mild stimulant betel nut ('*buai*'), was never described as a drug by young people, and only discussed in the context of youth and women selling betel nut in the informal sector.

... "*His business boomed. The sales of marijuana covered for all losses incurred in the sale of betel nut and cigarettes, and even made extra money for him.... During that week* [following a police raid on his street stall]*, he depended heavily on his friends for his basic needs, and occasionally out of frustration he resorted to drugs, as he normally does*"... (Karina Terra, Goroka, photo-story)

Other factors underlying marijuana and alcohol use that were identified by the youth in their photographs and stories include parental neglect, unemployment, death of a parent, anger, lack of police and policing, having to leave school, getting the courage to fight, involvement in transactional sex, and to escape daily problems.

... "*When they say that their life is useless, that's when they start taking marijuana and drinking beer to relax and help them to think*"... (Regina Oveka, Kainantu, interview*)

Many of these influences were also raised in discussions about drugs and alcohol during the young people's participatory analysis of the themes that were present across each group's collected photographs and stories. Development of the problem trees during these discussions entailed frank talk about marijuana and alcohol use (including from those young participants who had used, or continued to use, substances), resulting in greater acknowledgement of the benefits of these substances to young people. Motivations associated with their positive affective impact in particular were highlighted as 'roots' in the problem trees, with discussions revealing that it was difficult for young people to identify other strategies for achieving these positive affective impacts (see for example the tree on the following page that was produced by the participants in Goroka, referring to relaxation, imagination, forgetting problems, and gaining confidence as reasons for young people's use of marijuana and alcohol).

Issues identified as 'roots' (or underlying factors) of drug and alcohol use in this problem tree are:
- peer pressure   - for fun
- to relax with   - enjoyment
- to gain energy (to work)
- to forget problems
- parent's example
- to show their status
- to gain confidence (e.g. to fight)
- to fall into imaginations
- to win the hearts of women

Results 'branching' from drug and alcohol use shown are:
- disrespect in the community
- family problems
- sexual activities
- sexual abuse
- rape
- increase in HIV/AIDS
- school fee problems
- criminal activities
- tiredness, laughing, crying
- fights   - poverty
- addiction   - mental problems
- vomiting   - lung cancer
- pregnant

Negative emotions were also identified as being causally associated with marijuana use. Young women, in particular, wrote stories describing their use of marijuana as resulting from anger (usually with parents). Marijuana was seen as a way to "forget their problems" but also, in breaching norms of behaviour acceptable for young women, as a demonstration of agency and independence[12].

Marijuana and home-brewed alcohol certainly had meaning in young people's lives (Halvaksz 2006), with their stories and problem trees highlighting some of the positive outcomes of substance use, but for the majority of participants – users and non-users alike – the perceived overall impact of marijuana and alcohol was negative. Young people described harmful outcomes for individuals, including mental illness (particularly

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[12] Compare with transactional sex as a demonstration of women's anger and agency in Wardlow, H. (2004). "Anger, economy, and female agency: problematizing "prostitution" and "sex work" among the Huli of Papua New Guinea." Signs 29(4): 1017-1040.

psychosis associated with marijuana use), involvement in unsafe sex, and involvement in violence. In contrast to Halvaksz's (2006) description of 'drug bodies' (heavy users of marijuana) as being considered easy going and avoiding fights, the participants in this project associated smoking drugs with group violence.   This was true for both users and non-users within the groups[13].

Burning down of houses   **Photo and story: Michael Dar, Banz**

This picture shows the burning down of some houses or a compound – many houses were all burnt down. The situation became like this as a result of steam beer producing in the North Waghi area. Steam bodies can cause lots of problems in the community – in this situation they burnt down all these houses for no reason. The burned houses belonged to the labourers of the company. All their houses have burnt down, so they set up tents for cover and to sleep in.   The situation with steam bodies also became like this because of a community attitude problem, which is a big problem in the North Waghi area. The effect on young people is they go off track, bringing big problems to the community. Also their life becomes useless in the community. When they get married their young family will also be in trouble because the head of the household is a damaged person.   The only thing we all community leaders and youth should do is to stop steam beer producing in the North Waghi area. We also think that the government must to something to stop these bad activities.

The photographs, stories and problem trees also described negative outcomes of youth substance abuse for the wider community. The young photographers describe a range of problems caused for their communities including disruption, fighting, family breakdown, ruining of gardens, rape, and arson. Heavy drinkers, or 'steam bodies', were noted to have the most

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[13] None of the research participants would have been described as a 'drug body' ('addict' is probably the closest English approximation – the term implies frequent heavy use, and the bodily changes associated with this use, such as weight loss, dry skin and red eyes) at the time of the Tok Piksa Project, however a few of the young men had been in the past. Several of the youth were current lower level consumers of both marijuana and various forms of alcohol however

negative impacts on their communities in terms of disruption and violence, though 'drug bodies' were not immune.

6.2.7 Relationships between gender and health

Domestic violence

Photo and story*: Linda Tiri, Banz

This picture shows a lady who was beaten by her husband. In our society, men often beat their wives for no good reasons – there is never a good reason. This woman's husband married a new wife and so he beat his first wife so that she will leave the house and go back to her family – that way he can bring the new wife to his house.

Nowadays, women face a lot of problems, especially when their husbands practice double marriage and drink steam. These men they think that they are a man and have the right to do anything - that's why women face a lot of problems. I don't know about other places, but in North Waghi, men are still practicing wife beating and double marriage.

Relationships between gender and health were not the specific focus of the Tok Piksa Project, and young people did not often use the term 'gender' in talking about health. While the word does not appear in the table showing the young people's prioritisation of influences on health, it is impossible to ignore the gendered nature of the health issues described by the young participants. Several of the influences on health outlined as priorities in figure 5 – drugs and alcohol, tribal fighting, rape and violence (through involvement as a perpetrator and/or a victim), and *raskolism* – were described by the youth as having a particular effect on the health of young men. Others – being a victim of (particularly sexual or domestic) violence, unplanned pregnancy, second marriage, household labour and brideprice – were identified by the participants as particularly impacting upon the health of young women:

Household labour

This story is all about the household labour. It is essential that men give a hand, rather than just expecting only girls and mothers to do it.

There is a lot we could learn from household activities. It is most important for the whole family to give a hand. Because of disrespect over women, we can see that a lot of labour is left to women in the house. Labour is when you do a lot of hard work without any present or pay.

Little Sisilia is six years old and she is often used as a labourer. She prepares breakfast and then cleans around the house. After that she washes plates and then starts working in the garden. Around 4pm she gathers wood and goes home. With a big bundle of firewood on her head, and a bilum of food from the garden also on her head, she slowly walks until she reaches her hut. Her mother is already dead. She is the only girl among the four other boys. The boys act special so that's why she is always loaded with household activities and outside gardening. Please boys and fathers, I beg of you to please give a hand or support to girls in household activities.

Photo and story:

Alice James, Goroka

The young women involved in this project were often quite specific about the impact of gender on their own health and that of their peers. Young women described their gender as being associated with poor health outcomes, and unfair treatment. When talking about changes to the status of Papua New Guinean women and their health over recent times, the young women in this project would often reflect that poor outcomes were increasing for women (citing the particular impact of HIV on girls, and their perception of increases in violence against women and in polygyny). This was not the perception of the young men in the project. Only two of the male Tok Piksa participants directly referred to gender in their photo-stories – one to say that men should ensure that their first wife had a house if they decided to marry a second wife, and another to say that attitudes had improved in Western Highlands Province and that 'gender equity' meant women were able to run as a candidate in the national elections (as discussed in the previous chapter).

Whilst the male participants associated drugs and alcohol predominantly with boys, they did not tend to reflect on the gendered nature of health risks for either young men or young women in their photo-stories or discussion – it was not a 'lens' through which they saw life. It was also very difficult for the young women in the mixed groups to instigate small group discussion about the particular health risks faced by young men and young women, unless this process was specifically facilitated by me. While gender loomed large in young women's conceptions of health and well-being, for the male youth it was quite invisible.

In their photo-stories and group discussions, it was striking how the young women would so often describe 'health' in terms of their relationships. For young women health and well-being did involve physical concerns (such as unplanned pregnancy), but more frequently health was talked about in the context of healthy relationships with partners/spouse, family members and wider social networks (Hinton and Earnest 2010). Common features of interpersonal relations in small communities – particularly gossip and jealousy – were strongly identified by the young women as having a negative influence on their health and well-being.

For the young women, being healthy included being treated with respect, living without everyday violence, and having a supportive family (in particular a 'good' husband). While the young men involved in the project acknowledged the impact of factors such as gossip and jealousy (and specifically for men, local competition for positions of community leadership) these were rarely their first point of discussion. Young men's group discussions of what health was tended to focus on the material or physical condition of their communities (in particular the impact of derelict roads, schools, police barracks and other infrastructure), and their ability to find a place in the cash economy (getting a job, or a pathway to employment via education). The young male participants in the project may have spoken about their relationships less directly than the girls, but their preoccupation with access to cash was also intimately tied to their social relations. Cash

was important for young men because it meant being able to raise bride price, meet obligations to contribute to compensation payments, and provide for a household(s).

Gender not only shapes young people's perceptions of health and well-being, it figures heavily in the embodiment of health outcomes in Papua New Guinea. In addition to the risks associated with drugs and alcohol outlined above, a very clear illustration of this can be seen in the different ways that young men and women described the impact of violence on their lives.

6.2.8 Violence – youth as perpetrators, youth as victims

Power pole without lights

Photo and story: Lobo Andi, Kainantu

This is one of the power poles without lights in the residential area of Kainantu town.   During the nights this street goes very dark.   This has encouraged the raskols, rapists, murderers and drunkards who take advantage of the dark and cause problems for the innocent public residents. As a result the crime rate in Kainantu has increased over the years.

Violence was a strong theme across the young people's photo-stories. The Tok Piksa participants wrote about youth as both the perpetrators and victims of violence.   They presented violence – whether tribal, personal, domestic or sexual – as being common and to some degree normalised in their lives. Violence was often described (almost in passing) as a

consequence of other challenges to youth health and well-being, such as substance abuse or the 'law and order problem'[14].

For most of the period of the Tok Piksa Project, the young men tended to write and talk about violence in a depersonalised way[15]. On the other hand, the young female participants wrote about violence more directly and more often:

<div style="border:1px solid black;padding:10px">

Rape

**Photo and story:
Alice James, Goroka**

This photograph shows clothes that were left behind when a girl was raped here. This happened by the big river in Goroka. Rape is an illegal violence. In Papua New Guinea today, rape is almost considered as a normal activity. This is because of disrespect over women. Women are considered as something else apart from human beings. Men and women should be considered fairly. In most parts of Papua New Guinea, rape is disregarded as a problem. But we young ladies are very worried about our lives because of the problems or sickness it causes us, such as: unexpected pregnancy, HIV and AIDS, STI infection, suicide, and can result in death. Please, my concern is to do something for this rape business.

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This particular photograph stimulated considerable debate and discussion among the group (of young women) in Goroka. Sexual violence was identified by this group as being the most important factor impacting upon their health and well-being (an equal priority to school fees). The process of developing a problem tree around the issue of rape was a heated one, revealing the many contradictory beliefs about rape held by these young women.

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[14] The 'law and order problem' is a theme commonly raised in the national media, and is expounded upon in settings ranging from political rallies to the church pulpit. The Highlands are labelled as particularly lawless with the high crime rate in the towns and along the Highway, as well as the frequency of tribal fighting, providing evidence in support of this collective representation.

[15] In April 2007 this changed quite dramatically in Banz, following the involvement of a large number of the young people in an episode of tribal fighting which resulted in the death of a community member, the rape of several women, destruction of many homes, and the serious injury of one of the Tok Piksa participants. The impact of tribal fighting and the group's response to these events will be discussed further in Chapter 7.

Issues identified as 'root' causes of rape include:

- child abuse   - after dance
- dancing style   - appearance
- dress   - blue movies
- alcohol and drugs
- threatening (coerced sex)
- during break and enters and criminal activities
- money (participants were discussing unwanted transactional sex)

The results 'branching' from rape identified were:

- regret   - taken to court
- ending up pregnant   - suicide
- gossiping   - worried
- losing of weight   - shame
- rejected from families - end up dying
- conflicts in marriage (divorce)
- neglect and mistreatment (by family)
- infected with HIV/AIDS and STIs

It is likely that more than one of the participants had been subjected to sexual violence themselves, and it emerged that all of the young women had friends or relatives who had been. There was clarity among the group as to the outcomes of sexual violence for young women. The outcomes of sexual violence that they identified – ranging from sexually transmitted infections, unwanted pregnancy and family rejection, through to gossip, shame and suicide, were invariably painful. The tone of the discussion here was anxious, empathetic and tinged with anger – but there was consensus.

When discussing and debating what to put at the bottom of their problem tree however, contradictions emerged. The group identified drugs and alcohol, young men's exposure to pornographic movies, and opportunism during robbery of homes as being behind rape, and on these factors there was agreement. Several of the young women also identified women's dress, appearance and dancing style, or women's attendance at dances and video shows, as being root causes of rape. There was resistance from two of the girls (including Alice whose photo-story is shown on the previous page) to these latter factors being identified as underlying rape, but they were not confident in presenting to peers their alternative arguments about the low

status of women and the 'use' of women by men in Papua New Guinea as being drivers of rape.

Discussion of sexual violence in the national media, churches and communities often allocates a considerable degree of responsibility for rape to women (for example, in judgemental letters to the editor about girls wearing shorts or trousers). The process of developing a problem tree made clear that these narratives of blame had been internalised by many of the young women involved in the project. It was initially difficult for the young women who resisted these narratives to engage in dialogue with their peers, however rape was a theme that this group repeatedly returned to in their workshops. Eventually the Goroka photographers participated in an International Women's Day event, including speaking publicly to a large audience (something that they had never done) to raise their concerns about rape and describing how it felt to live as a young woman with constant nagging fear. Self-blame for sexual violence was not evident in this public presentation, though from later conversations it is clear to me that for some of the young women it remains.

Literature documenting the high rates of violence against women in Papua New Guinea is extensive (Bradley 1994; Macintyre 2000; Goddard 2005; Amnesty International 2006). Unfortunately international and national support for community responses to violence against women has been limited – though interest has increased within the context of the escalating HIV epidemic. In my prior work with HIV programs I remember being shocked and angered at the number of times that rape would be discussed by public health consultants as being a problem only in terms of its role in HIV transmission. It is apparent that this thinking is also present at community level in PNG. The (male-dominated) Banz group prepared a drama to perform at the opening ceremony of their photography exhibition that included a scene where a woman was raped by two young men – the key message being that the young men then contracted HIV through the rape (and that therefore it was risky to rape women). After considerable discussion, prompted and driven by me, this scene was changed and

references to HIV removed. However, it is apparent to me that this was done in order 'not to upset Cathy' – not because the young men responsible for Kanaka Youth Group's drama activities had a new outlook on violence against women. It should also be noted that when the different Tok Piksa groups came together in September 2007, and were finally able to see and discuss their photo-stories across the three groups, that Alice's photo shown on p.199 did not generate particular interest or discussion amongst the young male participants in the project. The image was viewed as just one amongst many, and the young women involved in the project seemed quite resigned to the young men's reaction.

6.2.9 Collapse of rural infrastructure and invisibility of the state

In Banz and Kainantu a significant proportion of the young people's photo-stories focused on the absence of basic services and infrastructure in their communities. This was a theme not found in the photo-stories from Goroka (a provincial capital, and by PNG standards relatively urbanised). The rural participants highlighted the lack of water supply and electricity in many of their (town settlement and village) communities. They took photographs of poorly maintained roads, dilapidated classrooms, overflowing town rubbish pits, abandoned police barracks, and empty hospital dispensaries:

Lack of medical care	**Photo and story*: Regina Oveka, Kainantu**
There are a lot of sick men, women and children who seek treatment at hospital who are not being treated quickly. Sick people suffer a lot while waiting to be attended to by health workers. When patients are sent to the dispensary, they are told that there is no medicine. Most of time there is no medicine on the dispensary shelf. Can whoever is looking after the hospital do something about it so the drug supplies can last longer, so there would not be anyone dying from this problem?	

Some of these factors have a clear and direct impact on young people's health. For example, the link between poor health outcomes and the lack of a clean water supply or inadequate health services is immediately apparent (Regina's photograph above was taken in a district hospital that is meant to provide health services to over 90,000 people). The Kainantu participants, in particular, highlighted the futility of their volunteer youth outreach work encouraging young people to engage in health-care seeking behaviour if, when they presented at government facilities, health-care services were not actually available.

The young participants' photo-stories also described the impact on health and well-being of the absence of community services and infrastructure in areas less obviously related to health. Roads, schools and policing were repeatedly identified as being in poor condition or absent from these communities. The Tok Piksa participants could clearly identify how the lack of a broad range of basic facilities in their communities impacted upon their health and well-being, demonstrating a holistic understanding of health and a critical awareness of the interrelationship between structural and other factors influencing their health. As an illustration of the critical thinking demonstrated by the participants, I have included a series of photographs taken by one of the Banz participants, Moses Gising, on the following page.

Moses took these photographs at different stages of the Tok Piksa Project. However, following the prioritisation exercise conducted in the third follow-up workshop (which led to considerable discussion about the local invisibility of the state, and the development of a problem tree, see p.304), Moses decided to write a story linking them together in a critique of the limited infrastructure in his community and its impacts on the health of young people:

Poor roads, broken down schools all lead to problems for young people
Photos and story: Moses Gising, Banz
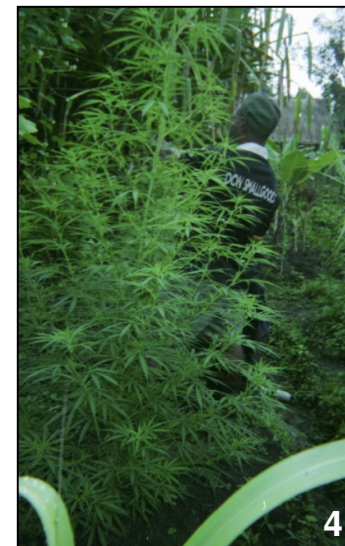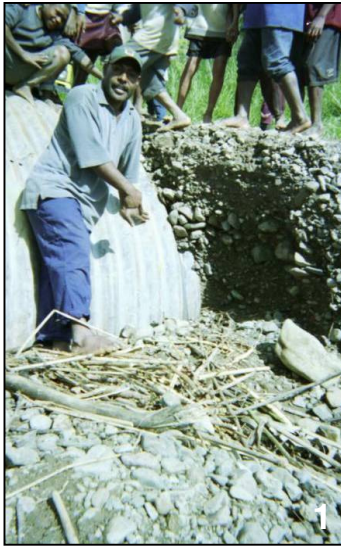
These pictures are all linked into the one story. In my community or district, the road is not in good condition. We have supplies of crops to sell out at the markets, but the bad condition of the road means we cannot transport out our goods (picture 1). This causes economic problems for families. The roads cause problems as well for the government services, such as health supplies, school supplies and others. Sometimes we miss out. Trucks with loads cannot travel through. Schools can get run down. The second photo (2) is of an incomplete classroom. The school itself is the remote Sigri community school where the classrooms and teachers' houses are made of bush materials. However, the buildings have become broken down because of financial problems. The school's only income is through yearly fees which are paid by parents at the beginning of the year, but sometimes parents pay half so there is not enough money to go around the school. It is hard to change this because the roads are so bad and the parents can't make money. Because the school is broken down, many children are not in school. They are involved in agriculture activities instead. The next photograph (3) shows small children picking coffee, but they should be in school. Children who don't go to school, are at risk of ending up being influenced to be in activities like producing drugs or home brew. The last photograph (4) in my story shows a young man who never finished school – he now is producing marijuana. He doesn't see a good future. So we need to maintain the services like roads and schools in North Waghi district, to keep kids educated and busy, and to give them a chance at a better future.

An 'academic' reading of his photo-story would suggest that the situation is much more complicated than that he presents, and of course it is. However:

> *… At first, my instinctive reaction was 'well that is all very nice, but it is much more complex. It is not as simple as that'. But actually, in many ways <u>it is</u>. Moses has picked out one very real health problem (cannabis use) and in quite a sophisticated way outlined its structural origins….* (Field-notes, 12th March 2007)

Aspects of Moses' story reflect 'common sense' understandings of his local community. However the process of engaging with his peers, entering into dialogue and critically reflecting on the situation of youth, supported him to draw together and critique these common sense understandings, and then articulate his thinking clearly. It is evident that Moses' intended audience for this photo-story was the community leaders, decision makers and parents invited to the Banz Tok Piksa exhibition. In associating poor local infrastructure with youth drug use he is locating partial responsibility for the problem with these leaders, and challenging understandings which blame youth.

The lack of basic infrastructure was an area of particular concern for the young men involved in the project. The difficulty in accessing markets (particularly for their coffee) caused by the poor roads was repeatedly raised by the young men. Lack of market access was seen to impact upon young men's ability to access cash and the (modern material) things that cash can buy. Young men directed a lot of the frustration they felt at their limited participation in the cash economy towards the lack of community infrastructure, and seeming neglect of their communities by government. A lack of infrastructure and industry was seen to limit job opportunities at local level. Like the 'the school fee problem', job opportunities are seen not just as an absent pre-condition for further social and economic advancement, but have become a powerful symbol of a system which disenfranchises and excludes most young people from any participation in 'development'.

6.2.10 Job opportunities

Job opportunities

**Photo and story:
Mike Ano, Kainantu**

In Papua New Guinea you can see that many of our younger ones are now having lots of problems affecting their lives when they leave school and remain back in their homes. They are most affected by the lack of job opportunities, and it can lead our younger ones to cause criminal activities around our country. This picture shows you that this boy is looking for a job available in town, but he doesn't find any job at all – so in the afternoon he comes back home still with his work reference and certificate held in his hand. This boy is highly skilled and has job experience, but the problem is lack of space available and the wantok *system.*
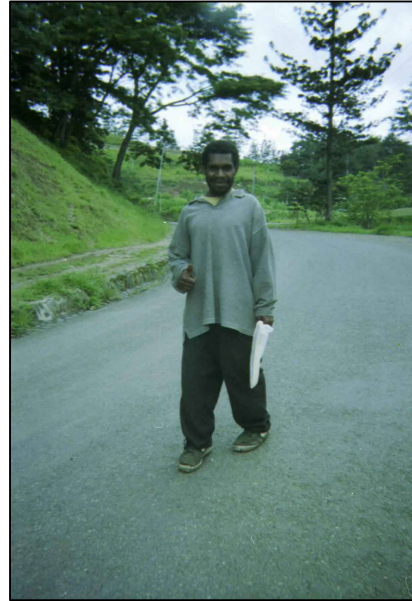
Unemployment was a theme repeatedly raised by the young people involved in the study, and was seen to directly impact upon health and well-being. This was both because of the material poverty associated with an inability to access cash, but also the links that the youth identified between unemployment and hopelessness, gambling and criminality.   As Godfrey outlines in an in-depth photo-story:

> ... *"The government of PNG does not provide employment for its citizens – that's why they gather around all the streets in the country gambling...... The other thing is that when they* [youth] *lose all their money through gambling, then they go around other people's houses and steal whatever they have or rob other people's money......   As a whole we would blame the situation on the fact that there are not enough jobs for the people who are able and willing to work like educated people.   Some young people roaming around in the street have knowledge, but they don't find a job"...* (Godfrey Mal, Banz, photo-story*)

While records of formal employment and statistical data are patchy, it is widely agreed that levels of youth unemployment and rural unemployment in Papua New Guinea are high (Levantis 2000a; World Bank 2004; Warner and Yauieb 2005; Asian Development Bank, AusAID et al. 2007). For youth in rural areas the situation is particularly grim.

Un- and under-employment have been shown to have an adverse affect on health in a range of settings (Fryer 1997; Navarro and Shi 2001; Lloyd 2005; Commission on Social Determinants of Health 2008). Employment has direct implications for a person's (and their family's) material resources which is well known to impact on health (World Bank 2005; Irwin, Valentine et al. 2006), as well as influencing young people's perceptions of socio-economic status which has been found to impact on self-rated health (an important predictor of morbidity and use of health services, see Goodman, Huang et al. 2007).

The young participants in this study described the lack of opportunities for education and employment – indeed the lack of opportunities for social mobility, development and engagement – in terms that revealed their implications for mental health. Young people spoke and wrote about 'frustration', 'hopelessness', feeling 'useless' and being 'nothing to the eye of a person'. Discussions with them about opportunity often exposed self-blame, bringing to mind Knauft's observation that "what we often find in remote areas is not material productivity underpinned by an ethic of endless work but a relative *lack* of economic development accompanied, ironically, by a mounting ethic of responsibility and culpability for not attaining modern success under conditions that are not conducive to its achievement" (2002, p.49-50).

Parallel to perceptions of self-blame, many of the young participants also located their lack of job opportunities within the structural constraints of life for the majority of Papua New Guineans – a situation to which they were, in the main, resigned. This is illustrated in Johana's photo-story on the following page:

<table>
<tr>
<td>Photo and story:
Johana Andy, Kainantu</td>
<td>About children</td>
</tr>
<tr>
<td></td>
<td>This photograph is about the children's rights and their future in this country. It is parent's consideration to look after their children. There are three groups of people living in Papua New Guinea: high class, low class and the grass root level. The first little girl on the left hand side will have a better future because her father is an employee in the government sector. The ones in the middle and on the right hand side will be ok, but not really because their parents are subsistence farmers so they don't have many savings – and the children's future depends on their parents planning and on luck.</td>
</tr>
</table>

The sense of resignation in relation to structural constraints conveyed through many of the photo-stories contrasts with the young people's stories of participation that conveyed a growing sense of psychological empowerment (as discussed in the previous chapter). At this stage of the project (prior to the community exhibitions), the participants were unable to translate their increasing self-confidence and jointly achieved critical thinking about health into critical action. This will be discussed further in the following chapter.

6.3 Community assets: positive influences on young people's health

Figure 5 confirms that the Tok Piksa participants were able to identify a range of positive influences on their health and well-being. As already discussed, these included access to education and family support. There were also a number of other positive factors identified by the participants, including friendship, leisure and social activities such as sport and music. Particularly important themes related to young Highlander's connection to the land, to the benefits associated with young people's positive contributions to their communities, and to Christianity as a resource for responding to the challenges that they faced.

6.3.1 Importance of land and the environment

The young participants described the benefits of the fertile and productive land found in the Highlands. In Banz and Kainantu, all the youth and their families were dependent upon the land for subsistence, as were many of the young women in Goroka. The young people were keen to show off their clan's land and clearly proud of their personal abilities as farmers, not only taking many photographs of abundant gardens but also taking me to visit their land and at times bringing me in gifts of fruit or vegetables. Highlanders are proud of their agricultural produce which is famous throughout the country, and land is intimately tied to community identity, belief systems and daily life:

Fertile land	**Photo and story*: Linda Tiri, Banz**
This picture shows a garden in the North Waghi District, WHP, PNG. I am happy that Father God has made our land so fertile for us to grow different cash crops such as beans, corn, banana, cabbage and many more. Other parts of the country do not have the type of fertile land we have. We grow these different types to sell at the market to get some money to pay for school fees and things for the house. The soil does not need fertiliser to grow these different crops. But in other places, they have to toil the ground, put fertiliser and make the ground fertile. We are lucky to have fertile soil. This bean garden was here a long time, I sold some raw ones, I cooked and sold others, we cooked some and I picked some and gave it to other people too. The bean stalks produced a lot of beans. That is why I say again that I am happy that I have such fertile land to grow all sorts of food crops.	

Given the importance of subsistence agriculture to these young people's daily lives, the number of photographs and stories related to produce and gardening (and the difficulties in reliably accessing markets) was unsurprising. More surprising was the presence of a strong 'environmental'

narrative. Young people, particularly in Banz, wrote stories about the beauty of the physical environment of the Waghi Valley and the importance of sustaining this for future generations. The Kanaka Youth Group members wrote about conservation of water and waterways, industrial pollution (waste from the coffee factories), caring for the forest, and wanted to promote their district to tourists on the basis of the environment:

Young life   **Photo and story: Jeff Kumie, Banz**

This picture shows a group of young boys exploring in the forest. They normally participate in all kinds of activities such as clearing up the bushes for farming; taking part in church activities like church decoration; helping old men and women by providing them whatever they need. But the rest of the time, they would probably go around their beautiful forest to visit all kinds of places. Playing, laughing and sharing ideas are their common interests, which they like to do together day after day. I took this picture because I wanted everyone to know that we have a beautiful environment here and we have waterfalls and all sorts of good things.

The Banz group also had extensive discussions about the implications of exhibiting 'negative' photographs in relation to their desire to promote their district and encourage visitors. A number of them were using the term 'eco-tourism' and, despite the absence of any kind of tourism infrastructure in the North Waghi district, were optimistic that this may be a source of potential benefits to young people in the future. The pleasure these youth took in their spectacular valley was evident (with young people discussing the 'good feelings' that come from the forest and rivers), and was something that they wanted to share. Their message of environmental preservation is particularly

pertinent in the context of extensive resource exploitation (associated with logging and mining in particular) in the Highlands of Papua New Guinea. Some of the youth spoke disparagingly about the corruption and social problems associated with an influx of mining-related money and people in neighbouring provinces. However, in the absence of alternative sources of local revenue, should minable resources be found in their district it is unclear whether young people would continue to prioritise environmental concerns in the same way.

6.3.2 Opportunities for youth to contribute

... "When the police station was closed, the youths were getting worse with drugs and alcohol and up to different violences. They knew that there was no one watching, no police to carry out law and order in their lives. So some of the youths came up with the positive idea that we volunteer to maintain the station. This shows that some of the youths have positive ideas or mind to take care of the services which exist in their areas"... (Gabriel Gus, Banz, interview where he is discussing one of his photographs)

In writing about positive influences on health a number of the young participants described the activities or initiatives of young people themselves in making (voluntary) contributions to community life. Photographs and stories emphasised youth-led initiatives or young people responding to some of the negative influences on health represented in their other photographs, including describing their volunteer work in response to HIV. The young volunteers with Save the Children's Youth Outreach Project often described the impact of their outreach work, particularly in relation to their successful efforts to reduce substance abuse amongst their peers. They expressed considerable pride in their work:

... "The boys have now stopped with their drugs. It was a promise that they made, and I am very happy for the work I have done.

This is because of our volunteer efforts"... (Georgina Eric, Goroka, interview)

Many of the photo-stories about youth contribution took the form of a direct plea to their intended audience (the invited guests at the photography exhibitions) to support the work of young people in their local communities. Several of the young volunteers expressed frustration that negative representations of young people were more frequently aired in their communities than appreciation for young people's role in positive aspects of community life. It was clear that a number of the participants saw the photography exhibitions as an opportunity to engage with community leaders about the value of young people's work, and seek public recognition of youth as valued community members. The participants noted that other than at sporting or church events (forums unavailable to some youth) there were few other environments in which community appreciation for young people was expressed.

6.3.3 Christianity as a solution

Photo and story: Moses Opum, Banz

Religion

Christian churches could solve a lot of social problems in our society. If all people are encouraged to take part in Church activities, that is, believe in Christ, then law and order problems, drug and alcohol problems etc, will all be gone or lessened. This is the only solution.

Whilst the Kanaka Youth Group and Save the Children in Papua New Guinea are secular organisations, without formal or direct links to any church

or religion, the young volunteers in the Tok Piksa project overwhelmingly described themselves as Christians[16]. In Banz 80% of the participants stated that they were involved in a church youth group, and there was considerable homogeneity of religious affiliation amongst the participants. In the Goroka and Kainantu groups many of the participants were also active in church youth groups, but were more likely to belong to a diverse range of smaller evangelical and Pentecostal churches.

Young people from all three groups described involvement in church activities and following Christian 'principles' as being protective of their health and well being, though this was more frequently expressed by members of the Banz group. Here the role of the Christian churches in local problem solving, peace and stability was frequently noted:

Youths doing construction   Photo and story: Michael Dar, Banz

This picture shows some young men on top of a new building. It is showing the youths building a new church. Also it shows that the young men use bush materials to build a new church in our area. This is a good thing because the Church brings peace to the community and changes the whole area. Also the Church helps many young North Waghians to grow in Christianity and live a peaceful life.

It affects the young North Waghians to know more about Christianity and help them to be a better person in the future. It also helps them to change some bad attitudes in the area where the church went in. As we young youths, leaders, all government bodies and people of North Waghi, we must respect any church in the area. Also we must support such church activities in order to have a better, peaceful and enjoyable life in North Waghi.

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[16] This is consistent with data from the 2000 national census in which 96% of Papua New Guineans described themselves as Christian, though it should be noted that many people combine belief in the teachings of Christian institutions with traditional indigenous beliefs and practices

Participants also illustrated the impact of church representatives engaging with young people who were involved in health-compromising or *raskol* activities in their photo-stories and group discussions. The participants described the impact of influential adults in their community showing genuine interest in, and concern for, young people's lives:

> ... *"The young men are happy to hear the words of the Sunday school teacher because he teaches them some things they didn't know before. In the past these young men had all sorts of bad ways such as causing fights with everyone, rape and doing other things that the people don't like, but now they would like to change their attitude and like to stop doing that. Now these young men have got a good house, they have got a garden and got a good family"...* (Lucas Dorum, Banz, interview*)

The young people's perceptions of the health impact of connection to church is supported by the international literature, with researchers in a number of settings describing the health protective nature of religiosity (Magnani, Karim et al. 2002; Wills, Yaeger et al. 2003; Blum and Ireland 2004). Gregson, Mushati et al (2004) also found that membership of a well functioning youth group was associated with avoidance of HIV. In the context of Papua New Guinea, secular youth groups[17] have few opportunities to access support, status or community recognition. While variably resourced themselves, churches are one of the few avenues for youth groups to access the resources needed to effectively function and meet some of their members' needs. Membership of a church youth group can allow some young people to access information and skills, meet young people from other communities, attain a respected social identity, and participate in group activities valued by the community. Some of the young participants also the described the role

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[17] Secular youth groups include volunteer groups with NGOs, sporting teams, music groups and gangs. Sporting teams (particularly rugby) are an important, but restricted, opportunity for young people to access social support and participate in a publicly valued way in community life. It is notable that opportunities for young women's participation in many of these secular groups are minimal.

of their Christian faith in supporting a sense of hope in the future, a factor known to positively affect health (Ellison 1998).

6.4 Young people's perceptions of health in context

As detailed in Appendix 1, the guidelines given to youth as to what to photograph were quite broad, with participants being asked to take pictures of things that they thought had a positive influence on their health and well-being and of things that they thought had a negative influence. When translating these instructions into Tok Pisin and when discussing the process of taking photographs among themselves, the youth tended to describe their photos as being of things that were 'good' and 'bad' about their communities. During the process of discussing which images to select for exhibition, or during participatory analysis activities, the young photographers would discuss their images in terms of 'good and bad effects on the life of young men and women' (*gutpela na nogut effect long laip bilong ol yangpela manmeri*), 'being healthy' (*i orait*), 'health' (*helt*) and 'feeling good or satisfied about something' (*belgut*), but the words 'good' and 'bad' were most often used, and this is reflected in the text of some of their photo-stories[18].

In analysing the content of the young people's photographs and stories, I coded photo-story units as being

- 'Positive' where the description of the image was predominantly about positive influences on young people's health and well-being;

- 'Negative' where the description of the image was predominantly about negative influences on young people's health and well-being; or

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[18] Whilst discussion using the terms 'good' and 'bad' may appear simple and un-nuanced in English, the terms *gutpela* and *nogut* carry a range of connotations and meaning in Tok Pisin. Depending on (the locally understood) context these terms can mean good/bad, positive/negative, attractive/ugly, beneficial/detrimental but can also communicate deeply held moral meanings associated with virtue, evil, purity, defilement, sin and spoiled identity. This needs to be considered during analysis of the apparently 'simple' language in the young people's photo-stories. I am grateful to Prof. Martha Macintyre for valuable conversations emphasising this point

- 'Neutral' where the photographer gave a factual description of something that they considered important, but had not described this as being either good or bad; or where the story was a balanced account of equally positive and negative influences in a given context.

The distribution of 'positive' and 'negative' stories can be seen in figure 6 on the following page.

Figure 6   Predominant emphases of photo-stories

Stories	Banz	Kainantu	Goroka	Overall total
Positive	57%	22%	33%	42%
Negative	41%	56%	54%	48%
Neutral	2%	22%	13%	10%

Across the three groups, just over half the photographs that young people chose to write stories about could be described as 'positive' or 'neutral'. This is in clear contrast to the way that young people's health in Papua New Guinea is usually discussed. Authors (be they researchers, organisations working with youth, or the media) tend to take an overwhelmingly deficit or problem-focused approach to young people's health. This is in part because, other than in the education and church sectors, organisations engaging with youth in PNG are usually working in response to a particular 'negative' issue or problem (such as HIV, juvenile justice, or unemployment). A deficit or risk approach to young people's health has also been the predominant international conceptual framework of young people's health up until recent times (Blum 1998; Rich 2003), and the paradigm shift among researchers towards healthy youth development understood through a framework of risk *and* protection and resilience has not necessarily translated to tailored interventions that benefit young people (Olsson, Bond et al. 2003).

Despite the public focus on their risk and deficits, when given the opportunity to, youth from all three groups were able to identify strengths, resources and protective factors in their communities that had a positive influence on the health and well-being of young people. However, there were differences

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among the three groups as to the balance between positive and negative photo-stories. The youth from Banz were more likely to describe positive influences on their health and well-being than the young people from the other sites. This is not to say that there are fewer risks for young people's health in Banz, but is related to that particular youth group's perceptions of their community and their group identity. This important difference between the groups will be discussed further in the next chapter. There were also gender differences in the balance between positive and negative stories (50% of the young men's stories could be described as positive, whereas only 30% of the young women's stories could be described this way). While this may reflect the particular constraints and difficulties faced by young women in the Highlands of PNG (Macintyre 2000), it may also be a reflection of the uneven distribution of girls across the three youth groups. There were fewest young women in the Banz group.

6.4.1 Contextualising the health issues identified by youth

The World Health Organisation (WHO) utilise an ecological risk and protection framework (Blum and Nelson-Mmari 2005) of youth health that describes a young person as being nested within multiple contexts (national, community, family etc), that can be visually represented as a series of rings. Such a framework schematically represents the range of factors that have been found epidemiologically to have a risky or protective influence on an individual young person's health, health-related choices and behaviour (Blum and Nelson-Mmari 2005).

Figure 7 on the following page is a direct adaptation of this WHO framework and represents the very broad range of positive and negative influences on youth health that the Tok Piksa participants identified in their photo-stories throughout the project. These influences ranged from individual behaviours (such as use of cannabis); to the influence of peers and friends (for example, participation in church youth groups); factors at the family level (such as harsh parenting); the influence of school and work (or the lack thereof); through to community-level factors (such as corruption).

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Community

Negative	Positive
Gender norms	Christian values
Breakdown/lack of basic services	Youth programs and activities
(eg. health clinics, schools, roads,	Community spirit/*wantok* system
water supply, police, electricity,	Environment and fertile land
collection of rubbish)	Agriculture
Violence	Sports
Lack of law and order/policing	Herbal medicine
Widespread unemployment	Pride in culture and traditions (especially
Production/availability of marijuana,	music, dance and festivals)
home-brew and homemade guns	
Low education level of adults	

Poverty
Gossip
Corruption
Police harassment
Responses to *sanguma*
Stigma (in relation to HIV)
How young people are
thought of

School or employment

Negative	Positive
School fees	Being in school
Being out of school	Parents valuing education
Poor school infrastructure	Family training in agriculture/
Lack of teachers	work
Youth unemployment	Self made opportunities in
Limited agricultural markets	the informal sector
Instability of the informal sector	
Wantok system limits work opportunities	

Family

Negative	Positive
Second marriage	Religiosity
Gambling	Extended family networks
Child abuse and neglect	Parental and family support
Domestic violence	Family working together to meet
Bride price	needs
Lack of family planning	Family member employed in cash
Low parental expectations	economy
Harsh parenting and mistreatment	Parental vision for child's future
Lack of parental monitoring	
Disinterest in older children	
Child labour	
Stigma (towards family members	
with HIV)	

Peers and friends

Negative	Positive
Gossip	Church youth groups
Raskolism	Sports teams
Gambling	Being a peer educator
Friends/peers involved	Receiving peer education
in risky behaviours	Participating in youth groups
eg. drugs, alcohol, violence,	that contribute to community
transactional sex, guns	Having supportive friends

Individual level

Negative	Positive
Substance abuse	Confidence
Violence	Learned skills
Gender	Natural talents
Unsafe sexual	Faith (religious belief)
behaviour	Belief in self
Being orphaned	Hope
Mental illness	
Hopelessness	
Anger	

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In Papua New Guinea all of these circles of influence exist within a national context of rapid social change including political transition, marked economic inequality, uneven access to resources (including those associated with the State, churches or private sector), and growing access to media and communication technology.

While there are obvious limitations to such a model or diagram – life not being lived in neat concentric circles – it is useful in framing the array of influences on health, as identified by the young people involved in this study[19]. Most youth-oriented HIV-prevention programs in Papua New Guinea focus on the individual level (increasing individual young people's awareness of the risks associated with sexual behaviours such as having multiple sexual partners, unprotected sex, early sex, and sex under the influence of drugs and alcohol). Programs also try to build individual young people's skills and confidence (in condom use and negotiation for example). A few peer education programs attempt to shift peer group norms in health enabling directions, and other youth programs build on community Christian values (emphasising abstinence before marriage) or aim to increase services available at the community level (such as counselling, VCT and STI services). However the overall emphasis of the response to HIV among young people is individualistic, within a discourse of individual (Christian) responsibility and behavioural choice.

It is instructive to review the array of factors that young people themselves see as having an important influence on their health and well-being. In contrast to the focus of most youth programs on the individual and (sometimes) peer level, the bulk of important health influences identified by the young people are at the family and community level. Young people recognised the impact of the lack of health (including VCT, STI) services, but identified the absence of a range of other basic services and infrastructure as being equally influential on their health.

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[19] Note that the allocation of photo-story themes to a circle (level or context) is not meant to indicate the importance of that theme. In fact, many of the factors identified by the youth as having the most impact on their health and well-being are located in the 'distal' circles.

The young people's prioritisation of social and structural factors, shaped by their participation in dialogue and critical reflection with peers as well as their lived experience, suggests they have a broad and holistic understanding of health which is inextricably linked with their concept of 'development'. In particular, they expressed puzzlement that government and donors repeatedly state "HIV is a development issue", and yet the youth-focused HIV-prevention programs they see seem to be technical public health fixes, addressing only the proximal, biomedical aspects of HIV.

> … *"When the road is full of potholes, why they are bringing condoms? These authorities should see if we had proper markets and roads all our hard work in the garden would not go to waste. Then youth would not be so much roaming and up to mischief to catch this HIV"*... (Gabriel Gus, Banz, interview)

The youth perceived there to be a mismatch between their real health needs and what the organisations targeting them were set up and funded to deliver. Conflicting meanings are attached to the rhetoric of the aid and development sector by youth and the HIV-prevention programs working with them, giving rise to misunderstandings and frequent disappointment. These participants – living in settings with higher than average HIV prevalence, and all engaged as volunteers in HIV-prevention activities – still perceived HIV to be less pressing than a number of other everyday health concerns, concerns that are not visible in the 'needs-based' responses currently supported by donors and the national government. The resultant frustration on the part of young people undermines the potential of youth-focused and youth-led approaches to HIV-prevention such as peer education.

6.5   Conclusion

Through their photo-stories, group discussions and interviews, the participants in the Tok Piksa Project were able to 'tell their story' about health. The youth described their priorities and perspectives on the contexts in which they make health-related decisions, participate, and engage with

outsiders wishing to support them to take control of their health (and specifically prevent HIV). Rather than respond to questions from me, based on what "I know", the research process created a space from which the participants were able to communicate what "they know" about health and well-being, and critically reflect upon these understandings with their peers.

The process of communicating through the rich language of photographs and stories (Humphreys and Brezillon 2002), increased the ability of the other (whether that was other youth, the exhibition audience, or myself) to take the young people's perspective and to recognise their knowledge as legitimate. Specifically, the participants' lived expertise on health and well-being in their local contexts caused me to reflect upon what I knew about young people's health in Papua New Guinea, to recognise this knowledge as partial, and to come to new understandings co-constructed with them.

In contrast to the focus of many youth health programs on HIV and STIs, the participants in this study identified education, family relationships, drugs and alcohol, gender, violence, the lack of basic infrastructure and services, and unemployment as their priority *health* issues. These factors have repercussions for individual young people's health-related behaviour and outcomes, but are socially determined and located within the context of structural violence (Farmer, Connors et al. 1996; Farmer 2003) that pervades community life in the Highlands of Papua New Guinea. Rarely do youth-focused HIV-prevention programs seek to understand this context in any depth, or from the young people's perspective. Dialogue between outside health workers and Highlands youth may enable the co-construction of new knowledge about approaches to reducing young people's vulnerability to poor health outcomes. In order for this dialogical co-construction of new knowledge to occur, outsiders must take young people's views seriously, creating a space where their stories can be acknowledged and given recognition. In this chapter I have presented such stories illustrating young people's health-related priorities; the *findings* of the Tok Piksa Project. In the next chapter I will explore the *actions* that emerged from the spaces of the Tok Piksa Project in relation to these priorities.

Chapter 7: Putting action on health in context

The two preceding chapters have explored the participatory processes of the Tok Piksa Project, and the project's findings in relation to the participants' priorities and perspectives on health. In this chapter I analyse the health-promoting actions that the youth were subsequently able to take in their communities, focusing on the relationship between the context of participation and health-related change.

I begin this chapter by describing the various health-promoting actions that were associated with young people's participation in the Tok Piksa Project, with a particular focus on the exhibitions of young people's photo-stories. I then explore the contexts in which these actions took place, drawing upon Campbell and colleague's (Campbell, Foulis et al. 2005; Campbell and Cornish 2010) approach to social context, which highlights three intertwined but distinguishable dimensions that have been found to particularly impact upon action in response to HIV – the symbolic context, the material context, and the relational context. My analysis will identify aspects of these different dimensions of context that supported health-promoting action by the Tok Piksa participants, as well as contextual factors that hindered young people's ability to act. I will explore similarities and differences in these dimensions of context across the three Tok Piksa settings, in order to investigate why young people were more, or less, able to take action in response to the health priorities that they had identified in the different communities.

This chapter also reflects upon the contextualised social space that is a participatory action research project. I contrast the, at times, romanticised rhetoric of participatory action research with the messy reality that we actually experienced in the Tok Piksa Project. In doing so, I reflect upon my role as facilitator, and the challenges that I faced in working with young people to establish a communicative space that was 'safe'. However, I also explore the idealised notion of 'safety', asking whether change is in fact

possible without some level of tension or conflict (Kelly 2004). This leads to a discussion of the different kinds of social spaces that may support health promoting action, the need to facilitate connections and movements *between* spaces, and to recognise and prepare for the tensions that this may cause.

7.1 Analytical procedure

This chapter draws heavily upon my field-notes where I describe how the processes associated with the Tok Piksa workshops, exhibitions, and activities that the young people initiated, were unfolding in the three different project locations. I was particularly contemplative about the contexts I was working in, and the challenges associated with participatory action research in practice. My field-notes also contain my reflections upon informal conversations and discussions with a range of community development practitioners in Goroka, Banz and Kainantu, and with people working in the Highlands in response to HIV. These conversations considerably informed my understanding of the history of different development initiatives in the three communities where I was working, from the point of view of development practitioners and service providers (who included Highlanders, Papua New Guineans from elsewhere in the country, and expatriates – some of whom had lived and worked in PNG for more than forty years). My field-notes outline my recollections, reflections, and interpretations of these conversations, and do not necessarily reflect the views of those I was in conversation with. Therefore I do not identify my interlocutors in these informal conversations, which were often held in social situations or over a shared meal, though I am very grateful for the willingness shown by practitioners to share their experiences and knowledge with me. This chapter also draws upon interviews with the twenty-eight youth who were still involved in the project in September 2007; interviews with community leaders conducted in September 2007; and young people's participation stories.

As outlined in the previous chapters, analysis of these data began as I typed up and read and re-read through the material. At this time my early review of the data was shaped by theoretical concepts about enabling environments,

safe spaces and praxis. After leaving the field I commenced an inductive coding of the text, which was driven by the data. As with the material discussed in earlier chapters, I undertook a thematic analysis (Braun and Clarke 2006), from which I produced a coding frame that can be reviewed in Appendix 8.

7.2 Getting to 'action' – putting praxis into practice

Whilst I was drawn to an Action Research approach to research (p.92), I was never really comfortable describing the Tok Piksa Project in this way. Descriptions of impressive health campaigns, significant organisational overhauls, and the establishment of service provision by participants in action research projects (Herr and Anderson 2005; Reason and Bradbury 2006; Minkler 2007) left me unclear as to whether what was happening as a result of this project was sufficiently concrete or 'big' enough to be considered 'action'.

> *... I am not really sure that what I am doing is* PAR [participatory action research] *at all. I mean what is the action part? It is not like they* [the participants] *have come up with neat little health projects that we can put in to 'action' and then 'reflect on' in a cycle or anything. Not that I really expected them to of their own accord. It's not like what people write up and label as 'action research' but really just some kind of participatory mess ...* (Field-notes, 12th April, 2007)

When initially thinking about the Tok Piksa exhibitions, I did not categorise them as 'actions' resulting from the research process. In my mind they were part of a process that I had instigated, whereas I had envisaged 'actions' would be youth-led initiatives on specific health issues. However, analysis of the data generated by the young people themselves suggests that for many of the Tok Piksa participants the exhibitions were 'big' events and something that *they* had put into 'action':

*... "Many things have changed for us now. All the big men came today and saw what work we have been doing. They were very impressed and I feel proud and like **we have done something important** in the community. Young people cause many problems for Jiwaka people, but they can also be a great solution. Maybe today will lead to a good attitude change among the youth – they will want to be like us, who people look up to in the community"...*
(Petrus Kuipe, Banz, participation story, emphasis added)

For some of the participants, particularly in Banz, the exhibitions were an 'action' for which they felt a sense of responsibility, ownership and achievement:

... "We had a lot of problems but we made it through. The drama practice was too much, and as well you arrived late. All the difficulties with transport made us frustrated. In the end though we are very happy – everything comes from trying. Today was the beginning of something which will carry on"... (Moses Opum, Banz, participation story)

While I suggested the local exhibitions to the participants, and instigated the initial process, to varying degrees the youth groups did then take responsibility for putting this idea into action. This resonates with Catalani and Minkler's (2010) recent review of the literature on Photovoice in relation to public health, where they note that public photography exhibitions are the most common action resulting from Photovoice projects. Below I describe the processes associated with the exhibitions and how these actions unfolded in the three different project locations. I also discuss any subsequent youth-led activities in relation to health, and examples of young people engaging with others in action or advocacy on health issues.

7.2.1 The Tok Piksa exhibitions

The local exhibitions of photo-stories were particularly important events in the Tok Piksa process. During the workshops in the lead up to the exhibitions, individual participants selected the photo-stories that they wanted included and the groups collectively negotiated the health priorities that they wanted to highlight. Participants also rehearsed how they would like to engage with influential people in their communities, deciding upon what the program of their exhibition launch should include and how they would like to present themselves as a group. Each group organised speeches, nominating a representative to speak on behalf of all participants. The content of the speech was discussed as a group, responsibility was allocated for the different tasks associated with exhibition preparations, and the three groups also developed short plays or dramas that they wanted to perform. The groups developed lists of local people that they sought to invite to the formal launch of their exhibitions (including traditional and political leaders; local authorities; representatives from organisations working with youth in the province including NGOs, women's groups, churches, health and education services; donors; and their family and friends), and disseminated invitations themselves. These processes leading up to the exhibition launches – youth-led nomination of content, process, and distribution of invitations – were quite similar in the three project locations. However there were significant differences in how the three exhibitions then unfolded.

In Banz, the exhibition was considered to be a great success by all involved. It was well attended by the local leaders the youth had invited. The young people made a number of speeches to the audience and performed a drama they had prepared to illustrate some of their concerns about young people's health (see p.201). The young people printed 'Kanaka Youth Group' t-shirts and all wore them on the day, presenting as a unified group. Community members spent several hours in the room discussing (in some depth and at times with great animation) photo-stories with the young people who had

produced them. There was a feeling of excitement and optimism following the exhibition:

> ... *"There has never been anything like this in Banz. There were a lot of questions and we could answer them well. I feel happy to see some of the shy youths being so active in the exhibition. I think we worked hard – the youths rehearsed their drama for many days and were very committed. I feel proud as their leader. I didn't expect this to be such a big thing, but I feel we have started a big ball rolling in this district. I am sure change will come"...*
> (Augustine Misik, Banz, participation story)

Photograph: John and Moses with guests at the Banz launch

> ... *"It was a big success. People were asking me so many questions. Mamas would say "we hear about these things but we never see it", especially the pictures about steam and marijuana. I felt proud I could explain to them because we youth know these things. The door is open for us now, and I think we are very strong. I feel like I am floating!"...* (Michael Dar, Banz, participation story)

In Goroka the local exhibition was also well attended and publicised, with all the speeches being broadcast live by the local radio station. This launch had the largest number of expatriates attending (representing a range of international NGOs and donors), as well as representatives from the provincial government. Discussion with the participants at the end of the exhibition launch, as well as with other youth volunteers and SCiPNG staff, suggested that the event was considered a success. Everyone felt proud of the young women (including the participants themselves) for the work they had put in. However, there was also a sense that the exhibition launch was another event among many, with a number of the invited guests having to leave soon after the speeches to meet other commitments. The busy schedules of those attending the Goroka launch left less time for community leaders to engage directly with the youth about their photo-stories. The participants also expressed a degree of scepticism about their leaders and other decision makers in the provincial capital:

> ... "We feel free to ask the big people questions today, they get to understand us, and so that makes me feel good. I am not sure whether they will do something now though, because we see sometimes leaders just talk hot air"... (Susan Lohoro, Goroka, participation story*)

In Kainantu, the experience of the exhibition was more equivocal for the participants. Many of the invited community leaders did not come to the launch. While a youth representative made a short speech to the guests, the participants did not perform the drama they had prepared because of a falling out among the group on the morning of the exhibition opening. This argument was in response to a SCiPNG staff member insisting that other new volunteers with the youth program receive certificates for their recent peer educator training during the launch – which the Tok Piksa participants resented, as they saw the exhibition launch as 'their day'. Whilst petty, this argument is illustrative of the somewhat fractured nature of the Kainantu group, and of tensions between a particular staff member and the volunteers.

Those community leaders that did attend the Kainantu exhibition were interested in the young people's photo-stories, but over the course of the exhibition opening came to dominate discussions about the health issues identified. While the young people felt proud of how their photo-stories looked on the wall, there was no sense that the exhibition could lead to further engagement with the community or ongoing change.

> Cathy: *What is your first reaction to how the launch went? I am interested in how you guys are feeling now.*
> Johana Andy: *I think it was good, because youths don't have any chances to put their ideas to the big people*
> Lobo Andi: *I am not sure – maybe a bit nervous, because I was hoping it will change their thinking because they have the power to do something. But I am a bit fed up because some of them didn't come. I don't think they are interested in youth's point of view so maybe their thinking doesn't change after all.*
> (Focus group discussion following the local exhibition, Kainantu)

The apparent disinterest from many of the elected officials and bureaucrats in Kainantu appeared to reinforce the young people's perception that theirs was a 'cowboy town' where community members had little opportunity to engage with decision makers who might be able to support their health-promoting efforts.

Watching the participants discussing their photo-stories with exhibition guests was one of the most rewarding aspects of the entire research process for me. In all three groups the young people appeared animated and confident in their presentation of their perspectives on health, but were also happy to listen to the point of view of community leaders and others who were commenting on their photo-stories. Young people (in particular, young women) and community leaders engaging in such an interactive and collaborative way is not something I had witnessed before in Papua New Guinea. It was also particularly gratifying to see community leaders give public acknowledgement and recognition to the youth in front of the

participants' families. Discussions with the participants after the exhibitions suggested that these events were a high point for them as well – even in Kainantu, where community leaders were less engaged. Despite some of the frustrations surrounding the Kainantu exhibition, the young people there noted that as individuals they had benefited from the event.

> ... *"I think it was a good thing for me. Some of our people came and they were surprised to see what we had done. And it has changed my thinking a little bit – we can do things and maybe make things better ourselves, not just waiting for others"...* (Lazarus Maroka, Kainantu, during focus group discussion following the local exhibition)

Photograph: Johana and Sailas discuss their photo-stories with invited guests at the launch of the Tok Piksa exhibition in Kainantu

7.2.2 Youth-led activities

Participants identified activities that they would like to undertake in their communities following the local exhibitions. The activities that the young people planned were initiatives that they felt they could carry out on their own and with only a limited amount of funding (primarily for transport), and so were necessarily small. Consequently these activities did not address those factors that the young people had identified as their top health priorities – school fees and family relationships. The participants perceived these influences on health as being too big for them to address on their own, in the absence of material and other resources, and were quite honest in stating that they were not sure where they could start in tackling such large socio-structural issues.

Using photo-stories to raise awareness of other youth

Participants in both Banz and Goroka used the photo-stories that they had produced in the Tok Piksa Project in 'awareness raising' activities after their local exhibitions. Participants from Banz took their photo-stories to two local schools (one primary and one secondary) to talk to students about the Tok Piksa Project and to raise awareness of the health issues that the group had prioritised. When I discussed these visits with the young people involved, it became apparent that the photo-stories were used in a fairly didactic 'instructor' style, with participants standing at the front of the class presenting their 'messages' to the students.

Participants in Goroka incorporated their photo-stories into the ongoing peer to peer activities that they conducted as part of the SCiPNG Youth Outreach Project. The Goroka participants produced short written reports of these activities, which again described a didactic approach to using the photo-stories (despite the young women describing their activities as being 'behaviour change'). These activities may have served to raise the profile of the participants in their local communities, and may have communicated the participants' ideas to other young people. However, the didactic style of

engagement described by the participants suggests that the establishment of dialogue with other youth is unlikely to have occurred through these activities.

Informal conversations with participants about their educational experiences suggest that classroom interactions between teachers and students in Papua New Guinea are typically one-way and didactic (based upon what Freire (1970) would describe as the 'banking concept' of education). Therefore it is not surprising that participants adopted an 'instructive' style in their activities in schools, or during peer education work where the participants perceived their role to be one of imparting information. In addition to being more comfortable using a didactic style, it is unclear whether the participants had the skills, time or support (from teachers, for example) to communicate with other youth using their photo-stories in a more dialogical way. This reinforces that dialogue cannot be assumed to occur whenever two people meet, and is something that requires motivation and active work.

Requests for further training in Kainantu

After their local exhibition the Kainantu participants indicated that they would like further training to develop skills to address one of their identified priorities – that of gender-based and domestic violence. They approached the local SCiPNG staff member responsible for managing the Kainantu program to request support for additional training in this area, as part of their ongoing peer outreach volunteer work. Unfortunately personnel issues at the Kainantu office over this time, including tensions between a staff member and the youth volunteers, meant that this request for specific training did not reach the head office until the year's program budget had been allocated. While the Kainantu participants expressed some frustration over this outcome, they did not work together to identify alternative options for training or pursue this issue in any way. Despite Lazarus' belief that after their exhibition the participants would no longer be 'just waiting for others' (p.230), the group took an essentially passive position and 'dropped' the idea of

developing strategies to address gender-based violence, instead returning to their existing volunteer activities.

Banz clean up

As outlined in Appendix 1, the Banz participants organised a town clean up day in response to a photograph of an overflowing rubbish pit that was taken by Godfrey Mal (see p.309). The participants were able to mobilise other youth, particularly through their church youth groups, and a local Member of Parliament to support their clean-up efforts. They were quite strategic in their approach to the MP in the lead up to parliamentary elections, as the exercise was a visible way for the incumbent member to generate good will among his constituents. This particular initiative was also a strategic choice of 'health action', even though it did not address the young people's identified priorities, as results were quick and visible, raising the profile of the Kanaka Youth Group in the community and with local leaders.

Tribal fighting

Some of the Banz participants also worked together in response to the more serious health issue of tribal fighting. In the period before the local exhibition in Banz, there was a serious incident of tribal fighting involving two of the villages where many of the participants were from. The fighting, instigated by an escaped prisoner as 'payback' for events leading to his imprisonment five years earlier, involved one side of an extended clan attacking the other. Several homes were burnt to the ground, community members injured, a number of women raped, and a young man killed. One of the youngest Banz participants was quite seriously injured. At this time the violence dominated the lives of many of the participants (who came from both villages involved in the conflict), a fact that was made clear to me when I had their last round of cameras developed. Almost all of the films from youth in these communities contained images to do with tribal fighting – something that had not been depicted before. These images were of (previously unmentioned) caches of

weapons, of young men posing 'Rambo' style with their home made guns and bush knives, while other photographs depicted the actual event:

Photographs: Julie Palme, Banz

The anticipated course of events in incidents of tribal fighting such as this is for escalating reprisals between the two sides, until community leaders are able to negotiate a 'peace' arrangement, usually involving exchange between the two groups (Strathern and Stewart 1997). However, after this incident, the young people of the community that had been attacked decided not to participate in taking revenge, as described by Julie (whose photographs are shown above):

> ... *"As for the young people that were involved in the tribal fighting, like we ourselves said that there should be no involvement, it is not a good thing for the community, the community will be spoilt and the way that people live on a daily basis will be spoilt. And also with the young people, people will die and that type of thing. Aah, we, we in the Kanaka Youth Group, we have said that we, we said that this tribal fighting must not come to our community. So we ourselves went and some boys went and said not to fight and they stopped the fight"...* (Julie Palme, Banz, interview*)

The young people's decision not to take retaliatory action was still supported by community leaders some six months later when I visited the affected villages during production of the short Tok Piksa film. One of the community leaders whose house had been burnt down stated:

> ... "I don't want this payback behaviour to happen again, so I have humbled myself and put myself under God and I believe that God will sort out a way for us in regards to our state of living. I don't like this behaviour of taking revenge or fighting back. I don't like that and it is good that these boys stopped the fighting"... (Community leader, near Banz, interview*)

It is important not to overstate this action taken by some of the Tok Piksa participants, or to claim that a small research process could make a lasting impact on centuries old practices of tribal fighting. However the participants themselves identified this as a 'Kanaka Youth Group' action. It is difficult to assess whether the young people's decision not to participate in ongoing tribal fighting in this instance reflects their greater capacity for critical thinking (about the futility of the violence); the strength of the bond that had developed within the group (as there were representatives seriously affected on both sides of the conflict); improved communication between youth and elders (to identify alternatives to violence that would be accepted by the community); the participants' desire to present themselves to an outsider (me) in a particular way; or something else. The motivations of individual participants are likely to have been multi-layered and complex, however their actions were something that they (and their community leaders) were proud of and keen to present as a health-promoting action

7.2.3 Youth participating in activities organised by others

As discussed on page 142, the Goroka participants joined in with International Women's Day activities that had been organised by a number of NGOs. The young women were able to take part in the advocacy activities, including having a representative make a speech to a large and influential

audience about one of their priority health issues – sexual violence. The group also prepared a poster based on a problem tree that they had developed during one of the Tok Piksa workshops. The poster depicted their analysis of the underlying causes of gender-based violence and the effects that it has on their lives and futures, and was on display during the International Women's Day ceremonies and lunch event. All but one of the Goroka participants attended, and the young women made matching dresses to wear (as is customary for women's groups) so as to visually present themselves as a group. The experience was positively described by the participants who noted that it gave them 'confidence' and that it 'felt good to have our say'. While these were small actions, they were the first time that young women's perspectives had been included in this annual advocacy event. The young women's participation in these activities gave them an opportunity to share their concerns with a wider audience, and to meet face-to-face with women's (and other) leaders to advocate for their priorities.

7.2.4 Expectations of 'action'?

In the period between the three local Tok Piksa exhibitions, and the joint workshop with all three groups and their combined exhibition, I left Papua New Guinea for a short period and returned to the university. By the time I left the Highlands all three groups had identified small activities that they wanted to undertake (including for example, taking their photo-stories to local schools) and had plans to discuss with each other and with local community leaders how they might address some of the larger health priorities that they had identified. I had left small amounts of seed funding (primarily for transport) with each of the three groups in support of these planned meetings and activities. However, when I returned to PNG in preparation for the joint workshop and combined exhibition this process of 'getting to action' on their prioritised health issues had not happened. My field-notes betray a degree of disappointment.

> *… So not that much has happened really. I mean the tribal*
> *fighting stuff is great, but I am sure that is much more complicated*

than it seems. And the talk about advocacy or at least awareness
raising around school fees hasn't happened at all. Not sure how to
feel. Disappointed, frustrated a little? Maybe in Banz because
they were so fired up. But honestly, did I really expect anything
big to happen? People have to get on with their everyday lives –
hard enough as it is, without all the election hoo-ha [national
elections were held while I was away]. *Needs someone who has*
the time to keep pushing … (Field-notes, 5th September 2007)

I also recall feeling that my past experience in PNG meant that this was what
I had expected, and that this then left me conflicted as to whether I was too
cynical or pessimistic. I also worried whether the young people felt let down
– particularly in Banz where participants had been on such a high when I left.
During the joint workshop in September 2007, my conversations with these
young people in particular tried to explore whether they were disappointed or
disillusioned that they had not achieved all their plans.

… It is hard to ask if they feel let down, without it looking like I am
disappointed in them. Because I am not really and don't want
them to think that. But they don't seem be. It seems some of
them even still carry the 'high' from April [and the Banz exhibition].
Michael and Tommy were saying how they think back to it and
they 'feel strong'. I guess it is a memory of success? … (Field-
notes, 14th September 2007)

My hope that there would be 'action' on what the youth had themselves
identified as priorities was not realistic within the period of the Tok Piksa
Project itself, given the constraints the participants faced. Progress towards
concrete, material changes (Cornish 2004) in the wider environment of these
young people's lives would inevitably require a longer time span and ongoing
support. However the limited action seen as a result of this particular project
does not mean that a participatory approach to research could not potentially
lead to collective action on health in other circumstances, or that the Tok
Piksa Project should be seen as having failed. The young people's

reflections on their new psycho-social resources developed through participation, and the fact that dialogue and critical thinking were achieved at times, suggest a different way of thinking about 'success'. The effects of these processes on the participants and their communities in the future cannot be predicted, though Michael and Tommy's reflections about being able to remember and 'feel strong' suggest an ongoing resource for future action.

As discussed in Chapter 5, for many of the youth, participation in the Tok Piksa Project was psychologically empowering. However the relationship between this psychological empowerment and young people's subsequent ability to undertake collective action – that is, to achieve concrete empowerment – was not direct, and was substantially mediated by the contexts in which the young people's participation occurred.

7.3 Dimensions of context that shape health-promoting action

There is increasing discussion of the role of 'safe social spaces' in supporting communities to prevent HIV and undertake other health-promoting actions (Cattell 2001; Campbell, Foulis et al. 2005; Hallman, Govender et al. 2007; Nhamo, Campbell et al. 2010; Vaughan 2010). However there is less discussion about what it is about a social space that makes it 'safe', and how underlying pre-conditions shape the social spaces in which health-promoting actions take place, and indeed the actual possibility of health-promoting actions occurring.

All three youth groups involved in the Tok Piksa process went through the 'same' Photovoice process – in the jargon of community development, the process had been 'rolled out' to those three communities. Inevitably however, how the Photovoice process eventuated in practice wasn't actually exactly the same in the three project locations. A range of local contextual pre-conditions interacted with the individual participants and the participatory process, shaping how the activities unfolded, how the young people's Tok Piksa activities were received, and their subsequent ability to undertake

health-promoting action. This meant that the activities and 'actions' of the young people that I have described took place in social environments that were supportive of their efforts to undertake health-promoting action (individually and collectively) to different degrees.

In analysing what it was that made the social environments in which the project took place more, or less, supportive of young people's actions, I have drawn upon Campbell and colleagues' (Campbell, Foulis et al. 2005; Campbell and Cornish 2010) conceptual framework. This highlights the impact of the symbolic, material and relational dimensions of context on community mobilisation for health. My analysis is also informed by Bourdieu's (1986) forms of capital, in considering how the dimensions of context which shape young people's health-related actions are reproduced or may potentially be transformed.

7.3.1 Influence of symbolic context on action

The *symbolic context* refers to the socially shared meanings and local worldviews that underpin how people make sense of themselves, other people, and the activities in which they participate (Campbell and Cornish 2010). This shapes the level of respect and recognition attributed to an individual or group's knowledge, and the symbolic capital (Bourdieu 1984) available to them for use in pursuing their own priorities and aspirations. My analysis of the Tok Piksa Project suggests that an important element of the symbolic context influencing participants' ability to undertake health-promoting action was the overwhelmingly negative way that young people were represented. Local representations of youth were relatively similar across the three project locations. Two other key features of the symbolic contexts in which this project took place were the pre-existing models of participation salient in the three project locations, and circulating representations of place. These were quite different in the three project locations, and shaped how participants were or were not able to put praxis into practice.

Negative local representations of youth

In all three project locations negative representations of young people were commonly expressed. When asked to discuss young people in their communities, many local leaders would unfavourably compare the 'youth of today' with their recollections of young people past.

> ... *"In my ward, before, young people were good. But from the 80s to now 2007, my youths are not listening to advice. Many of them are humbug, roaming around on their own, drinking home-brewed beer, smoke marijuana and some of them are spoiled. ... They go mad and they can't settle well in their villages and establish themselves for their future"...* (Community leader, Banz, interview*)

Negative descriptions of young people are also common in the PNG media (Luker and Monsell-Davis 2010), with frequent reports of youth substance abuse, criminality and violence, or letters to the editor castigating 'aimless' and 'immoral' youth. In the interview data there are instances where those particular young people participating in the Tok Piksa Project were recognised by community leaders as contributors to their communities, but youth in general were viewed pessimistically. Homogenising representations of young people as 'the problem' impede young people's ability to act in relation to health by eroding their sense of agency, and confidence in their own ability to positively contribute to the community. This was a significant, detrimental feature of the symbolic context for all three youth groups.

Pre-existing models of participation

In contrast, an important element of the symbolic context that was *different* for the three youth groups was the way that participation was thought about by their members. Two of the groups, in Goroka and Kainantu, were volunteers with an international NGO's ongoing youth-focused HIV-prevention program. Their thinking about participation and motivations for involvement in the program were heavily entwined with the transactional

approach to participation (Nolas 2011) commonly seen in the implementation of development programs.

> *From the NGO's point of view participation is about efficiency and effectiveness – about getting HIV information and services that are relevant and useful and accessible out to youth. From the youth point of view it is about having opportunities to do stuff, get stuff, and maybe build enough skills/contacts to get a job. Self-esteem, confidence etc is a side benefit of the exchange …* (Field-notes 5th May, 2007)

The Banz participants, in contrast, were members of a grassroots youth group, unaffiliated with a broader organisation. The Kanaka Youth Group was not strong in an organisational sense, and did not have robust systems or structures to support its aspirations; however the group had been going – in an ad hoc and opportunistic way – for several years. Conversations with the Kanaka Youth Group members suggest that they too were motivated to participate in the group by the desire to build skills and networks that might increase the likelihood of employment, or by the desire to have something to 'keep them busy'. However, these youth were also motivated by an approach to participation that was based on self-directed change, or what Nolas (2011) would describe as a transformational model. The group had been formed by a trio of altruistic (tertiary-educated but unemployed) young men who wanted to:

a) *Create sustainable activities for unemployed youth*
b) *Help youth use their education and knowledge to help their own people*
c) *Help youth develop into strong leaders of tomorrow for their communities*
d) *Contribute to the nation on development issues like HIV, drugs, alcohol and violence*
   (From 'Community Theatre Project Proposal' submitted to Western Highlands Provincial AIDS Committee, Kanaka Youth Group, 2006)

The Banz group's pre-existing conception of participation meant they were more confident to independently identify activities which they could reasonably undertake with minimal support (e.g. school visits, town clean up). Their understanding of participation as a pathway to change, with the associated recognition that change takes time, meant that they strategically identified activities which could increase their local profile and potentially lead to them gaining support to address 'bigger issues' at a later stage. The Goroka and Kainantu groups were less able to identify activities which they could undertake independent of any relationship of exchange with the NGO, and had less confidence in their ability to take action on their own.

Representations of place: 'cowboy towns' and 'good places'

A salient feature of the symbolic context in which young people make health-related decisions and try to enact strategies to protect their own health is how their community or place is seen by others. Some of the young people could draw confidence and a positive sense of themselves because they were aware that their home was seen as a 'good place'. For example, despite perceptions that the Highland Provinces are violent, Goroka is recognised (nationally and internationally) as a relatively peaceful town with good access to services and in a beautiful setting. Despite producing many photo-stories illustrating the problems that their local communities face, Banz youth were also quick to describe their home in positive terms:

> ... *"I took this picture because I wanted to show Papua New Guinea and the world too that we have a good environment here, and we have waterfalls and all sorts of good things which they can explore and see the nature. We have rich land too. This is a good place"...* (Jeff Kumie, Banz, interview*)

On the other hand the most common way in which participants from Kainantu would describe their community was as a 'cowboy town'. Their discussions about how Kainantu is represented by local people, as well as by outsiders, reveal considerable tension and ambiguity in how these youth feel about

where they come from. During the production of the short film about the Tok Piksa Project (see Appendix 9), Mike Ano and Regina Oveka, two of the Kainantu participants interviewed each other about their town. Their on camera discussion specifically about Kainantu demonstrates some of these ambiguities and contradictions:

Mike: *Regina, what do people tell you about Kainantu?*

Regina: *I think Kainantu is a good town, but other people often think that it is not a good place. Many people in Papua New Guinea describe Kainantu as a cowboy town, cowboy country because the law and order here is quite ordinary so people who come here start up fights, there are too many disturbances, there are rape cases – this is why they describe Kainantu as being a cowboy country. Despite being called a cowboy town it is a good place where there are no pickpockets and we have rich soil to plant food, and even though they call it as cowboy town, ah, but it is a good place for me to live.*

Mike: *Regi when you go out of the province or out of Kainantu, how do you feel when you hear that about Kainantu?*

Regina: *I get really mad when they describe my town as a cowboy town, people get themselves worked up about nothing, but when you come to Kainantu, there are very good people who live here. There are very good people here, and we will be friendly towards you and we'll also look after you.*

Mike: *Yes I feel that when I go out of the province to other places like Lae, Goroka or Port Moresby or other places they say 'oh you are from Kainantu', and they ask too many questions about Kainantu and say that it is a risky place, but I tell them that yes it is a cowboy town and a bit risky but you have not been there to see what it is really like, so you just have your own wrong perceptions of the place because it is a good place, so if you want to come, you are most welcome.*

(Regina Oveka and Mike Ano, Kainantu, self-directed interview*)

Photograph (Sean McPhillips): Still taken from the video footage of Mike and Regi interviewing each other

The youth adopted the question and answer style of local reporters in interviewing each other, and there is clearly a performative aspect to their discussion. They intended their rejection of negative representations of Kainantu to be circulated widely (through dissemination of the short film). Their rhetorical work emphasising that others 'just have your own wrong perceptions of the place' is a public defence of their community and its inhabitants (Stephens 2007). Previously however, Regina would frequently use the phrase 'cowboy town' herself to describe Kainantu in her photo-stories (see p. 145), emphasising the impact of law and order problems, and the inadequacy of health services and policing. She had also made impassioned and lengthy statements at the combined workshop in front of the other two youth groups, emphasising that the participants from Goroka and Banz should realise how hard things were for young people living in the cowboy town of Kainantu. Here she was using the negative perceptions of Kainantu held by other people to her advantage, emphasising that young people growing up in such settings were tough, and presenting herself as a survivor who could overcome difficulties and take on the challenges of HIV-prevention in such a place. In the interview with Mike above, she highlights

the 'very good people here' who will 'look after' visitors. In her challenge to predominantly negative generalisations about Kainantu youth, Regina claims a positive identity around which young people in the town may be able to mobilise to address their concerns and to re-negotiate the symbolic context (Howarth 2006).

Despite the resistance demonstrated at times by these participants, negative representations of Kainantu in fact act to constrain young people's ability to take action in a very real way. They undermine young people's confidence in their own ability, and the ability of the wider community, to act collectively to change their situation. They also undermine the confidence of external agencies such as NGOs and government that it is possible to work effectively with members of the Kainantu community. Kainantu is seen as being 'too hard' by both NGOs (with Save the Children in PNG the only international NGO to support youth-focused activities in the district at the time this research was conducted, despite considerable need), and by government personnel (with low morale among health workers resulting in many seeking transfers, for example). To date, young people have had limited ability to transform the symbolic context of their communities as shaped by the worldviews of powerful others (Campbell and Cornish 2010).

7.3.2 Influence of material context on action

The *material context* of the Tok Piksa project refers to the concrete lived conditions and experience of the participants. Three key features of the material context impacted upon the young people's ability to take action in relation to health: youth poverty (including the few opportunities available to young people for income generation, the desire of youth to relocate to towns or resource extraction projects to access cash, and dependency on adult relatives); the limited availability of local infrastructure (including safe transport, access to information, the presence of local health services, and the availability of physical meeting spaces); and the young people's past experiences of donor-funded activities (which shaped their expectations in relation to payment for activities, their identity as 'beneficiary', and their HIV-

related knowledge and skills). There were many similarities in the material context across the three Tok Piksa locations, which will be discussed along with some key differences.

Youth poverty

Participants in all three youth groups were constrained in their ability to act on their health priorities by poverty. There was significant pressure on young people to contribute to their families' income by growing and selling vegetables, coffee, and in some cases, marijuana. Young people who had received more than a primary school education were also expected to search for employment in the cash economy, in part to 'pay back' their school fees (HELP Resources 2005), though job opportunities were extremely limited. Several of the participants aspired to relocate to areas where there were resource extraction projects or to urban centres, and a number have actually done so since the Tok Piksa Project finished, though whether they were then able to find paid employment is unclear. Participants in the three groups were often dependent on adult relatives, which was a source of ongoing frustration. Some of the youth oscillated between idealising a subsistence lifestyle and times past when cash was not required, and recognising the often backbreaking work of subsistence farming. Other participants aspired to an urban life fully engaged in the cash economy, but simultaneously described urban living as selfish:

> ... *"But today's world is the world of "the survival of the fittest". Human selfishness affects the environment we live in day to day with everyone only watching out for their own self and their money needs"...* (Danu'a Enoch, Kainantu, extract from an extended photo-story about change in his village)

Poverty reduced how much time and energy young people had to participate in health-promoting activities, particularly when parents viewed voluntary activities as a 'waste of time' unless they led to employment in the cash economy.

Quality of local infrastructure

The poor state of local infrastructure was a feature of the material context that was also similar across the three project locations. It is difficult for young people to come together to develop and enact collective strategies to improve their health if they cannot access safe and affordable transport, do not have access to information and communication technology, and if physical meeting spaces are not available or accessible to youth. It is also hard for young people to work towards increasing the numbers of their peers accessing health services, or to try and improve relationships between health service providers and youth, when the services or the providers simply aren't there (see, for example Regina's photo-story p.202). Availability of services and local infrastructure was better for the Goroka participants (living in a provincial capital with relatively good health and other services), but similarly constrained for the Banz and Kainantu groups.

In Kainantu and Goroka the Tok Piksa workshops were held in the respective meeting rooms of the SCiPNG office, a convenient, available and 'youth-friendly' space. However, this meeting location may have reinforced notions that, like the Youth Outreach Project, the Tok Piksa Project was another of which they were a 'beneficiary'.

Past experiences of donor-funded activities

An aspect of the material context, closely intertwined with the symbolic and relational contexts, where differences across the three youth groups were apparent was in their past experiences of donor-funded activities. The Goroka and Kainantu groups were 'groups' on the basis of their role as volunteers with an international NGO's youth-focused HIV-prevention program. They received ongoing training as part of this work and had considerable HIV-related knowledge and skills (more so than the Banz group), and were able to discuss issues to do with HIV relatively openly. However they were used to acting as a group under the guidance or direction

of NGO staff, and did not tend to use their knowledge and skills to identify self-directed activities.

While the Goroka and Kainantu participants were unpaid for their volunteer activities, they did receive small allowances from SCiPNG (for transport, refreshments etc) to support their peer to peer activities. These small allowances were often slightly above the actual costs to the volunteers and so, in an extremely cash-poor environment, acted as 'payment' in some way. Therefore when the young women in Goroka incorporated their Tok Piksa photo-stories into their SCiPNG work, they expected (and received) small monetary compensation for doing so. Whilst the amounts referred to here are very small (often less than five kina per activity), they served to reinforce the relationship of patronage that is the basis of NGO/volunteer exchanges. The Goroka and Kainantu participants saw themselves as 'beneficiaries', and in fact would frequently describe themselves that way. In contrast, the Banz youth would describe themselves as 'members' of the Kanaka Youth Group, and had less expectation of financial compensation for their activities. An identity as beneficiary and past experience of NGO-generated access to resources, may potentially act to limit young people's motivation to identify and enact their own strategies for health action as this behaviour may jeopardise existing relations of patronage (Mosse 2005, p.121). This is not to say that the Banz youth did not desire cash incomes and material goods – they did so very much – however, their history as a group and previous collective actions as a group were not grounded in an ongoing exchange relationship with an outside entity such as an international NGO.

7.3.3 Influence of relational context on action

The *relational context* of the Tok Piksa Project captures the existing relationships and networks in the three different communities. This includes features such as local leadership structure, functioning and style; the degree of cohesion in the three communities; and the relationships between participants within the groups. The relational contexts of the project were quite different.

Local leadership

The interest of local community leaders in the Tok Piksa Project and in the activities of the young people from their communities was quite varied. During the establishment of the Youth Outreach Project, Save the Children in PNG had met with community leaders in Goroka and Kainantu to discuss their planned youth work and get their blessing to proceed in their communities. I also met with some of these local leaders – such as elected officials and representatives of the district administration – prior to the Tok Piksa Project commencing, however I was unable to meet with traditional leaders from all of the villages and settlements (with the volunteers in these two groups coming from a range of spread out communities). After this time there was little engagement or involvement of community leaders in the Tok Piksa Project at these two locations. This reflects a range of factors including the relatively urbanised environment of Goroka and Kainantu town, the disengagement of political leaders in Kainantu generally (the national level parliamentarian was frequently described as 'disappeared' or 'MIA'), and potentially community trust in activities related to SCiPNG (an organisation well known in the Eastern Highlands Province). In Kainantu the limited engagement of leaders also reflects the fractured nature of 'leadership' in these communities, with the position and status of some leaders being disputed.

In contrast local community leaders took an early and ongoing interest in the activities of the Kanaka Youth Group in Banz. Prior to the Tok Piksa Project commencing I had correspondence and meetings with the Western Highlands Provincial AIDS Committee, the North Waghi District Administration, and the leadership of the Kanaka Youth Group itself. At the Kanaka Youth Group's request, I also corresponded with the Provincial Administrator (a relative of the Kanaka Youth Group's leader) to ensure he was aware of the project. This request was strategic on the part of the youth group – ensuring that the Provincial Administrator was aware of their work in the community, and their relationship with a foreign researcher – rather than

a request for 'permission' as such. Representatives of the District Administration attended the first workshop, and usually would visit at some stage (often to share the participants' lunch!) during subsequent workshops. The group met in the District Administration community meeting room, increasing the leaders' awareness of the group's activities. The District Administrator himself came to the opening of the first workshop, and displayed a friendly and interested attitude in engaging with the youth throughout the project. Ties between village level leaders (councillors and ward leaders) and the District Administration were strong, increasing overall awareness of, and support for, the youths' activities. The presence of a functioning and available local bureaucracy was supportive of the Banz participants' ability to enact health-promoting activities, as they were able to identify where to seek support, and were in fact able to obtain this support (for example, for their town clean up day). In contrast, for the Kainantu youth it was unclear who they should approach (and in particular where one might find 'MIA' leaders), with instead frequent vague reference to 'big people' and a lack of clear local structures with which to engage.

Community cohesion

All of the participants in the Tok Piksa Project faced challenging social environments where violence was prevalent; population mobility had increased (with more mixing and, often times, tension between different language and customary groups); ongoing rural-urban drift was affecting young people in particular; and increasing income inequality, and a proliferation of different and evangelising religious groups, were causing jealousy and friction in communities. However there were differences between the three locations, with relatively more social homogeneity and stability being seen in Banz, as compared to the other two settings. This is of course closely related to the functioning and capacity of local leadership, but is also related to the strength of local churches (which in the Banz area are mostly 'mainline' churches, with the Catholic Church being predominant). At the time of the research, communities in the Banz area were also being drawn together by the revival of a longstanding desire to form part of a

breakaway province (separate from Western Highlands Province). As discussed on page 159, a strong Jiwakan identity was salient for the Banz participants and their communities. This was matched by the participants' desire to contribute to their district, and more broadly to the province in the making. For example, Petrus discusses his desire to project Banz in the best possible light to outsiders:

> ... *"I am happy that we will do exhibitions in other places. I don't want some of the negatives stories to go in though because we might damage tourism and scare people away from Banz. We have to be careful how people might use our pictures and not to cause negative feelings when people see pictures like the drugs, steam, tribal fighting etc. This might cause future problems for all Jiwakans and we must consider it, not just benefits to ourselves now"...* (Petrus Kuipe, Banz, participation story)

At the village level, youth from all three groups discussed examples of successful collective action (with Theresa writing about the establishment of a village volleyball league in her village outside Goroka; Lazarus producing several photo-stories about the construction of a community school in Komperi, a particularly notorious village outside Kainantu: and Lucy writing about the formation of a local group to help the disabled near Banz). However the limited social cohesion in Kainantu and Goroka meant that there weren't ready examples of collective action that had been successful at a wider (district) level, which the youth could draw upon.

Within group relations

Relations between the participants in all three groups were friendly, with the workshops being characterised by laughter and joking as well as discussion. However, it was difficult for participants in Kainantu to develop a sense of momentum in their group activities as the young people came from quite scattered villages and sometimes may not have seen each other between workshops. The few young people who actually lived in town (or in

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settlements close to town) did at times work together however, and established increasingly solid friendships. On the other hand, participants in Goroka occasionally appeared jealous of each other, or displayed competitiveness, as some of these young people were involved in more than one project with SCiPNG and therefore had different access to the resources and opportunities associated with this. It was only really in Banz that the participants developed a strongly bonded 'group identity', with a distinct sense of collective momentum in the workshops leading up to the local exhibition. This may have been shaped by their pre-existing group identity as 'Jiwakan'; or the fact that, as a self-formed and self-directed entity, they really were together as a 'group' who had been able to develop a stock of bonding social capital over time. This bonding social capital (Putnam 2000; Campbell, Foulis et al. 2005) was a resource upon which they could draw to collectively act in relation to health.

7.4 The social space of a participatory action research project

In addition to the young people's Tok Piksa activities being influenced by the symbolic, material and relational dimensions of context outlined above, they were also influenced by the social space that was established by the research project itself. In this section I reflect on the process of a participatory action research (PAR) project in practice, contrasting our experience with the somewhat idealised nature of the PAR literature. I also consider how the social spaces that were established through the research process may or may not have supported the young people to take action on issues affecting their health.

7.4.1 The role of the facilitator

In analysing the data generated through the Tok Piksa Project it became increasingly clear that the social spaces that were established by the process were strongly affected by my role as facilitator. While I aimed to be non-directive in my facilitation of participatory processes (for example, while the youth were discussing their photo-stories or developing problem trees), I

could never have been seen as 'neutral'. The behaviour that I was modelling in my interactions with the participants will have demonstrated my beliefs about dialogue, critical thinking and action. Those occasions where I questioned participants or gave positive feedback, and those occasions where I was silent, will have communicated my reactions to, and beliefs about, the content of our discussions (Horton and Freire 1990). My analysis suggests that there were three aspects to the approach to facilitation that I took (or my facilitation 'style') that had a particular influence on the social spaces created by the Tok Piksa Project.

Emphasising the value of participants' stories

... "At first I was nervous because I had never done something like this, but I came through and I didn't find any difficulties. It was an interesting project with everybody's fantastic ideas that you acknowledged as worthwhile. You brought that across to us so it was easy"... (Julie Palme, Banz, participation story*)

Throughout the Tok Piksa workshops I emphasised that I was interested in each of the participants, and that their stories were important. I put this stance into action by ensuring that I spent time with every participant at every workshop asking about their photographs, listening to their stories, and reflecting back the experiences they were trying to share. As in any group, some participants were more personable than others and some more interested in sharing their stories than others, so this was not always straightforward. However, by conveying a "*strong normative stance* that 'your story is important and your life is of value' " (Foster-Fishman, Nowell et al. 2005, p.285 emphasis in the original) I was trying to contribute to a social space where the participants could recognise their own knowledge, and the knowledge of others, as legitimate. My questions about their photo-stories will have also reinforced that the youth were experts in their own lives, and that as an older, white, relatively rich, researcher I had no knowledge of what it was like growing up in contemporary Papua New Guinea. Rather than positioning myself as an 'expert', I was demonstrating that I sought to be a

learner. In sharing at times my own stories of difficulty, frustration and struggle, I was also trying to foster an open space where "fragilities, failures, and uncertainties could emerge", stories not usually shared with outsiders (Reid 2010, paragraph 61).

Allowing time

The research process took a considerable amount of time. As a facilitator, I arranged for the initial workshops with youth to be held over a week; for each of the follow up workshops to be held over a number of days (a considerably longer period than that usually described in the Photovoice literature); and for periods between workshops of weeks to months. I allowed this much time to potentially enable the development of trust and of more dialogical relationships, in a context I knew was 'anti-dialogical' (Freire 1970). Time was also important in supporting youth to critically reflect on what influenced young people's health in their communities, and to then document this through their photo-stories. While the time allowed for the research project was relatively generous (in comparison to youth-focused needs assessments, trainings or consultations that I previously been part of), as discussed earlier, it was still insufficient for young people to mobilise action in relation to their identified health priorities. However the time period involved allowed the participants and me to come to 'know' each other a little bit – rather than seeing these young people at a snapshot in time, I was regularly meeting with them as events in our lives were unfolding (including for example, my mother becoming ill, a number of participants' lives being severely disrupted by tribal fighting, a participant experiencing an unplanned pregnancy, me meeting the man who is now my husband). This process of 'coming to know' contributed to a more dialogical social space being possible.

Seeking surprise

As I had worked on and off in PNG for several years prior to the Tok Piksa Project, I had had a range of experiences and interactions that shaped my

(sometimes strongly held) assumptions about young people living in the Highlands of the country. My knowledge was also shaped by the discourses of community development, public health and HIV-prevention in particular. I anticipated some of the health priorities that were identified by the participants (such as sexual violence) but I worked to create a social space where I could 'seek surprise' (Guijt 2008). This involved taking as non-directive approach as possible to activities where young people worked together to prioritise influences on health (for example). It also involved searching for the unexpected or that which disproved my assumptions – paying attention when a participant I had (somewhat dismissively) categorised as a 'stoner' evidently stopped using marijuana and emerged as one of the most engaged and critically reflective participants, or noticing when young women I had assumed were relatively 'empowered' continued to be unable to challenge their male peers. By being receptive to surprise, I intended my facilitation style to contribute to a more open social space.

7.4.2 Rhetoric versus the reality

The social space that I was trying to facilitate strongly aligns with the rhetoric of participatory action research which highlights the empowering effect of acknowledging local expertise, the importance of allowing sufficient time, and emphasises openness. While some of the ideals of PAR were achieved in the Tok Piksa Project, there were however considerable tensions between the rhetoric of the literature and how we experienced the process in practice.

Many participatory action researchers suggest that the approach will lead to a subject-subject relationship between researchers and the 'researched' (Reason and Bradbury 2006), and seem to assume that the equal co-learner ideal outlined by Freire (1974/2005) is an inherent outcome of a participatory process. As part of our struggling towards dialogue and an intersubjectivity of equals, the participants and I would sometimes seize upon occasional similarity of experience (through, for example, my empathy with young subsistence farmers as someone who had grown up on a marginal farm). However, we all knew that this was 'similarity' only as far as it goes, and that

to pretend otherwise would have not only been patronising of people's genuine struggles, but dishonest. The young people and I had different knowledges, the usefulness of which was contextually dependent (Cornish 2004), and we were able to learn from and be changed by each other's knowledge. However, this intersubjective experience isn't captured by the simplistic and idealised notion of subject-subject 'co-researchers'.

There were significant differences between the participants and me in terms of the power that we had in our interactions with each other, and in interactions outside the Tok Piksa workshops, that aren't adequately attended to in idealised descriptions of participatory approaches that emphasise 'handing over the stick' (Chambers 1997) and the notion of 'giving voice' (Witcher, Jeffers et al. 2002). At times this power differential related to me having had significantly more experience in articulating a position and having it accepted by others in a public sphere, than the young people had had. This power could of course be resisted (by young people staying silent, not attending or disrupting workshops), but remained difficult for the participants to counter through rational argument (contrast with Habermas 1987). Despite my best efforts to 'be' with the participants in a manner different to my previous experience, the fact remains that in most situations I had more access to capital in all its forms (Bourdieu 1986) than did the youth. As described by PNG-based anthropologist Paige West "in addition to being seen as the holders of knowledge about development and how to get it, whites are also seen, for the most part, as being rich. Again, this image is tied to the amount of 'stuff' we bring [into host communities]" (West 2006, p.159). I may have made efforts to catch the PMVs, stay with local people, eat local food, and dress modestly – but I was still seen as rich and, relatively speaking, I was.

A final tension between the way that participatory action research is represented in the literature and our experience of the Tok Piksa Project relates to the emphasis placed on collective action and collective change. Collective action is seen as a vehicle to achieve concrete changes at the community level (Cornish 2004a). However the youth engaged in this

research project were understandably concerned with furthering their own situation ('getting ahead'), and did not necessarily want to act as a group. While many of the participants spoke altruistically of wanting to make a difference for other young people or for their communities, it is not always clear that they wanted to do this collectively:

> *... Mike was asking me today about mum* [my mother became ill during the fieldwork period]. *He wanted to know how she was managing without me there, and whether he could get a job looking after her in Australia. He is quite genuine in his concern, but it is also pretty transparent he wants to get a paid job and that he hopes his activities with me will lead to employment somehow. He is a 'good' group member, team player etc but I suspect, like most of us, his main interest is improving his own lot in life...* (Field-notes, 22nd September 2007)

The emphasis on the collective in PAR has been criticised on the basis that it encourages consensus, potentially silencing difference (Jones and SPEECH 2001; Mosse 2005; Tam 2006). Analysis of the Tok Piksa Project suggests that emphasis on the collective may also leave the effects of participatory processes on individuals undervalued and unrecognised. Even where the Tok Piksa process was not able to effectively support collective action (for example, in Kainantu), the individual participants reported considerable benefits associated with their participation and, as discussed in Chapter 5, that they found the experience of their participation psychologically empowering.

7.4.3 Conflict associated with the research process

There is a strong 'emancipatory narrative' (Nolas 2007) associated with participatory action research. However there is less often reflection on the tensions that may be caused by a participatory approach (Minkler 2004), or questioning of whether conflict is an inevitable aspect of processes of 'emancipation' (whether or not this liberation actually occurs).

The Tok Piksa Project was associated with tensions on a number of levels. Within the youth groups the most apparent source of tension related to gender. There were sometimes tensions between participants along gender lines, or about issues such as gender equity (see p.166). At other times participants also displayed that they were conflicted within themselves about the relations between men and women in their communities. For example, in her photo-story shown on page 195, Linda writes that "*there is never a good reason*" for domestic violence. However, in a separate interview, she states that sometimes men are violent towards women because "*wives can't contain their anger when they see their husbands flirting with other women*", suggesting that it is women who need to take responsibility for preventing violence by "*not saying anything*".

There were occasions where some of the young female Tok Piksa participants attempted to provoke conflict within the groups by raising issues relating to gender inequity, but they were unable to do so. The silencing of the young women's perspectives in this instance prevented conflict, but also blocked processes of disagreement, debate, and critical reflection, and subsequently no new knowledge could be co-constructed.

There were also examples of conflict between the young people and me at different stages of the Tok Piksa Project (see for example, p.162 for discussion of tensions over research ethics, or p.167 on conflict over distribution of project resources). On occasions we were able to dialogically resolve our oppositional and contradictory positions, as happened in our debates and disagreement over what was 'ethical'. While the tension was uncomfortable, it was in fact necessary to motivate our engagement in dialogue and resolve to 'find a way through'. At other times, conflict between the youth and I was not resolved. However, even in these instances, the very fact that there was conflict (and at times, anger) served to make visible our quite different perspectives on particular issues. In the words of Freire "conflicts are the midwife of consciousness" (Horton and Freire 1990, p.187)

Tam (2006) also points to the productive role of conflict, when she notes that if participation is seen as a way to reduce conflict, "with the understanding that conflict is bad and consensus is good" (2006, p.5), dissent and diversity of perspectives go unacknowledged. An undue emphasis on consensus fails to recognise that conflict may be necessary for shifts in power to occur. The clashes that occur when different knowledges meet can lead to the dialogical development of new understandings and innovative solutions to community problems (Horton and Freire 1990). Conflict is not only a potential threat, but also represents an opportunity (Tam 2006), with Gulrajani (2011, p.211) noting that development processes may be more productive when they facilitate "disagreement and debate rather than consensus and coherence".

However, this should not be seen as a call for outsider-researchers to foster conflict in order to see what sort of exciting new ideas might emerge. Conflict can also reinforce the position of the powerful. It is the marginalised who have the most to lose in any conflict resulting from participatory processes, not the researcher. The experience of the Tok Piksa Project suggests that participants are far more cognisant of local sources of conflict, and will carefully weigh up potential costs of their dissent. The performance of unusual social relations in the workshops may have caused the participants to question norms in other social spaces (Jones and SPEECH 2001), however their subsequent actions in response to this questioning will have been shaped by their assessment of the risks associated with challenging social norms in each particular situation (Ellsworth 1989). For example, the young people in Kainantu did not pursue their disagreements with a particular staff member, assessing that the risks (to their relationship with the NGO and a project from which they personally benefited) were greater than the likelihood of them achieving success. In Banz however, some of the participants took the substantial risk of rejecting community expectations by not participating in tribal fighting. That they were able to do so without causing permanent ruptures in the community, is an indication of their capacity to skilfully analyse and diplomatically manage the context in which they were acting.

Recognising the place of tension and conflict in social change suggests that in addition to 'safe' social spaces, we need to think about *transformative* spaces which in fact may be challenging sites of disquiet and discomfort (Kelly 2004).

7.5 Linking different spaces

The Tok Piksa workshops fostered the development of participatory spaces that were in many (but not all) ways 'safe'. They were spaces where young people's stories were valued, where they were given time to discuss and reflect upon issues, where within group bonding could develop, and where the youth had opportunities to work together to achieve dialogue and critical thinking. In expanding the discursive space available to the participants they were in many ways analogous to the 'counterpublics' described by Fraser (1990, and discussed in Chapter 3), in that they were participatory spaces of "withdrawal and regroupment" (p.68). However, whether youth were then able to leave the Tok Piksa workshop space and put their plans into action, to engage in "agitational activities" (ibid, p.68), or form connections with powerful others who might be able to support their health-promoting actions, was determined less by the participatory research process and more by the contextual dimensions of their local communities (Jones and SPEECH 2001).

The Tok Piksa Project demonstrates the difficulty of putting Freirian notions of 'praxis' into 'practice', and the limitations to 'empowerment' which may be evident in a particular participatory social space. In describing participation spaces in relation to young people, Shier (2008) notes that their nature – whether they are dominated by established power-holders, or autonomous spaces created by youth – is important, but emphasises that their power and effectiveness lies in the connections and movements *between* spaces. Shier notes that there need to be dynamic linkages between youth-owned spaces (such as the Photovoice workshops) and those spaces where decisions affecting whole communities are made (such as in provincial government planning meetings). The exhibitions of young people's photo-stories in the

Tok Piksa Project are an empirical example of how connections between youth and decision makers may begin to be made. The exhibitions acted as an 'in-between' space where youth and decision makers could engage directly on youth health through discussion of the young people's photo-stories. This is not to say that the exhibitions were a magical solution – even in the most 'successful' example, the traditional leaders, district level officials and provincial bureaucrats who attended the Banz opening had insufficient power in the government hierarchy to tackle many of the issues identified by the youth. One envisages the need for a chain of 'in-between' spaces from community level through to national power brokers.

7.5.1 Towards transformational spaces

Following the exhibitions, some of the Tok Piksa participants explained how their thinking about the issues they were depicting had changed as a result of their interactions with community leaders in the exhibition space. For example Petrus exhibited the photo-story below that raised the issue of children working as street sellers, rather than being in school.

Children street sellers
Photo and story: Petrus Kuipe, Banz

In North Waghi and all around the country, there is a problem of criminal activity. These criminals are bred by the town itself. These small boys in the picture are doing street sales in order to get money to support their family, but the children and their family have forgotten all about the importance of education. They think that the money they get from street sales is big enough to support the children. This mentality comes to them because at this time they are small and their needs are not much. However, when they grow big, they will see their friends living more luxurious lives, and also their needs and pressures will increase. By this time their street sales won't be able to accommodate all their problems.

Therefore, in order for these uneducated young people to get enough money to fulfil all their needs, an option they might take is to steal or involve themselves in criminal activity, which is really bad and threatening for the lives of people.

In order to solve this problem I say that the government should impose the Law that all children should go to school. In this way they can later do work to earn a better living, and the education they get will also help them to understand the good and bad.

Petrus then describes his reaction to discussions with community leaders about this particular photo-story:

> … *"Well the people, some of them had a son or daughter like this little boy and they feel a little sad. One woman in Goroka talked me and said this responsibility goes back to the parents. We must have a plan for every kid that we have. So we cannot just go and give birth to kids one after the other like giving a ladder or something like this. We must have a plan. You must know how to get income to support his or her school fees, clothing, everything the child needs you must prepare before you produce your baby. Yeah, she says like this to me if you get married then you must have plan for your kids* [emphatic hand gestures]. *I thought this thing was very serious"...* (Petrus Kuipe, Banz, interview)

Petrus' thinking has been transformed. Through his dialogical engagement with a women's leader from Goroka, he had shifted from thinking about the issue of working children in terms of potential criminality and the government needing to impose the law, towards also thinking about parental responsibility and family planning. While small, this example of transformed thinking is of immediate relevance to Petrus, a young man recently married, and to his wider family. In a context where family planning decisions are not the preserve of an individual couple, it remains to be seen whether Petrus – in tension and conflict with clan expectations of many children and Church dogma in relation to contraception – is able to put his ideas into action, and potentially support wider transformation in his community.

There were examples of individual level change, but transformation at a collective level is more difficult to realise. However in providing a space where young people had what was often their first opportunity to speak with, and be heard by, those more powerful, the Tok Piksa exhibitions can be seen as a small step towards the development of transformative dialogical space in these communities. These events were very small, and the challenges

facing young Papua New Guineans are very large, but they can be seen as a beginning:

> … *"Now I realise there is a great chance in my communities as a result of the photovoice research project. Our invited guests to the exhibition are also working for us now"...* (Moses Gising, Banz, participation story)

7.6 Conclusion

In this chapter I have described the health-promoting actions that were associated with the Tok Piksa Project, with particular reference to the exhibitions of youth photo-stories. In exploring why some of the participants were more able to take action in relation to health than others, to translate their psychological empowerment into the 'power to do something', I have analysed the contexts in which their actions took place. While the participatory processes in the three project locations were quite similar, the intertwined symbolic, material and relational dimensions of context resulted in quite different 'actions' in Banz, Goroka and Kainantu.

This chapter also reflects upon the social space that is created in a participatory action research project, noting that social change requires both 'safe' and 'transformative' spaces. This concurs with Allan Kaplan's reflection upon the practice of community development, noting that "perhaps our greatest contribution to a social system or situation may be to create space" (Kaplan 2002, p.108). In the following chapter I discuss the implications of this need for 'space' for the design and implementation of youth-focused health promotion programs, with a particular focus on HIV.

Chapter 8   Conclusions and implications

This thesis provides a thick description (Geertz 1973) of a participatory research project conducted with three groups of young people in the Highlands of Papua New Guinea. The research I have described aimed to clarify young Papua New Guineans' priorities in relation to health and HIV; and to explore how participation may affect young people's ability to take action to address the priorities that they identified. I was motivated to undertake this research in order to contribute to understandings of how young people can be better supported to take control of their health, in the wider context of contemporary PNG with all its challenges and potential.

In Chapter 1 I asked how, in settings of limited resources and opportunities, is youth participation associated with health-related change. My experience working on 'participatory' HIV programs in Papua New Guinea had left me unsure as to whether participation could support young people to act to reduce their own vulnerability to poor health outcomes, including HIV infection. The literature gave limited guidance as to what kind of participation was likely to positively affect health, with researchers rarely giving details of *what* it was that the youth they were working with participated in, or analysing the circumstances in which this participation might be most effective.

In Chapter 2 I noted the need to move beyond hierarchical models of youth participation to develop more nuanced and contextualised understandings of youth involvement in activities such as those associated with HIV-prevention programs, and introduced a social psychological approach to participation that has substantially informed this thesis. In Chapter 3 I outlined the theoretical framework for the research, based on the social psychological notions of dialogue, critical thinking and safe social spaces. This theoretical framework was the rationale for using Photovoice as the primary research methodology in this project, given its demonstrated potential to develop dialogical engagement and critical thinking. An overview of how my research

methodology was put into practice – clarifying what it was that the young people and I participated in – was presented in Chapter 4.

Over the next three chapters I presented a detailed analysis of the participatory *processes* and *findings* of the Tok Piksa Project, and examined the situated nature of the health-promoting *actions* that the young participants were subsequently able to take in their communities. In this, the final, chapter of my thesis I draw all the empirical material together and position it in relation to the literature reviewed earlier and the theoretical framework upon which the research methodology and analysis were based. In doing so I will assess the implications of this project for the theory and practice of participatory research, and consider how this specific and localised research process may generate knowledge useful in the design and implementation of youth-focused health promotion initiatives elsewhere.

This chapter is divided into four sections. The first presents this thesis' contribution to the theoretical grounding of Photovoice, by showing how the approach can create the communicative and procedural pre-conditions for young people's dialogical engagement – pre-conditions that have not been made explicit in the participatory action research literature. The second section of the chapter demonstrates how findings from this thesis contribute to strengthening the social psychology of participation by illustrating how it is that participation in a dialogical space may be associated with health-related change. The next section examines the implications of this knowledge for the practice of youth-focused health promotion programs, including HIV-prevention initiatives, with a particular emphasis on the role that outside interventions may play in supporting and connecting dialogical social spaces. I note that previous documentation of young Papua New Guineans' health-related perceptions and priorities is extremely limited, and that the knowledge co-constructed by the participants in this project significantly contributes to practitioners working in that country being able to ground their planned activities in the lived experience of youth. The final section of this chapter outlines limitations of the material presented in this thesis, pointing toward future research and policy priorities.

8.1 Expanding understanding of Photovoice

Photovoice is an increasingly popular research tool in the health promotion, youth engagement, and community development fields with a rapid growth in published studies using the methodology in the last ten years (see, for example, the youth-focused work of Larson, Mitchell et al. 2001; Strack, Magill et al. 2004; Streng, Rhodes et al. 2004; Goodhart, Hsu et al. 2006; Wang 2006; Moletsane, de Lange et al. 2007; Wilson, Dasho et al. 2007; Umurungi, Mitchell et al. 2008; Gant, Shimshock et al. 2009; Green and Kloos 2009). However there has been limited work to strengthen or expand understanding of the theoretical basis of Photovoice since the publication of Wang and Burris's seminal papers (Wang and Burris 1994; Wang, Burris et al. 1996; Wang and Burris 1997). In this section I seek to build upon Wang and Burris's original theory by linking it to psycho-social understandings of participation, confirmed and enriched by analysis of my empirical material.

8.1.1 Extending the theory of Photovoice by analysing practice

Wang and Burris (1994; 1996; 1997) based their original conception of Photovoice on three theoretical traditions – Paulo Freire's pedagogy of critical consciousness; feminist theory; and documentary photography.

Examples of participant-driven documentary photography, such as the work pioneered with youth by Jim Hubbard (1991), and feminist theory, which views research participants as actors in the world rather than objects of study (Letherby 2003), underpin Wang and Burris's efforts to foreground local knowledge. Feminist researchers' emphasis on the potential of knowledge-making to empower participants' actions also has parallels with the Freirian notion of praxis. As discussed in detail in Chapter 3, Freire suggests that critical reflection upon lived experience in dialogue with others leads to the action-reflection dynamic, or praxis, which both emerges from and gives support to critical consciousness. By supporting the understanding of multiple perspectives; reflection upon one's own knowledge; recognition of its partial nature (and that of one's interlocutors); and the development of new

knowledge co-constructed with others, *dialogue* provides the basis for critical thinking and action (Freire 1970).

Wang and Burris, and most researchers writing about Photovoice since, emphasise the importance of participants engaging in dialogue about their photographs but do not engage with the practical (and theoretical) problem of how dialogue can be supported in unpromising local environments. As discussed in Chapter 3 this is also a limitation of the wider participatory action research literature, with few notable exceptions such as the work of Kelly and van Vlaenderen who suggest ways of working that may be 'dialogue enabling' (1996, p.1242). Kelly and van Vlaenderen's suggestions are useful for informing participatory development initiatives at a broad (design) level but do not engage with the specific conditions required for dialogue in a particular space and time.

Freire himself based his pedagogy of social change on the possibility for and necessity of dialogue, but emphasised that dialogue is a fragile process which cannot be assumed to occur whenever interlocutors meet (Freire 1970). While describing in great detail the characteristics of a dialogical relationship, Freire does not particularly engage with the contexts in which such relationships can be formed. This then raises the question of what specific local conditions might most fruitfully support the occurrence of dialogue?

The Tok Piksa Project was conducted in wider social contexts that could certainly be described as 'anti-dialogical' (Freire 1970). However there were instances throughout the project when dialogue and the co-construction of new knowledge were achieved. By positioning the empirical material presented in this thesis against the theoretical perspectives and reflections on practice discussed below, it is possible to describe what it is that Photovoice actually *does* to support dialogue. The Tok Piksa Project strengthens our understanding of how participation in Photovoice may support dialogue, by demonstrating that the process can establish the

communicative and procedural pre-conditions in which dialogue may occur. These pre-conditions are summarised in figure 8 below.

Figure 8: Fostering a potential space for dialogue

Wider social context

Communicative pre-conditions

- Participants recognise legitimacy of own knowledge
- Recognise legitimacy of others' knowledge
- Able to take the perspective of others
- Open to how one is perceived by others
- 'Vocabulary' enhanced through rich language
- Emotionally engaged

Potential Space for Dialogue

Procedural pre-conditions

- Physical space to meet that is perceived as neutral
- Active and considered facilitation
- Normative stance that 'your story is important'
- Sufficient time allowed
- Material support for participation
- Social support for participation

Communicative pre-conditions

Analysis of the Tok Piksa Project suggests that an environment supportive of dialogue will require certain *communicative* conditions. The participants noted that the workshop processes had helped them to listen to other people's perspectives, and to recognise that the ideas of others were worthwhile and that they may learn from them. They expressed that the process helped them feel that what they had to say was valuable and worth communicating. This resonates with the work of psychologists exploring dialogical relations in a range of settings. As outlined in Chapter 3,

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Jovchelovitch draws upon social psychological theory to emphasise that interlocutors need to be able to recognise each other's knowledge as legitimate, and to have the ability to take the perspective of the other (Jovchelovitch 2007). In their analysis of participatory endeavours in practice, Kelly and Van Vlaenderen (1995) suggest that dialogue can only ensue when participants are open to considering how they (and the knowledge that they bring) might be seen by others in a given situation. Foster-Fishman, Nowell and colleagues (2005) add that for people to be able to share their expertise, they must recognise that what they know is legitimate, valued and valuable.

Others have emphasised the importance of communicative conditions by highlighting factors which increase the efficacy of communication. For example, Humphreys and Brezillon (2002) note that communication can be enhanced by access to a 'vocabulary' that is 'extended' beyond the verbal. Their concept of rich language emphasises the role played by visual imagery (that is showing, rather than telling) in enhancing young people's communicative capacities and in supporting their identification of new resources for decision making. In outlining his approach to adult literacy, Freire himself describes showing line drawings to stimulate discussion in culture circles (small group discussions). Before starting work with a community, Freire would informally engage with community members and carefully listen for those "words most weighted with existential meaning (and thus the greatest emotional content)" (Freire 1974/2005, p.43). It was these emotionally charged themes that he used as the basis for his line drawings. As discussed in Chapter 5, findings of this research project highlight that in addition to enriching language and providing additional resources for communication, photographs can also affect participants at an emotional level providing the necessary motivation for them to engage in a potentially challenging communicative process such as dialogue. The role of emotion is also discussed by Carlson, Engebretson et al. who observed of a Photovoice project that "the opportunity to tell their stories to a listening audience provided an *emotional impetus* for participants to engage at an intrapersonal and interpersonal level "(2006, p.843, my emphasis). Humphreys and

Brezillon (2002) note that whether or not young people *enjoy* their involvement in a research process will significantly influence their sustained engagement.

Participants in the Tok Piksa Project enjoyed producing photo-stories, were moved by some of the photographs and stories that were shared, and expressed at times deep and emotional appreciation for having felt listened to. This affective engagement was substantially encouraged by the production of photo-stories, that is, the combination of *image* and *testimony*. By personalising and humanising their stories in this way, participants were better able to make their lived experience available for dialogue with others. I argue that this considerably contributed to a communicative environment in which dialogue was possible. Drawing on Latour's (2004) notion of 'learning to be affected' as a co-transformative process that increases capacity for action, Roelvink emphasises the affective impact of testimony, noting that "testimonies are conveyed in words and through bodies, in other words, through cognitive and affective registers" (Roelvink 2010, p.114). In addition to the production of photo-stories contributing to the communicative pre-conditions for dialogue in the workshops, their public exhibition further opened potential space for dialogue. The young people standing beside their photo-stories in the community exhibitions, as the embodiment of their health-related experience, had considerable affective impact on the exhibition guests (and me), increasing the possibility of dialogue occurring in this 'in-between' space as well.

Procedural pre-conditions

Analysis of the practice and process of this research project has also identified a number of *procedural* factors that are supportive of young people's participation in dialogue. Participants required practical, material resources and family support to actually be able to come together in the same room. There needed to be a room to which they could come. As Kesby (2005, p.2054) emphasises, transformation requires material, not simply conceptual, spaces in which to develop. Whilst apparently mundane

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this is a concrete and pressing issue for practitioners wishing to support dialogical relations in poor communities. These same communities often lack physical meeting spaces that are perceived as neutral (not belonging to one or another church, organisation, family, gender or political grouping). I have encountered romantic community development workers who suggest participatory processes can be facilitated under a tree or in someone's field, but the experience of the Tok Piksa Project emphasises that this underestimates the concentration, careful listening, and hard work that are required for meaningful participation. Dialogue is a situated (and challenging) practice and requires a situation conducive to its enactment.

A range of authors have also highlighted that the likelihood of dialogical relations occurring during participatory research is affected by another procedural factor – the approach taken to facilitation of the process (Freire 1974/2005; Labonte 1994; Cornwall and Jewkes 1995; Israel, Schulz et al. 1998; Lykes, Blanche et al. 2003; Foster-Fishman, Nowell et al. 2005; Frank 2005). Findings of this project concur, emphasising the active role played by a facilitator, supporting the idea that the approach taken can shut down, or allow for, the possibility of dialogue. As discussed in Chapter 7, it was important that the approach taken to facilitation in this project strongly communicated to the participants that "your story is important" (Foster-Fishman, Nowell et al. 2005, p.285) and that, as I was interested in what they had to say, everyone would be able to share their story without, in the first instance, discussion, interruption, questioning or judgement.

Whilst I suggested two framing questions for their photo-stories ('What has a positive influence on your health and well-being? What has a negative influence on your health and well-being?'), thereafter the participants had narrative autonomy. *They* chose what to take photographs of, and then *they* selected which photographs to discuss, analyse, write stories about and include in the exhibition. The young people chose which issues to 'bring to the table' increasing their control over what any ensuing dialogue would be about. Our experience corresponds with the reflections of Foster-Fishman, Nowell et al. (2005) who note that an approach to facilitation that

acknowledges and values ordinary people's expertise can be psychologically empowering for participants.

As discussed in Chapter 5, analysis of our Tok Piksa experience aligns with research suggesting that material and social support also enable participation (Campbell 2004; Libby, Rosen et al. 2005; Badiani, Senderowitz et al. 2006; UNICEF 2006; Maticka-Tyndale and Barnett 2010). As shown in Figure 8, strategies to ensure this support contribute to the procedural pre-conditions for participation in a dialogical space.

As a facilitator, it was also important that I allowed sufficient time for the participants to reflect on what they wanted to say, to find the right words, and then to develop the confidence to present their ideas to each other. This involved me allowing time in each individual workshop (which were run over days, rather than a few hours for example), as well as supporting the project for a period of several months over all. This resonates with Catalani and Minkler's (2010, p.438) findings that the quality of participation in Photovoice projects tends to increase with project duration. The time taken during the Tok Piksa Project supported the development of trust, the development of communicative skills, and the potential emergence of group momentum and solidarity.

The findings of this project suggest that Photovoice (or other participatory research initiatives) conducted over a short period of time may inform a 'needs assessment' or give a static snapshot of different participants' ideas, but that this is unlikely to support dialogical engagement or the potential co-construction of critically framed new knowledge. I recognise the constraints placed upon practitioners and researchers, and do not dismiss the pressure to get a 'quick picture' using participatory tools. However, findings of this project emphasise that any 'picture' of a community will be partial and contested, and should not be mistaken for a consensus view. This reinforces calls for caution by those who note that in the absence of dialogue, 'quick pictures' can be misunderstood, and may in fact dis-empower or exclude

members of the communities thus represented (Mohan and Stokke 2000; Mosse 2001; Tam 2006).

8.1.2 Supporting young people's 'voice'

Analysis of the Tok Piksa Project suggests that Photovoice can establish the communicative and procedural pre-conditions in which dialogue can occur. However, can this dialogue then contribute to health-related change?

Campbell, Cornish and colleagues (2010) suggest that social change requires the development of poor people's 'voice', at the same time as the development of 'receptive social environments' in which these voices will be heard. Drawing upon this terminology, I suggest that by enabling young people's participation in the dialogical space created by Photovoice, the Tok Piksa Project was successful in supporting young people's 'voice', that is, their critically framed articulation of their concerns and needs in relation to health. However as shown in Figure 8, any potential space for dialogue fostered by a Photovoice process will continue to be influenced by the wider social contexts in which participants live and engage with others. These wider social contexts, often harsh and barren in nature (Humphreys and Brezillon 2002), in turn will influence the outcomes of any dialogue that emerges.

As demonstrated by the Tok Piksa Project, participation in the dialogical spaces created by Photovoice may lead to changes at an individual and/or group level, and to interlocutors developing critical thinking and strategies for critical action. That is, the process can be psychologically empowering (Wallerstein 1992; Cornwall and Edwards 2010). However, whether participants are then able to put these critically framed strategies into collective action, to have the 'power to do something' to achieve substantive changes in the factors affecting their health and wellbeing (Cornish 2004), is less shaped by participatory processes with and within the group, than it is determined by factors in the wider social environment. The relationship

between participation and 'receptive social environments' (Campbell, Cornish et al. 2010) is discussed further in the following section.

8.2 Strengthening the social psychology of participation

In addition to illustrating what Photovoice actually does to support dialogue, analysis of the Tok Piksa Project informs our understanding of the social psychology of participation. In Chapter 2 I presented a social psychological approach to participation as outlined in Campbell and Jovchelovitch's (2000) theoretical framework. This framework emphasises the role of empowerment and social capital in participation leading to positive health outcomes. Drawing heavily on the notion of conscientisation, Campbell and Jovchelovitch go on to note that participation, as the enactment of social identity, social representations, and shared power, is the process by which "community is actualised, negotiated and eventually transformed" (2000, p.264). These social psychological concepts significantly shaped the thinking behind the research presented in this thesis. In this section I seek to strengthen Campbell and Jovchelovitch's social psychological framework of participation by suggesting relationships between these concepts, to suggest *how* participation in a dialogical space may be associated with the health-related change so often sought by participatory endeavours.

Participation in a dialogical space, which emerged from the communicative and procedural pre-conditions established by Photovoice, supported a range of changes at the individual level for Tok Piksa participants (including psycho-social changes, changes in knowledge and skills, and changes in relationships). Participation in dialogue also supported participants' co-construction of new knowledge. These three elements – participation in dialogue, co-construction of new knowledge, and individual level change – were closely intertwined and mutually constitutive, as shown in the large dotted circle in figure 9 on the following page:

Figure 9: Relating participation to changes in health
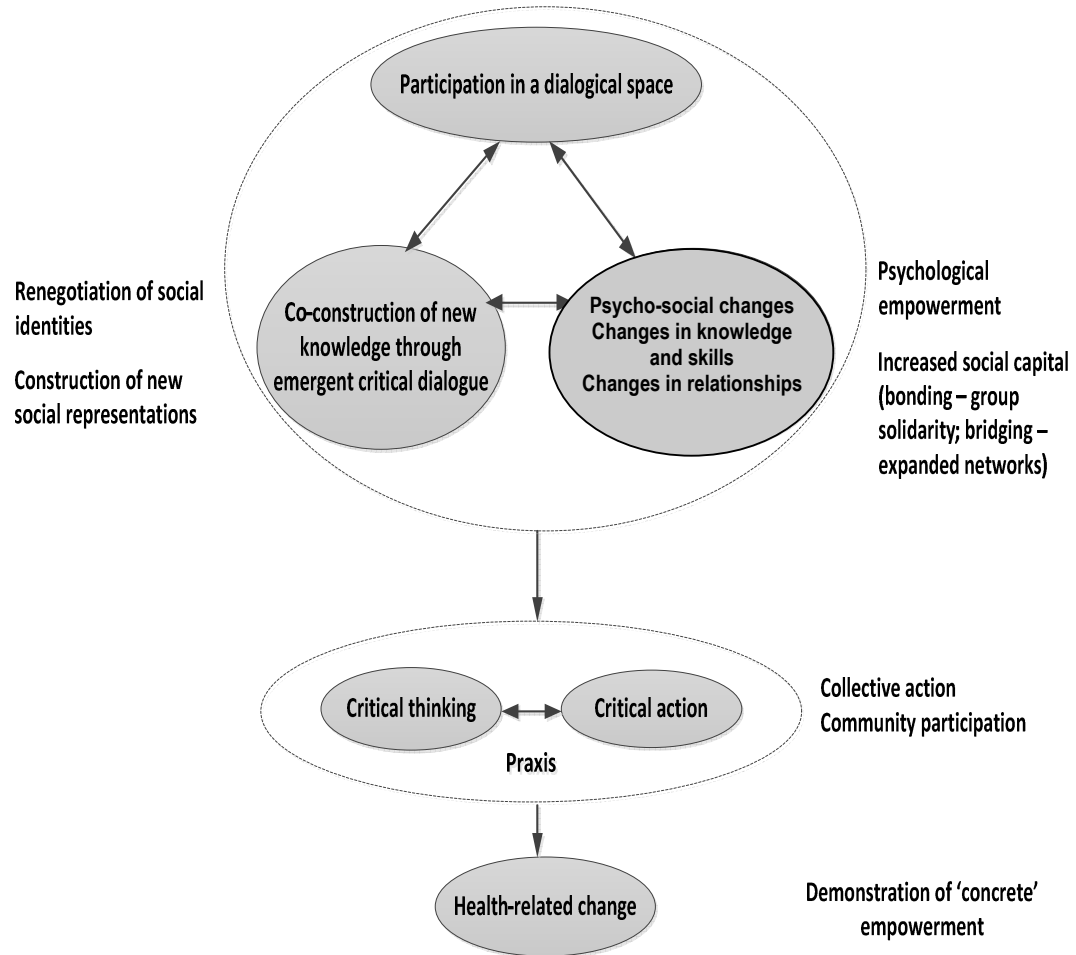
These three elements of the Tok Piksa Project can also be related to concepts presented in the social psychology of participation, as indicated in the text at the sides of the diagram. Participants' co-construction of new knowledge allowed them to re-negotiate their social identity to that of being a contributing member of their local community, and to construct new social representations of young Highlanders and their health. The individual level changes reported by many of the Tok Piksa participants suggest a process of psychological empowerment, and for some of the youth, increased social capital.

For Tok Piksa participants the dialogical participation, individual level changes, and co-construction of new knowledge came first – and then from

this there was the potential (or not) to develop critical collective action and achieve substantive change at the community level in relation to health. This substantive, 'content-full' (Cornish 2004) change on priority health issues, not seen in the Tok Piksa Project, would demonstrate 'concrete' empowerment beyond the psychological.

However, as suggested by the struggles we faced in this project, the 'path' from participation to improved health is not straightforward. Symbolic, material and relational dimensions of the local context greatly shaped the possibility of young people initiating collective action and working with community leaders to bring about substantive change. As discussed in Chapter 7, participation in the Tok Piksa Project did not result in significant, concrete changes in relation to the health priorities identified by youth. However, the interrelationship between participation and the co-construction of new knowledge through dialogue resulted in changes for many of the youth at an individual level. These individual level changes, such as self-confidence, respect, and the development of skills, can have positive effects on an individual's health (Gloppen, David-Ferdon et al. 2010).

In a context of closely interconnected families, clans and communities, positive outcomes for individuals, particularly in relation to mental health, have potentially broad effects and these should not be overlooked in the desire to support changes at a wider social and structural level. However, the degree to which the young people's new psycho-social resources will be sustained over time is unclear. Whether young people can draw on these resources to support praxis (their critically framed action and reflection), at either the individual or community levels in the future remains to be seen. This tentative pathway requires further consideration in the light of longitudinal research conducted in a range of local settings, including in contexts where work is being done to actively foster a social environment receptive to young people's voices.

8.2.1 Receptive social environments – supporting 'listening ears' and 'in-between spaces'

As outlined earlier, it has been suggested that social change requires the development of poor people's voice, but also the development of social environments that are receptive to these voices (Campbell, Cornish et al. 2010). Analysis of the Tok Piksa Project suggests that participatory processes such as Photovoice can play an important role in building young people's voice, but that without these voices finding a receptive audience it will be very difficult for young people to take action to address their critically framed health priorities. That is, participation is necessary but not sufficient for achieving health-related change. The 'pathway' between participation and health-related change, that is the demonstration of 'concrete' empowerment, is tenuous and requires concurrent efforts to "create receptive social environments in which powerful social actors are willing to heeds the demands of the marginalised" (Campbell, Cornish et al. 2010, p.964).

The participatory Tok Piksa Project supported young people's voices, but paid less attention to engaging with community leaders and other actors in positions of social power. Therefore, whether the youths' voices found 'ears' willing to listen was dependent on the pre-existing symbolic, material, and particularly, relational contexts in the three different settings in which the project worked. Where there were receptive leaders in the community, as was the case in Banz, what the Tok Piksa process contributed was an in-between space (through the community exhibitions) where the young people's voices and the leaders' ears could be brought together.

In their analysis of various national social movements, Campbell, Cornish et al. (2010) highlight that factors such as coalition building, links with elite political and legal networks, and skilful use of the media, have contributed to the success of large-scale movements in getting their demands heard. Analysis of the Tok Piksa Project begins to point towards factors at a small-scale local level that might make a social environment receptive to the voices

of young people. I suggest that such an environment requires 'listening ears' (community leaders willing to hear what young people have to say), and 'in-between' spaces (where community leaders and young people can be brought together in a potentially dialogical space).

While the research described in this thesis points towards possible features of a receptive social environment, such an environment was not achieved in this project. Far more needs to be done at all levels to develop understandings of *how* to foster such receptive social environments where the powerful – including donors and NGOs – are willing to listen and able to hear the voices of those less powerful. The Tok Piksa Project demonstrates that participation alone cannot lead to concrete empowerment in the absence of such an environment. What does this mean for the practice of participatory initiatives with young people?

8.3 Implications for practice

Thus far in this chapter I have argued that a) dialogue is the foundation upon which the development of critical thinking and critical action is based; but that b) dialogical engagement requires certain communicative and procedural pre-conditions; and that c) Photovoice can be an effective tool for establishing these pre-conditions. I have also suggested that participation in dialogue can promote the health-related change so often sought by participatory endeavours by supporting the co-construction of new knowledge, as well as changes in the skills, relationships and social psychology of individuals and groups. The new knowledge, skills, relationships, and social psychological attributes potentially arising from participation may lead to critical thinking and critical action towards the achievement of health-related change.

However I have also emphasised that dialogical and participatory spaces are located within a wider social environment that is often anti-dialogical in nature, and in which the symbolic, material, and relational contexts (Campbell and Cornish 2010) can act to constrain the achievement of

dialogue, and particularly the enactment of strategies for critical action on health.   In this section I discuss the potential implications of the Tok Piksa Project for practice.   By drawing together the thick description of this localised project with a broader health and development literature, I suggest that the Tok Piksa Project reinforces calls for programs to move beyond supporting young people's voices through participation, to *also* developing receptive social environments (with 'listening ears' and 'in-between spaces') in which young people's expression of their health priorities may lead to collective action for health-related change, that is, concrete empowerment (Cornish 2004).   In doing so I outline limitations to existing approaches highlighted by this project, as well as suggesting potential starting points for organisations seeking to genuinely support action for change.

8.3.1 Limitations of existing approaches highlighted by the Tok Piksa Project

Analysis of the Tok Piksa Project suggests a number of limitations to current approaches to promoting young people's health, and preventing HIV, in Papua New Guinea.   I argue that the factors discussed below hinder the ability of NGOs, government agencies, and their supporting donors, to contribute to sustained and substantive change in young people's health.

Pre-determined program priorities clash with youth priorities

Participants in the Tok Piksa Project worked together to analyse and present their priorities in relation to health in their local contexts in the Highlands of PNG.   These priorities demonstrate young people's broad and holistic understanding of health.   This is in stark contrast to the narrowly defined 'targets' of programs working with Papua New Guinean youth, which predominantly have the goal of preventing HIV and are funded upon the basis of pre-determined organisational and donor priorities.

While HIV, in and of itself, was not seen as a priority by these young people, the social and structural influences on health that they did prioritise – such as

exclusion from education and employment, difficult family relationships, sexual violence, and substance abuse – are demonstrably associated with increased vulnerability to HIV (Parker, Easton et al. 2000; Campbell 2003; HELP Resources 2005; Kim and Watts 2005; Lepani 2005; Aggleton, Ball et al. 2006; Morojele, Nkoko et al. 2006; Jenkins 2007; Hargreaves, Bonell et al. 2008; Lewis, Maruia et al. 2008; Pettifor, Levandowski et al. 2008; Pronyk, Kim et al. 2008). These social and structural influences on HIV vulnerability are referred to in the *National HIV Prevention Strategy 2010-2015* (PNG National AIDS Council 2010), but are inadequately addressed by actual prevention programs in PNG. Programs tend to focus on the proximal determinants of infection (promoting condom use, reduced numbers of sexual partners, treatment of sexually transmitted infections, and voluntary counselling and testing), without devoting resources to addressing the broader factors which increase the likelihood of young people being in a situation where they may become infected. This narrow focus fits with the expectations of donors and organisations alike as to what HIV-prevention 'should' be, and enables organisations to meet the current and growing pressure from donors for quantifiable performance information (Eyben 2010). However, young people's expressed priorities remain unaddressed. It is imperative that organisations and donors working in PNG listen to youth and identify strategies by which they may be able to utilise the resources available for HIV-prevention to address the wider context in which HIV transmission occurs.

It is apparent that addressing the broad range of family, community and structural factors that impact on young people's health and well-being is beyond the capacity of any individual health promotion program or organisation working in PNG (including those focused on HIV-prevention). Therefore there is a clear need for organisations implementing youth-focused health and HIV programs to link with other initiatives (for example in the agricultural, development, business, juvenile justice, and education sectors) in order to collectively respond to the broad determinants of young people's health. However, as in many other settings, NGOs and community-based organisations in PNG are often competitive, do not readily share information,

and have a limited track record of collaborative activity. This research project demonstrated a need for 'in-between' spaces where youth and elders can communicate about health. However dialogical spaces where different NGOs, churches, government bodies, and donors working on health and HIV in PNG can come together to develop relations of trust, and co-construct new knowledge about effective strategies for promoting health, are *also* clearly required.

Projects have unrealistic timeframes for change

A key finding to emerge from the Tok Piksa Project was of the importance of time. Young people's participation, their ability to engage in dialogue and critical reflection on health, changed over time. Young people's relationships, confidence, trust and thinking about future also evolved over time. This emphasises that participation is a *process,* with longitudinal as well as spatial characteristics. This contrasts with notions of participation as an 'event' that occurs at particular instances (such as during a participatory needs assessment or project evaluation). It also presents a challenge to organisations working within an operational environment based on short-term funding and project cycles.

Despite overwhelming evidence that community-based health promotion (and HIV-prevention) requires a long-term commitment of personnel, managerial support, and funding (Arole and Arole 1994; Cornish and Campbell 2009; Yang, Farmer et al. 2010) there continues to be pressure on organisations to focus on short-term productivity in order to access donor payments. In PNG this remains the case despite research demonstrating that long-term outcomes, that require development of local leadership and capacity, are negatively influenced by this short-term focus on 'contracted deliverables' (Ashwell and Barclay 2009; Ashwell and Barclay 2010). Operational research has also demonstrated that the short timeframes imposed upon organisations' activities in PNG do not adequately reflect the substantial challenge to health promotion and HIV-prevention posed by difficult symbolic, material and relational contexts (Koczberski 2000;

Hawksley 2006; NHASP 2006a; ODE 2009). In this project, the ten-month timeframe was inadequate for even the most motivated and locally supported youth group to begin planning how they might 'get to action', let alone actually acting on their identified health priorities. I suggest that organisations need to develop an in-depth understanding of the contexts in which they are working and to use this knowledge to challenge donor expectations of change in the short-term; to realistically define what 'success' might look like at different stages of project implementation; and to advocate for time horizons that reflect the challenging contexts in which they work.

Homogenising representations of youth prevent learning

Organisations working with young people often identify youth as the 'targets' or 'beneficiaries' of their activities, so framed because they are 'at risk'. Representing youth in this way negates youth agency, reinforces an unhelpful subject-object dualism, and does not allow for consideration of 'subjects-in-process' (McAfee 2000; Nolas 2011). Categorising young people as being 'at risk' suggests that they are a homogenous group, facing risks that are known and that solutions, therefore, can be anticipated, packaged and 'scaled up' for replication in different times and places. This discourse of 'targeting at risk youth' does not allow for surprise – or creativity and innovation – and prevents us learning from local processes of struggle.

The stories of the Tok Piksa participants suggest diversity of experience, adaptation to local context, and varied processes of becoming (Deleuze and Guattari 1987). Organisations working with young people need to do so in ways that support these processes of becoming through flexible and responsive programs, rather than in ways that seek to contain youth activities to the rigid and preconceived outputs of management tools. Organisations need to recognise that processes of becoming do not occur in isolation (and in fact can only happen with others), and that how the apparatus of development projects interact with youth plays a role in how young people view themselves and their possible futures. In his call for dialogical research, Frank (2005) reminds researchers – and the same caution should apply to

implementing organisations – that by interacting with young people, asking questions and even just being present, that we can instigate "self-reflections that will lead the respondent not merely to report his or her life but to *change* that life" (p.968). This suggests that organisations wanting to genuinely support youth participation need to shift from constructing youth as being 'at risk' to finding ways of accommodating participants' "extraordinary powers of becoming what their histories would never have led an observer to predict" (ibid, p.969). This would also involve shifting from a transactional to a transformational model of participation, in which to participate is also to change in relation to oneself and to others (Nolas 2011).

8.3.2 The (im)possibility of change?

Given that these limitations – pre-determined priorities, time-pressured projects, and targeting groups labelled 'at risk' – are so intimately associated with the current tools of development management, can government agencies or NGOs actually do this kind of work? Are these increasingly bureaucratised entities (Cooke and Dar 2008) able to facilitate and support processes of transformation? Is it in fact possible to support social change through development interventions?

These questions bring to mind the frustration I recently experienced whilst part of a team evaluating a complex multilateral health program. In something of an outburst, I made comment to a wise and immensely experienced colleague about the obstructive role played by bureaucracy in the delivery of development programs. He reminded me that a desire for social change was admirable, but that it was not actually the agenda of donor agency personnel. Their priority was not *development*, but rather the contractual delivery of a *government's development program*[20] - not at all the same thing. The subsequent pressure on NGOs (and officers in the various layers of government in many settings) to prioritise pre-determined, contracted 'deliverables' is at the expense of their ability to hear and respond

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[20] Thank you to Mike Crooke for this patient observation, and much else besides

to community priorities. The creep of managerialism into the community development sector means that many NGOs value personnel skilled in proposal writing, logframe design and contract management. It cannot be assumed that personnel with these technical skills will also be skilled in listening, facilitating, engaging in dialogue, or responding to contextual complexity.

Does this suggest that transformational models of participation can only be supported by activists and revolutionaries? Or indeed that participatory research can only be conducted by students or other non-professionals? I don't think so. My faith in the continued role of NGOs and government agencies is based on the fact that these organisations are made up of individuals, individuals capable of finding openings and avenues within the constraints of their organisations' bureaucratic structures. The web of human relationships that form the basis of international aid and development work (Eyben 2006) are potentially *dialogical* relationships, even in unpromising circumstances. Organisations themselves are always in flux, in the process of becoming (Tsoukas and Chia 2002).

Given the inherently human, 'becoming', nature of health, community and development work, it seems important to disseminate analyses of attempts to facilitate transformational processes, knowing that how research findings are interpreted and used, 'picked up' and made transferable, by others working in different times and contexts is unpredictable. I agree with Gulrajani (2010, p.144) when she argues that critique of development interventions must not "come at the cost of both action and alternatives, thereby implicitly sustaining the conditions of under-development". It is in this spirit that I reflect on the Tok Piksa Project to suggest potential starting points for working differently with young people in PNG that might more fruitfully contribute to health and development organisations supporting genuine processes of social transformation.

8.3.3 Facilitating self-reflection, self-representation, and spaces 'in-between' – a new role for health promotion programs

The Tok Piksa Project worked to establish a particular space for dialogue in which young people could engage in a process of self-reflection and self-representation. The project also worked to foster connections between youth and decision makers in their communities through the exhibition of young people's photo-stories, with the exhibitions themselves acting to create an 'in-between' space across positions of social power. However the Tok Piksa Project was subject to a number of very real constraints, with the ability to participate and the potential benefits of any participation, not being shared equally by all the youth involved or by the three different youth groups. Does analysis of the project's successes and limitations suggest any starting points for those designing and implementing youth-focused health promotion activities?

From the perspective of a researcher who, through this thesis, has tried to adopt a critical stance towards youth-focused participatory endeavours and is ever mindful of the complex, dynamic and localised nature of interventions, I feel reluctant to make general 'recommendations'. However, as a practitioner I have always been frustrated by researchers that do not attempt to distil complex and contextualised material into concepts that might be useful to others working in similar areas. I am also particularly mindful of the hope explicitly expressed by several of the young Papua New Guineans at the heart of this project, that the new understandings that were co-constructed with and through them be disseminated widely so as to be helpful to young people (and those working with them) in other places:

> … *"This project is the first of its kind and I think will have an impact today, as well as after is possible. I'm confident that what we learned here in North Waghi will help change the situation in other communities also and help develop their young people. I hope that what you tell about our efforts goes through to national level*

and government organisations in PNG, and to all other places too"... (Tommy Tai, Banz, participation story)

While analysis of the Tok Piksa Project does not lend itself to concrete, bullet-point recommendations for practice, reflection upon the rich story outlined in this thesis does suggest 'working hypotheses' (Lincoln and Guba 1985), or starting points that may provide some pieces to the puzzle of how development organisations can more effectively support the social transformation necessary to prevent HIV among young people. However my analysis also suggests that much remains to be done in developing these ideas, with the discussion below anticipating the final section of this chapter that outlines limitations of this research project and points towards areas for future research. Whether the strategies I have used to achieve transferability (thick description of context, and detailed presentation of the processes through which data were generated and analysed) have been successful will be determined by readers' assessments of the usefulness of these hypotheses, and their subsequent use of the concepts generated by my analysis in their own future research and practice.

Prioritise support for young people's voices

The participants in the Tok Piksa Project were all volunteers in HIV-prevention activities. They had previously had opportunities to develop knowledge and skills directly related to HIV and its prevention. However, their reflections upon the experience of this research project emphasise that it was the skills and resources they developed for communication that supported positive psycho-social change, their ability to co-construct new knowledge, and to share their perceptions about health with powerful others. It needs to be emphasised that these resources for communication were grounded in *self-reflection* and reflection with others, rather than simply the participants developing the capacity to express their views louder or more often. Instead, the project aimed to support communication based on pauses, considered reflection, and the critical framing of issues, that is, it was communication that aimed to interrupt and transform (Deleuze 1992).

Organisations working with youth could potentially support the development of resources for such reflective communication by facilitating opportunities for young people to take time for quiet and thinking. Programs could also provide opportunities for youth to come together to practise listening, speaking in front others, articulating difficult ideas, and to reflect critically with others upon their local context. This support would require organisations to work towards establishing a dialogical space where young people could work together to build skills through role play, using visual resources in their communication, and exploring issues through participatory tools for analysis. By prioritising communicative skills, as much as they currently do technical skills, organisations would be able to support young people in building their capacity to engage with decision makers. Through this engagement, youth would be better placed to work towards long-term changes in the structural and social factors impacting upon health. This would also support young people to develop and articulate their own critically-framed positions on health issues, to challenge prevailing negative representations of youth and their health-related behaviours, and to raise their voices in a 'push from below' (Campbell, Cornish et al. 2010). In sociological terms, this implies that organisations could consciously act to facilitate the development of a youth counterpublic (Fraser 1990).

However, as Freire (1970), Fraser (1990), Lefebvre (1991), Campbell, Cornish et al. (2010) and others have emphasised, social transformation cannot be brought about by marginalised people building skills in communication alone. Organisations working with youth also have a role to play in facilitating spaces where young people with communicative skills can connect to powerful others to advocate for their own interests, and to gain support for action.

Identify ways to cultivate 'listening ears' and 'in-between' spaces

Analysis of the Tok Piksa workshops demonstrates that they fostered the co-construction of a social space analogous to Fraser's (1990) counterpublics, where participants could collectively negotiate priorities, develop plans for

youth-led activities, and rehearse how they would like to engage with influential people in their communities. The exhibitions were then an important opportunity to link this social space with the arenas in which local power is brokered, acting as an 'in-between' space where participants and decision makers could engage directly on youth health through discussion of the young people's photo-stories. The Tok Piksa exhibitions were so highly valued by the participants because they provided what was often their first opportunity to speak with, and be heard by, those more powerful. Organisations seeking to work in support of youth health could purposively seek opportunities to facilitate connections between the spaces of youth and those of community leaders in 'in-between' spaces. This may be done by youth-focused organisations seeking to also work directly with community leaders. However local level leaders often have insufficient power in the government hierarchy to tackle many of the issues that may be identified by youth. Therefore organisations need to also engage with programs working with people at different levels of power in the community (for example, through governance or sectoral-reform programs), and their donors, to find opportunities or openings to foster a chain linking 'in-between' spaces from the local level through to national level difference makers.

Analysis of this project highlights the importance of 'in-between' spaces, but it contributes less to understandings of how to cultivate 'listening ears'. The social spaces created by the Tok Piksa exhibitions were important for linking youth and leaders, but what if the leaders are insufficiently interested to come to the space in the first place? Working with community leaders and decision makers was not the focus of the Tok Piksa process, and the project was quite unsuccessful in engaging local leaders in at least one of the research settings. The identification of strategies for connecting with community leaders, building their interest and ability to listen to young people, and their capacity to act collaboratively with others, requires considerably more work at both a theoretical and practical level. However, in each instance such strategies will need to be informed by a robust understanding of the peculiarities and nuances of the local contexts in which programs operate.

Prioritise understanding of context

The ability of the Tok Piksa Project to engage with, and facilitate the participation of, young people was significantly shaped by the pre-existing context. Certain aspects of these pre-existing contexts were comparable across the settings in which members of the three youth groups lived. In all three locations, the material context of the young people's participation was quite similar. However, as discussed in the previous chapter, the relational and symbolic contexts (Campbell and Cornish 2010) were different across the three project locations. Analysis of the project confirms that strong local leadership and community cohesion provide a supportive context for youth participation, whereas inactive local leadership and a fragmented community do not. This correlates to much of the 'community readiness' or 'community competence' literature (Cottrell 1976; Goodman, Speers et al. 1998; Kelly 1999; Campbell, Nair et al. 2007). In addition, where young people's previous interactions with development initiatives have been based around the identity of being a project 'beneficiary' this can undermine efforts to stimulate critical thinking and action. Where does this leave practitioners who want to work with young people in communities with poor reputations, that are characterised by division, unsupportive leadership or passive past experiences with development projects?

The pre-existing symbolic, material or relational contexts of a community cannot be changed, and discussion of their impact on participatory endeavours can seem paralysing. However, leaving the pre-existing (historical) context unexamined and unacknowledged does not alter the fact that it will significantly shape planned programs and what they can achieve. By devoting resources to the assessment of this context, organisations can adapt their expectations, plan realistically, and potentially identify local points of leverage which they may be able to use in support of their aim of improving young people's health.

Reflection upon the Tok Piksa experience suggests that organisations seeking to engage youth and support their participation would benefit from

seriously assessing the specific local context of the communities in which they live *before* commencing their youth-focused activities. This would involve allocating organisational resources to a process that seeks to gather more than 'baseline' data or the common pre-intervention survey of Knowledge, Attitudes and Practices with regard to a particular health issue. Assessment of the symbolic, material, and relational dimensions of context could include a focus on the local leadership structure and functioning; areas of community cohesion or fragmentation; past experiences of development projects, including participatory initiatives; existing avenues for youth 'voice'; as well as assessing how young people's participation may be affected by local infrastructure, representations of young people (and in the case of HIV programs, of youth sexuality and the level of stigma associated with the epidemic), and the over-riding factors of gender and poverty. The *process* of this contextual assessment could begin to build relationships between community power brokers and the organisation. An in-depth contextual assessment should inform how an organisation seeks to engage young people and community leaders in the first place, allowing project staff to develop locally appropriate strategies for supporting participation (which would likely be different in different project locations). Such a contextual assessment could also be used by an organisation to advocate to donors, partners, staff, and indeed local communities, for realistic expectations as to what any project may achieve within a specific time-frame.

Listening to women as a first step

Findings from the Tok Piksa Project correspond with a vast academic and practice-based literature that highlights the over-riding influence that constructions of gender, and gender-power relations, have on the experience of health, participation, and the ability to take health-promoting action (Welbourn 1995; Campbell and MacPhail 2002; Dowsett 2003; Keleher 2004; Kim and Watts 2005; Seeley and Butcher 2006; Wardlow 2006; Barker, Ricardo et al. 2007; Gupta, Parkhurst et al. 2008; Hinton and Earnest 2010). The deep-rooted nature of gender inequity, and its seeming intractability, can be overwhelming to practitioners and participants alike.

The struggles we faced in the Tok Piksa Project do not readily translate into actionable strategies for organisations seeking to contribute towards more equitable relations with, and between, young men and young women. However, this does not mean that I somehow want to side-step around gender in my attempts to distil useful concepts from this research process. It does mean that I am still wrestling with starting points that seem so small – gender-specific groups, strong female role models within organisations, opportunities for public acknowledgement – in the face of a problem that seems so big.

My personal sense of paralysis on the position of young women in PNG, an issue where there was a failure of dialogue in the Tok Piksa Project, is partially alleviated by noting that the young women involved highly valued the 'small wins' that they experienced through the project, such as opportunities for travel, public speaking and to gain recognition from community leaders. This corresponds with research emphasising the importance of identifying achievable 'first steps' from which young women can gain confidence and experiences of success (Weick 1986; Scheyvens 1998), and in respecting women's perspectives on what 'empowerment' means in the context of their own lives (Campbell, Nair et al. 2006; Cornwall and Edwards 2010). Despite my frustration at our failure to achieve dialogue on gender in the project (a frustration shared at times by some of the female participants), a number of the young women involved reported that the experience of participation was psychologically empowering. While from a Western feminist perspective the changes the young women describe may seem rather insignificant, to the individuals involved they were not. Their experience points towards the importance of women having the opportunity to tell their story (including to well-meaning gender-mainstreaming development agencies), and be heard. The research suggests that rather than developing 'gender strategies' and providing 'gender training', an important first step for organisations working with young women in PNG would be to foster social spaces (counterpublics) where young women can work together to articulate their priorities and describe what processes of becoming empowered might mean from their perspective. Organisations with 'listening ears' may then be able to work

with young women to develop new knowledge about what kind of external support might be most useful to them in that particular context.

8.4 Limitations of this research

The research described in this thesis is exploratory in nature and involved an approach that does not entirely conform to the conventions of the scientific paradigm that so often shapes public health work. The Tok Piksa Project was small, locally-situated and qualitative, meaning that the criteria of reliability and validity are ill-suited as measures of the research's value and trustworthiness (Bauer and Gaskell 2000). Instead, I have drawn upon Bauer and Gaskell's (2000) alternative measures for establishing the rigour of qualitative work. I have triangulated data generated with different participants, but also through the range of methods used, noting the inconsistencies and contradictions present in the material (and as discussed in this thesis). In fact, in many ways it is the contradictions and inconsistencies present in young people's accounts that give me confidence in the sincerity with which the participants engaged with me and with the Tok Piksa Project. Processes of becoming do not lend themselves to consistently agreed representation.

I have described the process of implementing the Tok Piksa methodology, and the generation and analysis of data, in considerable detail to increase both transparency and procedural clarity. Agreeing with Heraclitus, that it is not possible to step into the same stream twice, I do not claim that this study could ever be 'replicated' per se. However I have endeavoured to provide sufficient detail to support other researchers' 'human judgements' as to the transferability of the working hypotheses generated by this project (Lincoln and Guba 1985), and to inform those who may want to build upon, interrogate, scrutinise or otherwise investigate what is described here in their own setting.

This project involved working with a small number of young people. They were not randomly selected but were already members of three pre-existing

youth groups, and all of these participants were volunteers in HIV-prevention work. It is quite possible therefore that some of the claims made in this thesis – for example, that participation in self-reflection and self-representation can support young people to engage in dialogue, critical thinking, and develop new psycho-social resources – may only apply to certain types of young people. Are those young people most likely to become a volunteer the same youth most likely to, or able to, develop new psycho-social resources through participation? Future research working with a more diverse range of participants is needed to answer this question.

The focus of the research described in this thesis was on establishing young Papua New Guineans' priorities in relation to health and HIV, and exploring how participation may affect their ability to act to address these priorities. The research design did not specifically focus on establishing social environments receptive to young people's voices. However, the lack of such an environment substantially constrained the young people's ability to act, and in some cases their very participation in the project (particularly in the case of young women). This limits my ability to contribute to understandings of the relationship between collective action and the demonstration of concrete empowerment through the achievement of substantive, concrete change in relation to health. Further research investigating this relationship is certainly warranted.

8.4.1 Possibilities for future research

The findings of this project suggest future research in a number of areas would be fruitful. In the first instance, it would be useful to undertake similar work to the Tok Piksa Project but with young people who are not already volunteers actively engaged in HIV-prevention or health promotion work, in order to address the question raised in the discussion above. To explore how young people's greater access to communication technology and 'modernisation' interacts with their construction of dialogical social spaces, a research project similar to Tok Piksa could also be conducted with youth

living in a more urban environment such as, in Papua New Guinea, those found in and around Port Moresby or Lae.

The struggles experienced in the Tok Piksa Project confirm that research designed to specifically investigate the role that participatory action research approaches may play in supporting young Papua New Guinean women is sorely needed. Participation in dialogical spaces may potentially support young women's coping (Hinton and Earnest 2010), however the identification of ways to foster environments receptive to hearing women's voices is also required to begin tackling the more fundamental challenge of social justice for women and girls.

This issue of 'receptive social environments' is perhaps the most pressing area for future research illuminated by the Tok Piksa Project. I have suggested that at a local level, 'listening ears' and 'in-between spaces' may contribute to social environments being receptive to the voices of marginalised people. Research that establishes the utility of this suggestion is needed, retrospectively exploring the nature of social environments that have proved receptive to young people's voices, as well as through prospective studies. Prospective case studies would be particularly valuable in investigating *whether* and *how* receptive social environments can be fostered by health and development interventions, given the constraints inherent in the practice of international development.

I am also interested in how building participatory research into the design of youth-focused programs may influence the evolution of these programs over time, and whether this process can be captured and documented in situ. To this end, participatory research aimed at fostering dialogical spaces has been incorporated into the design of a youth-focused HIV-prevention initiative currently underway in Bougainville, PNG (CARE 2010). The experience of this new project may contribute one case study with which to explore questions of whether initiatives that aim to create dialogical space are found to be of value to NGOs and other implementing organisations; whether they are found to be of value to donors; and, in particular, whether

they are of value to communities. Such a case study may also contribute to discussion as to whether initiatives to create dialogical space are 'implementable' by NGOs.

There is currently a strong international push for development practitioners to share strategies for encouraging funders to measure and evaluate social transformation efforts in more contextually meaningful ways (Eyben and Guijt 2011). It is unclear whether non-quantifiable, non-linear activities such as the creation of dialogical social space or the promotion of receptive social environments can be measured in ways that donors value and understand (Reid 2010). Therefore there is a need for the development and analysis of more detailed case studies, rich in their description of how social change processes actually occur (or are blocked) in local contexts, to contribute to these international endeavours to gain support for efforts towards genuine transformation.

8.5 Conclusion

In providing a detailed examination of the processes and effects of the primary research method, Photovoice, this thesis extends the theoretical basis of a tool increasingly popular in the health promotion, youth engagement, and community development fields. In analysing the relationship between the young people's participation in a research project and their ability to enact strategies to improve their health and well-being, the thesis also contributes to social psychological understandings of the pathways through which participation may impact upon health. Reflection upon the data generated by the Tok Piksa Project highlights limitations to current approaches to youth-focused health and HIV programs in Papua New Guinea, but also suggests potential starting points for a different way of working with youth that may allow for the possibility of transformation. In particular, the knowledge about health that was co-constructed by and with the young participants in this project contributes to grounding the practice of youth-focused initiatives in the complex realities of local Papua New Guinean contexts.

As I sit trying to complete a first draft of this chapter, indeed of this thesis, the phone rings. It is John Kupul calling. John was one of the participants from Banz. An active leader of the youth group, he wrote the controversial script for the Kanaka Youth Group's drama to be performed at their local exhibition. At that time we locked horns to a degree over issues related to gender, sexual violence and HIV. In locking horns we also formed a relationship that is at times dialogical, at times one of friendship, and at others one of patronage. When I left Banz at the end of the Tok Piksa fieldwork, John presented me with a *bilum* made by his wife. Some months later he rang me in Australia to say that I now had a *wannem* ('one name') or namesake – his newborn daughter had been named Cathy after me. Through this act, John was acknowledging that the Tok Piksa Project had been important in his life, and was a process through which we had formed a valued relationship. However John was also cementing social ties and obligations – an older namesake is expected to have an indulgent relationship with the younger – and acting strategically to ensure that, amongst other things, I would come back.

John has remained in frequent touch since I left Papua New Guinea to produce this thesis. The phone calls can involve keeping me abreast of local events, but also requests for money for school fees, transport, replacement of stolen mobile phones, and medicines. For me, my relationship with John is illustrative of many of the ambiguities and tensions involved in dialogical research. On entering his world, I struggled to establish a space for dialogue and to co-construct new knowledge with him (and the other participants). At times we have reached new understandings and been able to, in small ways, put praxis into practice. However, there remains a strong thread of patronage to our relationship that is in distinct contrast to idealised representations of youth empowered through participation. To John, I suspect this is not a problem. However at times it leaves me quite uneasy. While I realise that to engage in research like that described in this thesis means accepting social obligations, there are times when I find the ambiguities involved in such a participatory process to indeed be a problem.

I was motivated to commence this research in the first place because I had nagging doubts about the practice of participation in health programs in Papua New Guinea. In reflecting upon how I have changed through my dialogical engagement with the young Tok Piksa participants, I realise that perhaps the process has left me *more* unsettled than before. I asked how young people could be better supported to take control of their health in the context of Papua New Guinea, and I feel like I am left with a list of adverbs (slowly, receptively, realistically, cautiously, humbly). While adverbs don't have a comforting sense of conclusiveness, they do feel 'right' as a conclusion to this research process. And the uneasiness I feel is not something I consider to be a disappointing outcome – the disquiet suggests elements of transformation.

Through the Tok Piksa Project I have become something other than I was before, as have my young interlocutors. My strong and continuing commitment to findings ways that organisations and practitioners can work with young people across positions of power, and in difficult contexts, is inspired by our shared potential for this becoming. It is my hope that the story presented in this thesis contributes to researchers and practitioners being able to work in ways that are open to uneasy processes and unsettling outcomes, and therefore to the possibility of genuine transformation.

Appendix 1: Putting a method into practice

One of the aims of this thesis was to investigate how participation may affect young people's ability to take action in relation to health. In Chapter 4 I outlined the methodology that was used to generate and analyse the data that I have drawn upon to do so. In the interests of reproducibility and transferability, in this appendix I provide detail of the actual *implementation* of this methodology.

The broad literature on participation is often criticised for being vague and amorphous, rarely defining the 'who, what, where and how aspects of involvement' (Vandervelde 1979, p.5). Researchers note that the tendency to call almost any activity that in some way involves local people 'participatory' means that the details of practice in particular contexts often goes unexamined (Jones and SPEECH 2001). In response, this appendix seeks to provide details of what the young people and I actually participated in, in this 'participatory' action research project.

As there were up to 46 young people involved in the project, as well as myself, it is not possible to detail every activity associated with the project that was undertaken by all of the individual participants. Instead I have listed the key activities that the majority of youth participated in, and the key activities I was involved in, and described the processes associated with each of these activities. This provides a necessarily generalised representation of the research methodology in practice. The nuanced differences and similarities in how the Tok Piksa process unfolded in the three different project locations, and for different participants, are explored in the empirical chapters of this thesis. The extended table on the following pages outlines the range of activities that constituted 'participation' in this research project for the youth involved, and for me. It is designed to inform reading of Chapters 5 – 7 which provide an in-depth examination of the processes, results and actions associated with this participation.

Activities youth participated in	Notes on process
Introductory workshops (held over 1 week)	
Introductions and ice-breakers	Participants in all three groups were familiar with a 'workshop' format and all had experience of exercises that act as ice-breakers. Therefore I encouraged them to take the lead in this process. Introductions were not only to me and each other, but included introducing information about each of their villages. At one site (Banz), the workshop was formally opened by the District Administrator and the first day attended by the District Health Promotion Officer. In Kainantu this first session was attended by a SCiPNG staff member. As is the convention for workshops in PNG, the youth themselves established ground rules for participation which were listed on the wall throughout the week.
Brainstorm about influences on young people's health	I facilitated a large group discussion about health, which included asking the youth what they thought 'health' was, and a brainstorm of issues that participants thought had an important impact on their health and wellbeing, in both a positive and a detrimental way.
Introduction to Photovoice	This session was an informal presentation by me, introducing the concept of participant-driven photography. Whilst this wasn't a formal lecture, and participants were encouraged to ask questions throughout, it was predominantly a one-way flow of information from me to the youth. Photovoice was not something that any of the participants were familiar with (its use had not been previously documented in PNG).
Overview of photography for communication	Here a number of photographs from local newspapers were presented and used to discuss what issues could be raised or communicated through photographs. In small groups the youth talked about the photographs with each other, noting that a combination of text and images communicated more (and in a more interesting way) than either medium on their own. The groups discussed with each other what they thought made for a 'good photo' (that is, one that was effective in communicating a message), and then presented their ideas back to the group. I also shared my perspective on photos that communicate well.
Discussion of ethics and safety	I initially asked participants to discuss in pairs the statement "the camera doesn't lie". Here, by looking at more local newspaper photographs without their accompanying story, we identified ways that photography could in fact misrepresent people, places and events. This led into a group discussion of issues related to 'power' and photography, where participants shared ideas about the responsibilities of photographers. To do this I used example photographs from the local newspapers in PNG, asking how these images could be (mis)interpreted or (mis)represent people, places and events. This led to an introduction of the concept of ethics, initially to the larger group and then with small group discussion of potential harms associated with Photovoice ('ethics' doesn't translate well in Tok Pisin, and was discussed more as 'right', 'good', 'fair', 'not buggering things up'). Ideas from the small

Activities youth participated in	Notes on process
	groups were presented back to the plenary by volunteers in each group, and I facilitated a larger group discussion about the potential harms identified and ways that we might avoid them.
Deciding principles for photographers	The youth were given three topics from the list of health-related issues affecting young people that had been raised earlier (marijuana, child abuse, HIV, unplanned pregnancy and so on) to discuss in small groups. Each group was asked to come up with a list of potential consequences associated with taking a photograph of such a topic. Consequences identified ranged from positive (increased community awareness, changed government policy) to negative (shame, embarrassment, harassment, jail). A handout identifying potential ethical issues associated with community-based research was then distributed to the participants. In plenary, the small groups shared the consequences of photography that they had identified, and these were (if necessary) added to the list on the handout. Finally a number of principles were identified by the participants as things to consider when taking photographs – these included obtaining informed permission (consent) before taking the picture; people's right to privacy; honest representation of people and communities; not incriminating or embarrassing others; not taking risks themselves (safety); protecting children; respect.
Practising explaining project to others and asking for consent	I handed out explanatory statements to the participants, which were intended for use in seeking their consent to participate in the project. However, we also discussed the information contained in the statements (in a large group) in order to develop strategies for participants to use in explaining the project to others, so that they would be able to ask for consent from community members when taking photographs. Participants then practised explaining the project and asking for consent through role play exercises with each other. I facilitated a large group session at the end to enable the youth to share with each other their ideas and strategies for approaching people.
Practising taking photos *Photograph: Linda Tiri (Banz) with her first camera and handout giving basic tips on photography*	Participants were each given a disposable camera, and a hand out on tips for taking good photographs (including information on winding film on, using a flash, framing, avoiding blurry or grainy photographs, managing the sun, storing the camera etc). Initially participants practised taking photos with each other and at home (overnight). They then went out in pairs or small groups to practise approaching people, asking for consent, and taking photographs in town – and were able to give feedback to each other on this process. The participants agreed that for each of the cameras that

Activities youth participated in	Notes on process
	they were given during the project, at least half of the film would be used for photographs relevant to Tok Piksa. They were reassured that they could use quite a few of the shots on each camera for their personal reasons (for family, friends etc).
Consenting to (their own) participation	Whilst I was away from the workshop developing the participant's films in the respective provincial capitals, the young people reviewed the project's explanatory statement (see Appendix 2) that they had been given earlier (both an English and Tok Pisin version of this statement was given to each of the participants). In my absence, the group leaders (or in the case of Kainantu, staff members) were able to discuss the project in more detail with the participants. This gave the youth the opportunity to debate their involvement in the project in *tok ples* (local language), without me there. As a group they came up with specific questions about the project and what their involvement in it would mean. These questions were recorded by the group's leaders, and discussed on my return to the workshop the next day.
Selecting photos and discussing these in small groups using the SHOWeD method	After these first films were developed participants were given back their photographs and they selected (usually) two photographs that they thought were important and wanted to discuss in small groups. Participants were introduced to the SHOWeD method (Wang, Morrel-Samuels et al. 2004) to stimulate deeper and potentially critical discussion of the selected images. Wang uses the acronym SHOWeD to prompt discussion of photographs around the questions: What do you **S**ee here? What is really **H**appening here? How does this relate to **O**ur lives? **W**hy does this situation/concern/strength/resource **E**xist? What can we **D**o about it?
Large group discussion of photos	Key points from the small SHOWeD discussions were fed back to the larger group, giving all youth the opportunity to ask questions and make comments in relation to the issues underlying the situation captured in the selected photographs – which, even at this early stage, led to some participants discussing whether the situations they were depicting were an individual's responsibility, a community responsibility, or something government was responsible for. This was the first real opportunity for participants to see the potential impact of their photographs (learning this from each other) and to think about how Photovoice might work in their communities.
Writing stories about participation	In addition to writing captions or stories to accompany their selected photographs, participants were asked to write stories describing how they had found the experience of this first Photovoice workshop and what it felt like to be a photographer. At this first workshop these stories were shared in small groups, with key points shared in plenary. This increased awareness among the participants that they were not alone in feeling

Activities youth participated in	Notes on process
	nervous/embarrassed/shy/excited etc. about their Tok Piksa activities. This led to a large group discussion giving general feedback on the participant's initial experience of taking photographs in the community, sharing their experience of how people reacted and how the young people responded to questions about the project.
Data generated	First roll of photographs, and some photo-stories First participation stories Observations (captured in my field-notes)

The period in between workshops (approx. 1 month between each workshop, in my absence)	
Approaching people and discussing project	After this, and each subsequent, workshop I left the young people with a camera for approximately one month whilst I was away (facilitating workshops in each of the other project locations).
Taking photographs	During this period the participants took photographs to illustrate factors they thought had a positive and negative influence on their health, approaching community members to ask permission to take their photograph as appropriate. Sometimes participants wouldn't complete their rolls of film. Early on in the project some participants would use up all their frames with photographs of friends and family in the first few days – they became more strategic and/or guarded about using their film as the project progressed (and the initial excitement and pressure from friends for photographs dissipated). In a few instances cameras were lost during this period (only 6 out of 144 cameras handed out didn't come back, for reasons as diverse as the camera being accidently dropped in a lake, a participant's house being burnt down in tribal fighting, or damage caused by younger siblings). One film was irretrievably damaged when there was an electricity blackout half way through processing.

The nine follow-up workshops (3 with each youth group, each lasting 2-3 days)	
Selecting photos and discussing these in small groups	Prior to the workshops starting I made arrangements with one or two volunteers from the participants to collect the films from their peers and then drop them in to the provincial capital for processing. At the beginning of each follow-up workshop participants were given back their photographs and they selected between 1 and 3 images that they wanted to discuss in small groups. The youth continued to use Wang's SHOWeD method to discuss their photographs in the first follow-up workshop, but as their confidence in the process increased, they began to find the 'set' questions constraining (see also McIntyre 2003). It emerged that the young people would rather 'present' their image to the group in their own words (without a question guide), and then ask for comments and questions from their small group. This approach led to greater questioning from group members, and greater interaction and critical discussion of images in the small groups. These small groups were single sex as much as possible,

Activities youth participated in	Notes on process
	to facilitate greater participation in discussion by young women (who tended to be quiet in mixed groups).
Collective review of photographs to assess commonalities and differences	All the photographs taken in the preceding month were laid out on a large table (or the floor) and participants would gather around the pictures, reviewing them for recurring motifs or unusual images. This was a useful analytical process for identifying commonalities (for example, that almost every roll of film taken included a photograph depicting gambling in some form) and differences (young women tended to take more photographs that illustrated their domestic responsibilities, for example). However as an analytical process this also had limitations, as it was often difficult to assess the intended meaning of a particular image without the accompanying narrative that made up the photo-story unit – the participants themselves labelled this process a 'snapshot' review.
Large group discussion of photos	I facilitated a plenary discussion of the group's 'snapshot' impression of the collected photographs for that month. Then key points from the small group discussions of selected photographs were fed back to the larger group. Participants were able to question and make comments about the selected photographs, identifying common themes as well as points of difference among the group. On occasion participants would also note that an interesting or unusual image that they had seen on the floor in their review of the whole collection of photos had not been chosen for small group discussion. For some participants this was a demonstration of their early awareness that a degree of self-censoring might occur using Photovoice (as with other research methods).
Small group analysis of issues identified, using participatory tools including problem trees and causal diagrams (usually done in single sex groups)	During the follow-up workshops, I introduced young people to a number of participatory tools for analysis of community problems and strengths (Chambers 1997; Milligan, Kenton et al. 2006). These included problem (opportunity) trees, causal diagrams and ranking tools[21]. The participants applied these tools to analyse themes emerging from their combined photographs and stories, and in particular to identify and critique factors that were underlying young people's vulnerability to negative health outcomes. The youth reported finding problem trees the most useful of the participatory tools (see examples over page). This may have been because the metaphor of a tree (with roots and branches) is widely used in PNG churches to discuss a range of social and spiritual issues.

[21] I had several years experience in the use of participatory (PRA) tools in workshop settings, prior to commencing this research project. This experience enabled me to recognise, and respond to, the numerous limitations of PRA tools raised in the literature. See, for example, Cooke, B. and U. Kothari, Eds. (2001). Participation: the new tyranny? London, Zed Books, Kapoor, I. (2002). "The Devil's in the Theory: A critical assessment of Robert Chambers' work on participatory development." Third World Quarterly 23: 101-117.

Activities youth participated in	Notes on process
Photographs: Problem trees from Kainantu (on left, used to discuss the issue of second marriage) and Banz (right, used to discuss the issue of their district lacking government services)	
Presentation of these small group analyses *Photograph: Lobo and Regina (Kainantu) presenting their groups' work on gendered influences on health to their peers*	A volunteer from each of the small groups presented back their problem tree/causal diagram etc. In the third workshop this included an exercise where single sex groups discussed and presented to each other an illustration of the different factors impacting upon the health of young women and health of young men, stimulating a large group discussion of the relationship between gender and the experience of health.
Ranking of health issues identified using a participatory tool (ten-seed technique)	In the third follow-up workshop participants were asked to reflect on what they had learned during the process thus far, and then to rank what they thought were the top ten positive and top ten negative influences on young people's health in the community. This was done through an initial brainstorm to identify important factors influencing youth health and wellbeing, with these factors then ranked using the ten-seed technique (Jayakaran 2002).
Selection of photographs for exhibition	Participants reviewed their own collection of photographs taken throughout the project and selected two that they would like included in the exhibition. These were brought together, and the group collectively reviewed the material to assess whether there were any images that needed to be added to ensure the priority health issues were covered (see below). Additional photographs

Activities youth participated in	Notes on process
	were suggested by members of the group, and included with the photographer's agreement. This meant that some participants had two photo-stories in the exhibition while others had three or four.
Gap analysis of issues identified in preparation for exhibition *Photograph: Mike, Johnny, Lobo, Florence and Tama (Kainantu) identifying gaps in the photo-stories selected for exhibition*	In selecting and preparing their photographs and accompanying stories for local community exhibition, the groups of young people jointly (first in small groups, then in plenary) identified any important themes or topics that were missing from their collection and identified how (and whether) this should be rectified prior to the exhibitions. This gap analysis is not entirely the same as an analytical process aimed at identifying 'silences' in the young people's photo-stories, though some may have been identified. Rather the process aimed to identify any unintended 'absences' in the young people's work, ensuring that the priority influences on health that they had listed in the ranking exercise described above were all depicted in their collection. For example, it was at this point that youth in Banz realised that they had not chosen any photographs depicting sport, and that this 'absence' needed to be rectified as they had identified sports teams as an important positive influence on their health. However, the lack of a photo-story depicting *sanguma* (sorcery) was not discussed during gap analysis, with this influence on health remaining a 'silence'.
Inviting guests to exhibitions	The youth groups developed lists of people that they would like to invite to the formal launch of their exhibitions (including traditional and political leaders; local authorities; representatives from organisations working with young people in the province including NGOs, women's groups, churches, health and education services; donors; their family and friends), and distributed invitations. This often involved going to government office buildings to deliver invitations by hand, something that required considerable confidence to do. Participants were thus encouraged to deliver invitations in pairs or small groups.
Planning exhibition processes	Participants divided themselves into groups (which predominantly ended up being single sex groups) who were allocated responsibility for different tasks that needed to be done before the exhibitions. These included delivery of invitations; organising the venue (cleaning, set-up, catering); planning the launch

Activities youth participated in	Notes on process
	program; checking the translation of each of the photo-stories (photos were exhibited with their story in both Tok Pisin and English); deciding whether any equipment was necessary (microphones etc).
Organising and practising exhibition events including drama, songs and speeches *Photograph: Banz participants enjoying watching their peers rehearse the drama written for the exhibition launch*	Each group took a slightly different approach to organising the program of the exhibition launch. Each group organised speeches (with a group representative nominated, and content of the speech debated) on behalf of participants, as well as identifying others they would like to speak. The groups also developed short plays/dramas they wanted to perform, and in the case of Banz, wrote a song for the launch. Rehearsal for the Banz play (in particular) was intense!
Writing stories about participation	Throughout the period of the follow-up workshops, participants were asked to write stories about their participation at regular intervals (at every second workshop). These stories were written by the youth in their own time and outlined any changes that the young people had noted and attributed to their participation in the Tok Piksa Project (around the prompts of changes in how you feel/changes in your experience/or changes in how you see things). These stories were not shared with the wider group but were handed directly to me. At the end of each workshop there was a general group discussion to allow broad feedback on how participants were finding the process of their participation in the project.
Data generated	Photographs (144 cameras were distributed) Photo-stories Stories of participation Problem trees Causal diagrams Results of ranking of health issues Drama scripts Observations (captured in my field-notes)

Activities youth participated in	Notes on process
Local exhibitions (one each in Banz, Kainantu and Goroka, with an official launch and then material staying on view for one week in each site)	
Making logistical arrangements	Participants had to put in place the logistical arrangements that they had made (for transport, catering, getting photo-stories up on the walls, welcoming distinguished guests). In all cases this involved a last minute flurry of activity, 'PNG style'.
Welcome and speeches	Participants who had volunteered to make speeches did so, some in both English and Tok Pisin, remembering to welcome distinguished guests, to explain the aims of the Tok Piksa Project, and to give guests some idea of what participation in the project had been like.
Performance of drama and songs

In Banz and Goroka, participants performed a short play that they had written to communicate about a particular health issue of importance to youth. In Banz (as shown in the photograph above) this depicted the issue of rape and the consequences of violence against women. In Goroka, the young people's play talked about HIV transmission and stigma. In Kainantu the planned drama was not performed due to a fall-out amongst the group (and with other SCiPNG volunteers) on the morning of the exhibition. The Banz group also performed a song that they had written specifically for the exhibition, which referred to young people as being the future of the country and as having a responsibility to make a positive difference to their communities. |
| Receiving certificates | All of the youth were presented with a certificate of participation and were acknowledged for their efforts with applause from the invited guests. The certificates were highly valued by participants. |

Activities youth participated in	Notes on process
Presentation of photo-stories to invited guests *Photograph: Karina Terra discussing her photo-stories with guests at the Goroka exhibition*	At the end of the 'formalities' of the exhibition launch, each of the participants went and stood by their photo-stories. Invited guests were encouraged to go and view their work and ask the young people about the issues depicted. Participants spent (in some cases, several) hours discussing their work with guests. The young people were animated and confident in their presentation of their perspectives on health, but were also happy to listen to the point of view of community leaders and others who were commenting on the youth photo-stories. As discussed in Chapter 7, for me this was the most gratifying aspect of the entire project.
'Manning' of exhibitions during the week	Participants organised a roster of group members so that there was always at least two youth present in the exhibition space during the day for the week after the exhibition. This was partly to ensure security of their exhibition materials, but also to ensure someone was available to talk to members of the public who might view the photo-stories and be interested in learning more about the Tok Piksa Project.
Being interviewed by local media (Banz, Goroka)	In Banz and Goroka the exhibitions were attended by representatives from the local media (the *Post Courier* national newspaper in Banz, and the local radio station in Goroka). This was organised by the participants themselves. The groups selected representatives to be interviewed by journalists about the Tok Piksa Project and young people's perspectives on health.
Planning of post exhibition initiatives	Participants identified small activities that they would like to undertake to address some of the health issues identified in their photo-stories. These ranged from organising town clean up days, to seeking support for training around gender-based violence, to increasing young people's awareness of health issues through exhibiting their photographs and talking at local schools. Each youth group identified initial activities that they would like to undertake and were provided with a small amount of funding to assist in this (which was left in the trust of SCiPNG staff or the Kanaka youth group leader).
Data generated	Drama scripts Observations (captured in my field-notes) Transcripts of group discussions with youth after each of the exhibition launches Media items (newspaper article; notes from radio interview)

Activities youth participated in	Notes on process
Health promotion initiatives (conducted in my absence)	
Seeking further training	As a result of their participation in the Tok Piksa Project, participants in Kainantu identified that they would like further training to learn skills that they could use in their ongoing work as SCiPNG volunteers. This group asked for additional training in talking about gender-based and domestic violence. They approached the local staff in charge of the Youth Outreach Program in Kainantu for support, but unfortunately their request was 'lost' in among various personnel issues at this time, and the head office staff members were unaware of the request until all program monies had been allocated for the year. The challenges faced by the Kainantu group in acting collectively to address health issues affecting youth are discussed in detail in Chapter 7.
Community clean up	Participants from the Banz group organised a town clean up day in response to this photograph taken by Godfrey Mal. They worked in small groups, and recruited other young people (particularly through their church youth groups) to collect rubbish. They sought, and received, the support of the local MP to provide a truck to come and remove all the rubbish that they had collected, and they received a lot of praise for this activity. It should be noted that this occurred in the lead up to parliamentary elections in PNG, and that this activity also generated positive publicity for the incumbent member.
Exhibiting photographs and conducting talks in schools, or to other local youth groups	Participants in Banz organised to visit one primary school and one secondary school with their photo-stories to talk to students about the health issues identified, and to explain what they had been doing during the Tok Piksa Project. In their reports to me they described this activity as an awareness raising exercise, aimed at increasing discussion about health in schools. In Goroka the young people incorporated their photo-stories into their existing peer to peer activities that they conducted through the Youth Outreach Project. The young women used the photo-stories to conduct talks about the health issues identified in the Tok Piksa project. Their reports of this work describe a fairly didactic approach to using the photo-stories, but the young women described these talks as 'behaviour change' activities, reflecting their internalisation of the jargon associated with NGO programs.

Activities youth participated in	Notes on process
Data generated	Written reports (usually about one page) from participants about their activities Field-notes (capturing reflections from SCiPNG staff about the young people's initiatives)
Combined workshop (held over 3 days with youth from all three groups brought together in Goroka) and Joint Tok Piksa Exhibition (with an official launch and then material staying on view over the Independence Holiday/Goroka Show long weekend)	
Introductions and establishing ground rules	Here participants not only introduced themselves to each other, but also to the work that their respective youth groups did in relation to HIV. The groups surprised each other – the SCiPNG volunteers were surprised that the Banz participants were a self-generated, unfunded and independent youth group. The Banz youth were surprised that SCiPNG is an organisation that not only works with youth, but also with sex workers, men who have sex with other men, and the police. This may have been confronting for the (perhaps more) conservative Banz youth, but they were very curious to learn more about the different ways that HIV was being addressed in Goroka and Kainantu, asking lots of questions about how SCiPNG engaged with groups in those communities.
Small group discussion of Tok Piksa project experiences	The young people were organised into small groups with a mixture of participants from the three youth groups included (though it should be noted that there were not even numbers representing the three groups, with 19 youth from Banz, 6 from Goroka and 4 from Kainantu present). In these small groups, participants shared with each other how they had experienced the Tok Piksa Project; how they had experienced the local exhibition; what had happened since the time of the exhibition; and whether they thought that Tok Piksa had had any effect to date or would do so in the future. These reflections were then shared back with the wider group.
Large group prioritisation of key messages to be delivered to leaders	Guests invited to the combined exhibition of the young people's photo-stories included members of the provincial administration, representatives from the donor community, and other influential people from Port Moresby and elsewhere who were in town for the annual Goroka show. It was therefore an important opportunity for the young people to communicate their perspectives to a wider audience. The lists of the health issues that the three groups had prioritised some months before were posted at the front of the room. I used these to facilitate a discussion (initially in pairs, then in a larger group) about what they collectively thought should be the key messages that should be delivered to provincial leaders at this exhibition. In this discussion some of the participants raised the concern about how their communities would be viewed by people from outside – some photographs (for example, of tribal fighting in Banz) were not exhibited as the youth were worried about reinforcing negative stereotypes of their communities. This process of participants actively debating, and taking responsibility for, how

Activities youth participated in	Notes on process
	their communities are represented is discussed further in the empirical chapters of this thesis.
Planning for exhibition launch *Photograph: Banz participants putting up some of their problem trees as part of the combined exhibition*	The Goroka participants (all young women) led the planning for the exhibition launch because it was to be held in their home town. They allocated responsibility for organising the venue and for welcoming invited guests etc. The participants worked together after the workshop to come up with a play that drew on themes present in the original dramas developed by the three groups, and which included representatives from each of the groups. Responsibility for speeches and presentation of thanks was allocated.
Planning for filming in local communities	Participants developed a list of community members that they wanted to ask if they would be interviewed during the production of a short film about the Tok Piksa Project. In plenary we developed an outline to explain the film and what the interview would be about in order to get informed consent from the community members. We also developed a timetable of when the film-maker and I would visit communities to ensure that there was plenty of notice for community leaders and the youth themselves.
Making speeches; performing a play and song; presentation of photo-stories (in front of an influential audience)	The format of the launch of the combined exhibition was very similar to that for the local exhibitions, however the audience this time were less familiar to the youth and held positions of substantially greater influence in the wider community. The speeches and dramas were performed by a small number of volunteers representing the wider group, though all of the youth were involved in presenting their photo-stories to invited guests. Presentation and discussion of the photo-stories was lively, with the young people relishing the opportunity to talk about their communities with people from different parts of Papua New Guinea and beyond.
'Manning' of exhibition over the weekend	The group rostered members so that there was always at least three youth present in the exhibition space over the weekend, making themselves available to talk to members of the public viewing their work. It eventuated that the youth also needed to respond to a security incident, when a German tourist walking

Activities youth participated in	Notes on process
	down to see the exhibition was robbed and injured on the way. The Goroka participants negotiated with local youth (from the settlement close to where the exhibition was held) to ensure that the tourist's passport was returned, though their failure to retrieve his money was upsetting to all the participants.
Data generated	Observations (captured in my field-notes) Film (of some of the small group work) Results of key message prioritisation
Production of short film	
Being interviewed on film	Twenty-eight of the 29 participants who remained involved at the completion of the Tok Piksa Project were interviewed on film (one of the Banz participants was unavailable because of a funeral). These interviews involved the young people discussing one or two of their photo-stories, as well as describing their experience of the Tok Piksa Project. Some of the participants also took the opportunity to send 'messages' to their government representatives or community leaders in these interviews.
Making arrangements for community leaders and others to be interviewed on film	Participants negotiated with community leaders and others as to whether they would agree to be interviewed on film (though formal consent processes were undertaken by me), and made logistical arrangements to ensure everyone was where they needed to be at the nominated time and place
Conducting their own filming in local communities	The film maker had a small video recorder which he was happy to let the young people use to undertake their own filming. He gave the youth in Kainantu and Goroka (who were smaller in number, and therefore could share the camera for an afternoon or evening – this was not possible in Banz) brief instructions and practice in filming, and let them take the camera home with them overnight. This was very much an introductory exercise as we did not have the time or resources to undertake genuinely participatory video making at this stage. However, the SCiPNG staff could see the potential of young people (and other volunteers) making their own films, and have since purchased a hand-held video recorder for project use.
Data generated	14 hours of footage (including speeches from the combined workshop, interviews with participants, community leaders, community members, and contextual overlay) which has been edited into a short film for distribution to the participants, the PNG National AIDS Council Secretariat, and the WHP and EHP PACS upon submission of this thesis. See Appendix 9 for a web link to the short film.

Activities I (Cathy) participated in	Notes on process
Process facilitation	
Workshop facilitation	I facilitated all of the workshops, with logistical assistance from SCiPNG staff, and from Augustine Misik (leader of the Kanaka Youth Group) and the WHP PAC. I worked in a mixture of English and Tok Pisin (and it should be noted that I am not completely fluent in Tok Pisin). I tried to follow these general principles when facilitating – keep to time and ensure adequate tea/lunch breaks; encourage participation from all present without pressuring people; using single sex groups for small group discussions if possible (as my experience in PNG had shown this to increase the participation of women); remember everyone's name and village; support participants to set ground rules at the outset of a workshop (particularly with respect to confidentiality, punctuality and respectful behaviour); use handouts in simple English or Tok Pisin, supply large sheets of paper and markers for group work, and do not use items dependent on electricity (such as data projectors); everyone eats together; provide PMV(bus) fares as necessary; allow at least twice as much time for any given activity as you think it may require. It was predominantly through the workshops that my relationships with the young participants developed, and these relationships will have been influenced by the way I endeavoured to facilitate workshop activities. My beliefs and expectations about communication and dialogue, in part demonstrated by the principles I tried to follow in the workshops, will have been 'on show' to the participants throughout the project.
Photograph (Sean McPhillips): Cathy listening to Gabriel and John from Banz during the combined Tok Piksa workshop	
Exhibition facilitation	The participants made most of the arrangements for the exhibitions, nominating MCs and so on. However it was important that I was able to review arrangements that had been made to ensure that (the sometimes overly optimistic) plans were actually put in place. For the combined exhibition I delivered some of the invitations myself through my contacts in the donor and NGO community, and within the provincial administration. I also made a short (thank you) speech at each of the exhibitions.

Activities I (Cathy) participated in	Notes on process
Provision of resources (including cameras, food, workshop materials, travel allowances)	Throughout the project I was responsible for provision of resources to the participants. This included cameras, food (lunches and tea breaks), workshop materials and bus fares during the initial Tok Piksa training, follow up workshops and local exhibitions. This was self-funded, so I was not 'extravagant' with resources or materials. I was then able to obtain funding from AusAID to bring the three youth groups together for the combined workshop and exhibition (the costs being far greater when long distance transport and accommodation is involved). The effect of the extreme disparity between my access to material resources and the participants' access to material resources is discussed further in Chapters 5 and 7.
Presentation of certificates at exhibitions	At the end of the three local exhibitions, I presented certificates to participants acknowledging their active participation in and contribution to the project. This was highly valued by the participants (as were the letters of recommendation that I later wrote for many of the youth at their request), but further reinforced the power differential between us – the youth, for example, did not issue me with a certificate of participation. I reflect upon this, the reality of participatory action research as experienced in this project, further in Chapter 7.
Data collection	
Observation, informal conversations with participants and note taking	Whilst I facilitated large group discussions and monitored small group discussions, in many ways my main role during the workshops (and exhibitions) was to watch and listen. Whilst it was often not possible to record these observations immediately during the workshop, I made notes in a field journal each evening. Sometimes these notes were quite an accurate reflection of my fatigue and frustration at different periods in the project. I was not surreptitious about my note taking during workshops (my journals were bright red), but nor did I offer these notes to participants to read or include them as resources in any of the group discussions.
Group discussions with participants	After each of the three local exhibitions, I facilitated focused group discussions in a more targeted way than our general discussions in plenary during the workshops. The focus of these (tape-recorded) discussions was to capture the participants' experience of the exhibitions; to generate reflections on the Tok Piksa process thus far; and to document their plans for activities in the coming months. Despite this broad range of questions, these formalised group discussions only ran between 30 and 45 minutes and were slightly awkward (as compared to our more comfortable groups discussions during workshops).
Interviews with participants	At the end of the Tok Piksa process I formally interviewed each of the young people who remained actively engaged in the project. These interviews were video-recorded (on the understanding that they were potentially to be used in the short film we were making).

Activities I (Cathy) participated in	Notes on process
Interviews with community leaders	Participants asked leaders from their communities if they were willing to be interviewed about their ideas about youth and young people's health, as well as their perceptions of the Tok Piksa Project. Nine community leaders in Banz and Goroka agreed, and these interviews were also video-recorded. This was the first opportunity I had had to meet with some of the local government officials (councillors and ward leaders) that I had initially met right back at the negotiation stage of the project.
Informal conversations and interviews with NGO staff, donor representatives, and colleagues in the HIV-prevention sector	Throughout the Tok Piksa Project I meet with people working in the HIV-prevention sector in PNG – many of whom I had worked with in the past. Sometimes these conversations would be quite fleeting and focused on logistical issues (transport in particular), but at other times would be long informal conversations about the HIV epidemic, young people and development in general in Papua New Guinea (sometimes over several bottles of wine). Throughout the fieldwork I stayed in the home of a medical anthropologist with many years experience in Papua New Guinea. Rachael became a highly valued sounding board for many of the ideas captured in this thesis.
Ongoing data review	During the Tok Piksa Project I was 'on the move' a lot, moving between the three project locations and the home I was staying in (in Goroka). I also travelled to Port Moresby and Australia on more than one occasion during this time. In the course of this itinerancy I had plenty of opportunity for time alone reviewing the young people's photo-stories, participation stories, and adding to (and reading through) my field-notes. This ongoing and iterative process of data review no doubt influenced my facilitation of later workshops, as well as shaped my questioning of youth and community leaders during interviews at the end of the project.
Production of short film	My partner is a film-maker and, upon hearing about the Tok Piksa project, offered to come to Papua New Guinea to work with the participants and myself to make a short film about the project. This was an unexpected and extremely beneficial event in the Tok Piksa process. It was helpful to have someone with absolutely no prior experience in Papua New Guinea, or of Photovoice, 'look' at what we were doing with outside and at times critical eyes. For the participants, the production of a short film, of which they were the 'stars' was an unexpected and very exciting bonus and was seen as something of a reward for many months of hard work. A web link to the short film has been included with this thesis for readers' interest (see Appendix 9), though it was intended to be used as an advocacy and awareness raising tool, rather than a research product.
Data generated	Observations (captured in my field-notes) Transcripts of interviews and group discussions Edited short film Short report to AusAID with acquittal for funding received in support of combined workshop and exhibition (see Appendix 10)

Appendix 2: Explanatory statement

27th Nov. 2006

Photovoice: Youth participation, youth health and HIV prevention in PNG

My name is Cathy Vaughan and I am doing research under the supervision of Prof. Catherine Campbell from the Institute of Social Psychology, London School of Economics and Political Science, UK. This research is towards a PhD at the LSE.

The aim of this research project is to gain a better understanding of young people's experience of growing up in the Highlands of Papua New Guinea today, and what young people think are important health issues for youth at the moment in PNG. I hope that by having a better understanding of what young people think is important to their health and well being, that the study can help local and international organisations develop better programs for youth. In this project I would like to hear from young people themselves and will give young people the opportunity to tell their stories both in words (through writing them down, or through discussing them with other youth or with me) and in pictures (through photographs taken on disposable cameras which will be provided to the young people involved in the study). These stories will be about the things that you think are important for young people's health, and the things that you think have a good or bad effect on young people looking after their health.

I will be working with Save the Children in PNG's Youth Outreach Project (in Kainantu) and the Kanaka Youth Group (in Banz) for most of the next year. During this time I would like to work with youth volunteers from both places to hear your ideas about important health issues in your communities. I am also interested in your experiences of what it is like for being involved (participating) in HIV prevention programs.

To find out young people's ideas about health, I will be running training for youth in Kainantu and Banz in a way of doing research called "Photovoice". This will mean young people who want to be part of the study can learn how to use a camera, and will have the opportunity to take pictures in their communities of important youth issues. The young people themselves will decide what pictures to take. We will then have discussions of some of the photographs in a group. During these discussions I will need to take written notes and would also like to make tape recordings if this is alright with you. These discussions will be held during workshops held at regular times over the next six months or so, for which lunch and bus fares will be provided. Disposable cameras and processing of film will also be provided, but there will be no payment for your time.

Research that involves asking about what you think is important for young people's health might involve topics that are private to you. I understand that there might be some sensitive issues. You can choose what things you take pictures of and what you don't take pictures of. If you do not feel comfortable answering any questions, you do not have to. You can change the topic if you like, and you can finish discussing at any time that you want to. You can tell me later that you have changed your mind about having some or all of the things that you have said in a report, and then I will not use them. Anything you tell me or other young people in the discussions is private and confidential, and no one else will have access to this information. You will not be identified in any final report.

Because taking pictures around the community is a bit unusual, I will hold discussions with leaders in the Banz and Kainantu communities to make sure they understand about this project. This will also give people in the community the chance to ask questions about the project, and to hear more about it.

If you have any questions about this project or anything that I am doing, please ask me. If at any time you are unhappy about anything I do, please tell me and I will try to change things. Alternatively, Kainantu volunteers can contact Mr. Peter Raynes at Save the Children in Goroka (SCiPNG, PO Box 667, Goroka. Ph: 7323710), or Mr. Samson Pisin in Kainantu (SCiPNG Kainantu. Ph: 7371325). Banz members can contact Mr. Joshua Meninga at the Western Highlands Provincial AIDS Committee in Mt Hagen (WHPAC, PO Box 91, Mt Hagen. Ph: 5423835) or Mr.Clement Korken (North Waghi DA, Banz).

If you would like to contact the people at my university who gave me permission to do this research, you can write to the: Institute of Social Psychology, London School of Economics and Political Science, Houghton Street, London WC2A 2AE, UK.

Thank you for your interest in this research,

Cathy Vaughan   Telephone: 732 1208 (Goroka)   +61 3 53 424 775 (Australia)

Appendix 3: Background information form

Background information about youth participants	
Name	Name you would like to be "known as"
Age	Sex
Village/community	How long have you lived there? Mobility?
Marital status	Who do you live with?
In school or out of school?	How many years schooling? Literacy
How long involved in KYG?	Involvement in other youth projects or activities?
Why did you decide to become a volunteer?	Do you belong to a Church youth group?
Things you like doing best (hobbies, interests etc)	Things you are good at (skills etc)
Family income	Family support

Signature:

Appendix 4: Example timetable for initial Photovoice training

	Monday	Tuesday	Wednesday	Thursday	Friday
8.30 – 10.15	Participants and facilitator arrive	Principles for photographers – - ethics and safety when taking photos - explaining the project to others - role plays to practice explaining the project and asking permission	Practising taking photos (participants to take photos around town and/or around their homes)	Facilitator responds to participant questions or concerns identified - reinforce no obligation to participate - signed background forms only collected if participants consent	Lessons learned so far about taking photos Confirmation of the research 'questions' for this round of photographs
			Morning tea break		
10.30 – 12.00	Workshop opening Introductions - to each other - to the research project - to the communities - energiser - to Photovoice	Rights and responsibilities of participants What stories do we want to tell with photos? - confirming the research question	Practising taking photos (con.) Introduce explanatory statement and background/consent form for discussion after lunch	Feedback on the process of taking photos - how did people react? - how did the photographers feel?	Monitoring impact of participation – introduction to modified Most Significant Change Writing and selecting stories and discussing experience of participation thus far
			Lunch break		
1.00 – 3.00	Overview of Photovoice - Why photos? - What makes a good photo? - power issues in research and story telling	Taking good photographs - introduction to basic photography skills	Collection of background information about youth photographers Identification of questions for facilitator	Review and discussion of photos - SHOWeD method Selection of photos and writing captions/stories	Review understanding of the research process Workshop conclusion
		Afternoon tea and closing matters (distribution of bus fares and cameras etc).			

Appendix 5: Research approval letters from the PNG authorities

GOVERNMENT OF PAPUA NEW GUINEA
MEDICAL RESEARCH ADVISORY COMMITTEE
Department of Health

Telephone: +675 301 3650
               +675 301 3660
Facsimile: +675 323 0022

P.O. Box 807
Waigani, NCD 131
Papua New Guinea

25th November 2006

Ms. Cathy Vaughan
49 James Court
Smythes Creek
Victoria 3351
Australia

Dear Ms. Vaughan,

This is to certify that the proposal:

Participatory HIV prevention programs 'targeting' young people: rhetoric, reality, and pictures of future

Submitted by you and your colleagues has been examined by the Medical Research Advisory Committee of Papua New Guinea and assigned **MRAC No: 06.32**. The proposal was approved and given ethical clearance for it to be carried out in Papua New Guinea. The Medical Research Advisory Committee of Papua New Guinea act as the National Ethical Clearance Committee and as the Institutional Ethical Committee for the Papua New Guinea Institute of Medical Research and so there is no further bar to this project being carried out in Papua New Guinea.

Investigators are reminded of the importance of keeping provincial health and research authorities informed on their study and its progress. Progressive reports of the study must be submitted to the Medical Research Advisory Committee annually.

With best wishes

Yours sincerely

Ms. Anna Irumai
Chairperson

Cc: Dr. John Millan

NATIONAL AIDS COUNCIL SECRETARIAT

"Together, striving to control and prevent HIV/AIDS in Papua New Guinea"

OFFICE OF THE DIRECTOR

P.O. Box 1345
BOROKO,
NCD
NEW GUINEA

Tel: 323 6161
Fax: 323 1629
Telex:

Cathy Vaughan
49 James Court,
Smythes Creek,
3351.
Australia.

18/10/06

Dear Cathy Vaughan,

SUBJECT: APPROVAL TO CONDUCT RESEARCH IN PAPUA NEW GUINEA

I am pleased to advise you that your proposal to conduct research in Papua New Guinea has been approved and given ethical clearance by the Research Advisory Committee of the National Aids Council.
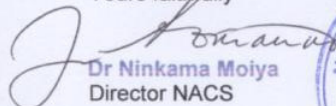
The committee has supported your research which will study the young people of this country who are a high priority group for the HIV prevention and intervention program in the country. The findings of your study will be able to assist all stake holders, partners, Non Government Organizations (NGOs), churches and individuals to best support our young people to take better control of their own health.

It is also encouraging to know that you will be working with 2 well known and reputable Non Government Organizations in the country and they are Save the Children in PNG and a local grass roots NGO the Kanaka Youth Group in the Western highlands province.

The committee also recognizes that in your previous role as the Youth Health Advisor to the National HIV/AIDS Support Project supporting the National AIDS Council will put you in a better position to undertake this study.
The committee strongly supports your research activity and looks forward to the results of your study to assist us in our effort to control the spread of this serious epidemic which is affection mostly the young people of this country.

Yours faithfully

Dr Ninkama Moiya
Director NACS

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Appendix 6: Coding frame for Chapter 5

Organising theme	Basic theme	Code
Psycho-social changes associated with participation	Participation in project associated with increased feeling of confidence	Feeling more confident in self
		'I can make a difference'
		Feeling more confident to speak in public
		Feeling more confident to speak and write in English
	Participation in project associated with feeling respected	*'Mi gat numba nau'*
		Positive feedback from community members
	Can see a positive future	Having a vision or a plan
		Thinking about the future
		Hope
Development of **knowledge and skills** associated with participation	New practical skills	Photography skills
		English language skills
		Organising skills
		Learning from each other
		Learning from having new experiences
	New communication skills	Public speaking skills
		Ability to approach people
		Listening to different points of view
	New understanding of community	Seeing village with 'new eyes' (observation skills)
		Know more about my community
Changes in **relationships** associated with participation	Expanded social networks	Meeting new people
		Making new friends
		Communicating with leaders and decision makers
		Interacting with a foreigner (Cathy)
	Negative impact on social relationships	Jealousy from community members
		Jealousy/competition from other participants
		Not wanting to stand out/embarrassment to be doing something unusual
Barriers to participation	Barriers to participation associated with gender	Hard to speak up because female
		Parents limit mobility of girls
		Multiple responsibilities of girls
		Participants' expectations of girls
		Parents' expectations of girls

Organising theme	Basic theme	Code
	Barriers to participation associated with age	Hard to speak up because younger
	Barriers to participation associated with mobility	Live too far away
		No access to transport
		Tribal fighting limiting mobility
Enablers of participation	Social support	Parental support for project
		Support from peers to continue participating in project
		Solidarity amongst group members
	Material support	Transport
		Food
	Novelty	Excited to be doing something unusual
		Can see opportunity for new experiences
	Altruism	Wanting to make a difference
		Sense of a group identity (at youth group, district or provincial level) and associating this with wanting to make a positive contribution
Dialogue	Illustrative examples of instances where dialogue was seen	Discussion of ethics in Kainantu
		Changes in the nature of discussion of drug use in Banz
		Changes in the nature of discussion of sexual violence in Goroka
		Interactions between Regina and Lobo (in Kainantu) leading to a shift in her approach to the project
	Illustrative examples of instances where dialogue was not achieved	Discussion of gender and gender equality in Banz
		Interactions between myself and the Goroka participants in relation to participant daily allowances
		Our inability to discuss *sanguma* in any depth (with any of the youth groups)

Appendix 7: Coding frame for Chapter 6

Organising theme	Basic theme	Code
Youth identified priority influences on health and well-being	Family relationships	Support from parents and family
		Neglect by parents and family
		Impact of death of a parent
		Parental responsibilities towards youth
		Family conflict
	Importance of education	School fee problems
		Benefits of education
		Exclusion from education
Youth perceptions of negative influences on their health and well-being	Impact of economics	Youth unemployment
		Lack of money
		Income generating activities
		Gambling
	Impact of gender on health	Violence against women
		Second marriage
		Gender roles and responsibilities
	Invisibility of the state	Public infrastructure
		Government neglect
		Lack of policing
		Community leadership
	Specific challenges youth face	Youth substance abuse
		Violence
		Raskolism
		Mental health issues
Youth perceptions of positive influences on their health and well-being	Community assets	Value of agriculture
		Nature/environment
		Christianity as solution
		Youth contributions to community
		Community collective action

Appendix 8: Coding frame for Chapter 7

Organising theme	Basic theme	Code
Influence of **symbolic context** on our ability to put praxis into practice	Local representations of young people	Young people seen as problems
		Young people recognised as contributors
		Volunteering as a 'waste of time'
	Representations of place	'This is a Cowboy Town'
		'This is a good place'
	Pre-existing models of participation	Transactional relationships with NGO
		Participation as pathway to change
Influence of **material context** on our ability to put praxis into practice	Youth poverty	Few opportunities for income generation
		Desire to relocate to towns or resource extraction projects
		Dependency on adult relatives
	Past experiences of donor-funded activities	Experiences/expectations of payment for activities
		Identify as beneficiary
		Youth have HIV-related knowledge and skills
	Availability of local infrastructure	Access to safe transport
		Access to information
		Availability of neutral physical meeting spaces
		Access to health services and service providers
Influence of **relational context** on our ability to put praxis into practice	Leadership structures	Interest and capacity of local leadership
		Local leadership style
		Functioning and availability of local bureaucracy
	Community cohesion	Local homogeneity (language group, religious affiliation)
		Prevalence of violence
		Experiences of successful collective action
	Bonding social capital	Experience of within group solidarity
		Competition and jealousy
Reflections upon Participatory Action Research in practice	Role of my facilitation	Emphasising 'your story is important'
		Time
		Being surprised
	PAR rhetoric in reality	Subject-subject relationship idealised
		Power differential between me and youth
		Collective vs. individual change

Organising theme	Basic theme	Code
	Change without conflict?	Conflict among youth
		Conflict between me and youth
		Conflict between youth and adults in community

Appendix 9   A short film about the Tok Piksa Project

My partner Sean McPhillips is a film-maker and, upon hearing about the Tok Piksa Project, offered to come to Papua New Guinea to work with the participants and myself to make a short film about it. This was an unexpected and extremely beneficial event in the Tok Piksa process. It was helpful to have someone with absolutely no prior experience in Papua New Guinea, or of Photovoice, 'look' at what we were doing with outside and at times critical eyes.   For the participants, the production of a short film, of which they were the 'stars', was an unexpected and very exciting bonus and was seen as something of a reward for many months of hard work.

A web link to the short film has been included with this thesis for readers' interest, though the film is intended to be used as an advocacy and awareness raising tool by agencies in PNG, rather than a research product. Copies of the film will be distributed to the participants, the PNG National AIDS Council Secretariat, and the WHP and EHP PACS upon submission of this thesis.

Readers can view the film at:

http://mightyfilms.com.au/tokpiksa.html

Appendix 10

Project Report to the National AIDS Council Secretariat

at the completion of activities associated with Grant ID NO: NAC07 0006

Tok Piksa Project: Young people's Photography Exhibition and Sharing Workshop

10 – 17th September 2007

Photo: Dalcie Philip, Goroka   Photo: Florence Aneto, Kainantu   Photo: Lucas Dorum, Banz

Grantee: Cathy Vaughan

in association with the Kanaka Youth Group (Banz, WHP)
and
Save the Children in PNG through the Youth Outreach Project
(Kainantu and Goroka, EHP)

Background to the Activity

Since November 2006, Cathy Vaughan has been conducting research in the Eastern and Western Highlands Provinces towards a PhD in Social Psychology, through the London School of Economics and Political Science (MRAC approval No: 06.32, National AIDS Council RAC approval 18/10/06). This research project aims to document young people's experience of participation in HIV programs, their perceptions of factors that influence their future, and to identify whether and how participation impacts upon young people's sense of future. The research is being done in partnership with two organisations already working in the area of HIV prevention with youth – Save the Children in Papua New Guinea (through the Kainantu and Goroka sites of their Youth Outreach Project) and the Kanaka Youth Group (a community based youth group in Banz, Western Highlands Province). Training was provided to young staff and volunteers of these organisations to enable them to act as co-researchers in the project, as well as to build local and organisational capacity to conduct qualitative research.

The research project has utilised a participatory action research approach in order to support youth participation in a project of story telling – youth telling their own stories about young people's well being in their communities. In addition to using traditional qualitative methods such as interviews and focus group discussions, young people have been given the opportunity to utilise Photovoice (a visual research tool, involving young people as photographers) to communicate their lived experience and enter into dialogue about 'future' with their leaders and the wider community through group exhibitions.

Findings of this research will contribute to local and international organisations working more effectively with young people in PNG in response to HIV and AIDS. Findings will also strengthen theoretical understanding of pathways through which young people may be supported to take better control of their own health, and will be relevant to those working with young people in difficult circumstances world wide.

Joint Sharing Workshop and Photography Exhibition – September 2007

In April 2007, Cathy supported the youth groups to hold three exhibitions of their photographs and stories in Banz, Kainantu and Goroka. Young people organised the events – inviting traditional leaders, local politicians, church leaders, government officials, civil servants, donors, NGO workers and so on – to attend a half day program. Young people conducted dramas, made speeches, listened to the speeches of invited guests, and then exhibited their photographs and stories. These exhibitions were a terrific success, and were well received not only by young people, but by the local communities and those members of the national media who were in attendance. This process was documented through young people's stories, photographs and through media coverage. At this time, each of the youth groups expressed their desire to meet the other young people involved in the project, and to hold a joint exhibition of their work.

This Grant (NAC 07 0006) was used to make this happen. The Grant has provided an opportunity for members of all three youth groups to come together and meet each other, to share their experiences of participation in the Tok Piksa Project, and hold a joint photography exhibition. The Sharing Workshop and Photography Exhibition were held in Goroka at the Steak Haus restaurant. The workshop was held 11 – 13th September, and then the joint photography exhibition was launched on Friday 14th September. The exhibition was open to the public over the long Independence weekend (also the weekend of the Goroka Show) 15 – 17th September.

The overall aim of the Tok Piksa Project is to understand how young people can be best supported to take better control of their health and prevent HIV, in the wider context of Papua New Guinean society. Specific objectives of this joint Sharing Workshop and Exhibition were to:

- Facilitate youth sharing of their experience of involvement in the Tok Piksa Project
- Identify and document lessons learned about youth participation, and about young people's experience of advocacy in relation to HIV
- Communicate young people's perspective of the underlying reasons for their vulnerability to HIV, from their own point of view, to a broad cross section of the community
- Document this process in a manner that is accessible and easily shared with those working with young people in response to HIV in Papua New Guinea.

A further intention of the workshop was to enable the youth groups to consolidate their plans for future activities and initiatives, based on the understandings of all research participants, and discuss successes and failures in this Project across the different locations in the Highlands.

On the suggestion of the Eastern Highlands Provincial AIDS Committee, it was decided that video would be an accessible and attractive way to document this Sharing Workshop and Joint Photography Exhibition, as well as the wider Tok Piksa Project. This Grant has enabled this process of video documentation to commence.

The Sharing Workshop

The joint youth Sharing Workshop was attended by nineteen members of the Kanaka Youth Group, two observers from the North Waghi District Administration (the District Health Promotion Officer and Deputy District Administrator), four SCiPNG Youth Outreach Project volunteers from Kainantu, and between five and nine SCiPNG Youth Outreach Project volunteers from Goroka (some participants could not attend the entire three day program due to Home Based Care training commitments). Between 30 and 34 participants were involved each day of the workshop. Two representatives from the Western Highlands Provincial AIDS Committee also attended as observers on the last day of the workshop.

The focus of the Sharing Workshop was youth-led interaction to exchange lessons learned about youth participation in HIV prevention, youth outreach work and youth advocacy. The nature of the Kanaka Youth Group's activities (community based, grassroots, mainly unfunded and somewhat conservative) and those of the SCiPNG Youth Outreach Project (youth outreach built on the experience of an international NGO, and with links to programs targeting particularly high-risk groups in the community such as sex workers and men who have sex with other men) are quite different, and this was an excellent opportunity for each group to learn from the other. The Kanaka Youth Group are an excellent model of team work, volunteer retention and cohesion in a rural environment and with limited funding. The volunteers with the Youth Outreach Project, on the other hand, have a lot to share about changing attitudes, working in a non judgemental and open manner, and about linking young people in with services. The young people greatly enjoyed the chance to hear about the work of their colleagues in different types of settings (rural, peri-urban and urban; working with young people in and out of school; working on a community basis).

Findings from the group discussions and small group work conducted during the Sharing Workshop will be further analysed as part of the ongoing Tok Piksa Research Project. However, emerging themes are outlined below under the headings of lessons learned about youth participation; youth and HIV; youth and advocacy.

Lessons learned to date about young people's participation:
- The experience of participation, over time, in the Tok Piksa Project has been associated with young people gaining valued practical skills (in photography, story writing, interviewing, analysis of information collected through social research, and public speaking)
- The experience of participation in the Tok Piksa Project has also been associated with young people gaining psycho-social skills and attributes including confidence, feeling respected and credible in the community, critical thinking skills, hopefulness, and solidarity with other young people
- Participation has, for some youth, resulted in their adopting leadership roles within their communities to advocate and actively work towards social change (e.g. much to the delight of community leaders, members of the Kanaka Youth Group have been actively involved in breaking the retributive cycle of tribal fighting in their communities)
- Genuine participation, over time, in activities that build the psycho-social skills and attributes outlined above, can result in changes in young people's health related attitudes and behaviour (e.g. several young photographer/researchers discussed their changed behaviour in relation to substance abuse, as they now *think differently* about it)
- Youth participation is enhanced by the engagement of a critical mass of young people from a particular geographical location (depending on the size of the community, this critical 'mass' might only need to be two or three young people – but needs to be more than one). Young people find genuine and meaningful participation difficult if they are the only person

from their village or community engaged in the specific activity. This is particularly true for young women

- It is more difficult for young women to sustain ongoing participation in activities such as a research, or HIV prevention, project than for young men. Reasons for this include lack of family/parental/spousal support; early pregnancy and marriage; limitations on travel due to safety concerns; and their many other obligations (in particular marketing and other activities to provide families with income)

Lessons learned to date about HIV prevention activities and youth:

- Even these young people (all volunteers in HIV prevention activities, and therefore relatively well informed and concerned about the epidemic) did not see HIV as a first priority issue in their lives

- Young people are far more preoccupied with factors that have an immediate impact on their day to day living. Examples of these immediate concerns include their families' inability to pay school fees; lack of job opportunities for youth in particular; sexual and physical violence; lack of basic services in their communities; substance abuse; gambling; gossip; bride price, and many others. Young people were able to critically assess the links between these factors and their own vulnerability to HIV. *However,* they did not discuss these issues in relation to HIV in the first instance

- Current HIV prevention messages targeting young people (for example the 'ABC' approach to prevention) were well understood by these youth. However these messages fail to engage with all the other issues that are a greater priority in young people's lives, and therefore are not seen as addressing the realities of young people's lived experience and the contexts in which they are expected to enact HIV prevention behaviour. Young people find the majority of HIV prevention 'messages' they hear simplistic and, in some cases, boring

- Links between community and youth development, and HIV prevention activities, need to be greatly strengthened. In addressing the underlying root causes of youth vulnerability to infection, young people were critically aware that initiatives that address education and employment opportunities; violence; substance abuse etc., *are* HIV prevention activities

- Young people are critical of (and cynical about) resources being directly to solely an 'ABC', or even a setting-specific, approach when they feel that this does not change anything about the wider factors underlying youth vulnerability

Lessons learned to date about advocacy:

- Young people recognise that they need to lead by example and act as role models in their community for their advocacy activities to be taken seriously and to have even a chance of making an impact

- A tool such as Photovoice, which provides youth with evidence (and therefore credibility) to discuss their concerns, greatly enhances young people's ability to engage in dialogue with community leaders

- Strategies to establish the pre-conditions for dialogue, and the engagement of community leaders through advocacy activities, need to be further explored. Elements of community "readiness" for building or utilising relationships (between young people and leaders) for social change appear to include some degree of homogeneity of language and religious affiliation, however this requires further analysis in the ongoing research Project. Even at this early stage of analysis it is apparent that differences in the conditions for dialogue, between the three places the youth groups came from, were marked

In depth analysis and discussion of all findings from the Tok Piksa Research Project will be made available to the National AIDS Council Secretariat (and any other interested parties, particularly organisations working with young people in PNG) at the completion of the research process. This is anticipated to be at the end of 2008.

The Photography Exhibition

The Young People's Joint Photography Exhibition was launched on the 14th September. Youth (particularly from Goroka) organised the distribution of invitations, as well as posted publicity material around the town and for distribution at the Goroka Show.

Regina Oveka (Kainantu), preparing for the exhibition

Attendance at the exhibition launch from representatives of NGOs (national and international), and representatives from faith based organisations and churches, was excellent. The support given to the Kanaka Youth Group by their leaders was evident in the attendance of two representatives from the North Waghi

District Administration (who also actively contributed to the Sharing Workshop) and two representatives from the Western Highlands Provincial AIDS Committee. Attendance from the Eastern Highlands Provincial Administration was disappointing, however the EHPAC HRC Mrs. Ruth Paliau was in attendance and spoke on behalf of the Administration at the launch. Ruth also spoke at the smaller Goroka exhibition in April, and has been very supportive of the process overall.

The launch was opened with a drama by the Youth Outreach Project volunteers. Raymond Jeff (one of the Goroka volunteers) was the MC, and introduced speakers from both Western and Eastern Highlands. These included:

- Mr. Mike Ano (Youth Outreach volunteer from Kainantu)
- Ms. Lucy Misik (Kanaka Youth Group member from Banz)
- Mr. Kuk Gola (District Health Promotion Officer, North Waghi)
- Mrs. Joyce Siddy (Youth Liaison representative, WHPAC)
- Mrs. Ruth Paliau (HIV Response Coordinator, EHPAC)
- Ms. Cathy Vaughan (Researcher, Tok Piksa Project)

The exhibition was officially launched following the performance of a drama and song by the Kanaka Youth Group. Guests were invited to view the photographs and read the young people's stories. The young photographers played an active role in explaining their photographs and the issues that they are facing to the invited guests – and their ability to articulately express their concerns and aspirations was positively remarked upon by those present.

The exhibition was open over the weekend and was visited by a range of community members (in particular a large group from a Seventh Day Adventist pastor's conference) and tourists (both national and international).

Mike Ano (Kainantu) explains his photographs to guests at the exhibition opening

John Telda (Banz) starting to help pack up the exhibit at the end of a successful weekend

Documentation of the process

In addition to this written report, transcription of young people's group discussions and copies of youth 'butcher's paper' presentations, the workshop and launch of the exhibition were filmed by a volunteer multi-media specialist. This was done at both the suggestion of the Eastern Highlands PAC and of the young people themselves, who requested that not only the exhibition but the Tok Piksa Project overall be captured in this way.

Following the workshop and exhibition, Cathy Vaughan travelled with the multi-media specialist to Kainantu, Banz and back to Goroka to visit the youth in their communities (which involved visits to a number of rural villages). The young people were filmed presenting one of their photographs and discussing why they had chosen to photograph and write about that particular issue. In some cases youth took the film maker to the actual place where their photograph had been taken, so that footage could be collected there. In other cases, young people were trained in the basics of using a video camera, and they were then able to take footage themselves – building on the participatory nature of the Tok Piksa Project. The young people were also interviewed on camera (by Cathy, or by one of the other young photographers) to capture their perspectives on effective strategies for working with youth, that they think could be utilised by non-government and faith based organisations, local government, community leaders and churches. Community leaders, who showed interest and gave their consent, were also interviewed where time permitted.

Fourteen hours of footage was collected and this will be edited into a short film (of approximately half an hour) for distribution in DVD format. Prior to distribution, Film Analysis Workshops will be held with the Kanaka Youth Group, SCiPNG, all the young volunteers, and Provincial AIDS Committee representatives to discuss a draft copy of the film. This will give an opportunity for the young people and other stakeholders to be able to discuss their responses to the film, to clarify interpretation of what has been presented, and for the multi media specialist to make any changes necessary prior to the film being

finalised for distribution. The youth have already requested nationwide distribution (and if possible screening on EmTV). This request will be confirmed with them at the Film Analysis Workshops, and discussed further with the NACS prior to distribution. Copies will be made available to the National AIDS Council, the Eastern and Western Highlands PACs, the North Waghi District Administration, SCiPNG and all the young photographer/researchers. The NACS will be welcome to produce further copies for nationwide distribution should they wish.

The video documentation of the Tok Piksa Project has 'grown' somewhat. The multi-media specialist is making the film on a voluntary basis, and will be fitting the editing and production process around his other work. It is anticipated that a draft copy will be available for review at Film Analysis Workshops early in the New Year (2008). Cathy will return to Papua New Guinea to conduct those workshops as part of her ongoing research project. Therefore, it likely that the film will be made available to the young photographer/researchers, NACS and other stakeholders in the second quarter of 2008.

Acquittal

Please find attached the summary of expenditure, and the original receipts, to acquit for the K27,000 received. Expenditure was slightly higher than anticipated (actual expenditure was K27,290.46) due to additional costs associated with filming video on location in Papua New Guinea (i.e. our inability to hire locally equipment required for sound and lighting, as the only available equipment – at Catholic Family Life, Goroka – was already booked for use by other groups). However, this extra expenditure will be covered by Cathy Vaughan.

For any further information, please feel free to contact Cathy Vaughan on
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