

Article

Reflections from a Creative Community-Based Participatory Research Project Exploring Health and Body Image with First Nations Girls

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Abstract

In Canada, Aboriginal peoples often experience a multitude of inequalities when compared with the general population, particularly in relation to health (e.g., increased incidence of diabetes). These inequalities are rooted in a negative history of colonization. Decolonizing methodologies recognize these realities and aim to shift the focus from communities being researched to being collaborative partners in the research process. This article describes a qualitative community-based participatory research project focused on health and body image with First Nations girls in a Tribal Council region in Western Canada. We discuss our project design and the incorporation of creative methods (e.g., photovoice) to foster integration and collaboration as related to decolonizing methodology principles. This article is both descriptive and reflective as it summarizes our project and discusses lessons learned from the process, integrating evaluations from the participating girls as well as our reflections as researchers.

Keywords: Aboriginal peoples, adolescents, youth, health and well-being, photography, photovoice, community-based participatory research

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The term *Aboriginal peoples* in this article refers to all Indigenous peoples in Canada, including First Nations, Inuit, and Métis (Waldram, Herring, & Young, 2006); these are three distinct groups. The term *Indigenous* here refers to Aboriginal peoples globally. The participants in this study are all of First Nations descent. Aboriginal peoples face health inequalities compared to non-Aboriginal Canadians. These broad health inequalities are linked to social, political, economic, and cultural inequities that are rooted in the colonial history of Canada (Adelson, 2005). Health inequalities include lower life expectancy, higher infant mortality rates, a greater prevalence of chronic and infectious diseases, and higher suicide rates compared to non-Aboriginal Canadians (Fridkin, 2012; Frohlich, Ross, & Richmond, 2006; Health Council of Canada, 2005; Muirhead & de Leeuw, 2012).

In recent years, health concerns have been paramount in the public media; in particular, there has been a proliferation of discourse regarding rising rates of diabetes and obesity (Bruce, Riediger, Zacharias, & Young, 2011; Pouliou & Elliott, 2009; Tait Neufeld, 2011; Tremblay, Perez, Arden, Bryan, & Katzmarzyk, 2005). Inequalities, social determinants of health, health experiences, and resources to address these can vary for communities and groups (Loppie Reading & Wien, 2009). Furthermore, Loppie Reading and Wein (2009) argue that distal determinants can be most detrimental on the health of Aboriginal peoples; these include “colonialism, racism and social exclusion, and self-determination” (p. 20). Nevertheless, despite these differences in health status being well documented, there are significant gaps in culturally relevant health information that can be utilized by Aboriginal people as they address health issues at the community level (Health Council of Canada, 2005; Maar et al., 2011; Smylie & Anderson, 2006). Addressing these disparities in current and future research projects requires an understanding of these inequalities and unique definitions of health, as well as partnering with communities and groups to ensure research will be of benefit to them (Adelson, 2005; Frohlich et al., 2006; Health Council of Canada, 2005; Koolmatrie, 2011; Koster, Baccar, & Lemelin, 2012).

Colonialism has projected disadvantage that has resulted in extensive and widespread negative consequences for Aboriginal peoples, especially with regard to health. Specifically, the introduction of disease and addictive substances, as well as attempted assimilation, has negatively impacted the health and well-being of Aboriginal peoples (Gracey & King, 2009). Aboriginal people in Canada continue to experience greater health inequalities in comparison to other Canadians. Despite a universal health care system and overall high standards of living in Canada, the differences between Aboriginal and non-Aboriginal peoples are vast, complex, and broad, not only in terms of physical ailments and mortality but also with respect to social determinants of health (i.e., psychosocial, socioeconomic, lifestyle, and lived environment) (Shah, 2004; Spurr, 2007). Absolon and Willet (2005) recommend that researchers be attuned to this history and acknowledge that Western research practices are also extensions of colonialism. This article chronicles our efforts to design a decolonizing community-based participatory research project with First Nations girls to explore definitions of the healthy body and body image in their terms. The discussion focuses on the process and the lessons learned from our experiences.

Background

Three key bodies of methodological literature informed the development of this project, namely those with regards to decolonizing methodologies, community-based participatory research, and photovoice. Juxtaposing these three methodological streams was a primary motivation in both the development and construction of this community-based research project.

Decolonizing Methodologies

As Tuhiwai Smith (1999) so eloquently argued, Western scientific “research” is explicitly linked to colonialism and, as a result, is associated with significant negativity, loss, and power that perpetuate the colonial gaze. Colonization was a deliberate attempt to isolate Aboriginal peoples from their cultures and ways of knowing. With this awareness, change in the research process is critical (Canadian Institutes of Health Research, 2008). Decolonizing methodologies begin to address the damage created through colonization and as a research paradigm add a new way of thinking about how we collect data (Wilson, 2008). Decolonization simply means challenging traditional research practices, acknowledging the impact of colonial history in Canada, and ensuring that research is desired and benefits Aboriginal communities (Ermine, Sinclair, & Jeffery, 2004). Historically, health research with Aboriginal communities was a form of inquiry that negatively focused on disease and at times failed to produce concrete answers as to how best to improve health (Macaulay, 2009). Aboriginal peoples face legitimate health inequalities and issues, and shifting the focus to exploring these while applying decolonizing methodologies is necessary; a community-based approach, which shifts communities from being “researched” to being partners in the process, is an example of such a strategy (Getty, 2010). Wilson (2008) in his description of an Indigenous research paradigm observed that “if you teach or do research within the traditions of the circle, which is inclusive, participatory, proactive ... then you’re teaching the individuals within that circle to become participatory, inclusive and so forth” (pp. 103–104). Wilson (2008) continuously stresses the importance of relationships with regard to the Indigenous research paradigm; this focus on relationships was an important consideration as we designed our project. Equal partnerships with community members offer the possibility of evoking change and creating meaningful and empowering projects (Edwards, Lund, Mitchell, & Andersson, 2008). Research adhering to decolonizing principles, including partnership and collaboration with communities, has the potential to create change, enhance participation, and positively impact the health of Aboriginal peoples through the understanding and honouring of different perspectives of health (Western and Indigenous models) (Sherwood & Edwards, 2006).

Community-Based Participatory Research

Community-based participatory research (CBPR) challenges the traditional research roles of both the researchers and participants through the enhancement of collaboration and involvement of both parties throughout the process (Allen, Mohatt, Markstrom, Byers, & Novins, 2012; Castleden, Sloan Morgan, & Lamb, 2012; Petrucka, Bassendowski, Bickford, & Elder Goodfeather, 2012; Wallerstein & Duran, 2003). An important component of CBPR is relationship building. As Tuhiwai Smith (1999) explains, “In many projects the process is far more important than the outcome. Processes are expected to be respectful, to enable people, to heal and to educate” (p. 128). CBPR projects can be very diverse in design; they often present special considerations that researchers need to be mindful of, including unforeseen challenges and the time it takes to develop relationships and complete projects (Castleden et al., 2012; Edwards et al., 2008; Petrucka et al., 2012). Despite the strengths of this approach it is not without its challenges. Challenges noted include the time required to develop and maintain relationships, negotiation of power differentials, complexity of data analysis, need for flexibility, and difficulty of finding time for non-academic partners to devote time to research while still delivering services and programs in their communities (Cargo & Mercer, 2008; Castleden, Garvin, & Huu-ay-aht First Nation, 2008; Jacquez, Vaughn, & Wagner, 2012; Tapp & Dulin, 2010; Wallerstein & Duran, 2010). Despite the potential limitations presented, this approach offers great potential for partnerships and the potential for change both in research and practice (Hergenrather, Rhodes, Cowan, Bardhoshi, & Pula, 2009). CBPR complements a decolonizing approach, through a focus on partnerships and the co-creation of knowledge and solutions. When Aboriginal communities

are regarded as partners in research, involvement is negotiated and power is balanced (Edwards et al., 2008). Perhaps most importantly, knowledge is valued through CBPR, particularly the knowledge and voices of participants; this is critical as research is decolonized.

Photovoice

In our effort to create a community-based research project with the Battlefords Tribal Council (BTC) region, we sought out innovative approaches that would allow communities and participants to be full and engaged team members in this process. Moffitt and Vollman (2004) in their research with Aboriginal women contend that photovoice is an ideal method to engage participants in a “culturally appropriate” manner when exploring health (p. 189). Wang and Burris (1997) developed this technique with three overarching objectives: “(1) to enable people to record and reflect their community’s strengths and concerns, (2) to promote critical dialogue and knowledge about important community issues through large and small group discussion of photographs, and (3) to reach policymakers” (p. 370). A profound strength of photovoice is that discussions and research directions are determined by the participants. Participants capture images of importance in their lives, lead discussions, identify issues, and work toward formulating solutions, thus becoming more entrenched in the research process (Carlson, Engebretson, & Chamberlain, 2005; Moffitt & Vollman, 2004). This is extremely empowering when used in connection with youth, whose voices can go unheard in research. Furthermore, the opinions and unique experiences of youth are often left out of the decision-making process, for example in the area of health promotion (Bader, Wanono, Hamden, & Skinner, 2007; Kirmayer, Simpson, & Cargo, 2003; MacDonald et al., 2011). Rather, health promotion activities geared toward youth are often designed and carried out by adults.

Although photovoice is a new method, it is increasingly being used in a number of contexts. It has been used in community-based projects in Canada, for example in an exploration of health with Aboriginal women in a Northern community (Moffitt & Vollman, 2004); in a modified version for a community-based participatory project with a First Nations community (Castleden et al., 2008); in an exploration of Aboriginal women’s experiences with breast cancer in Saskatchewan (Brooks, Poudrier, & Thomas-MacLean, 2008); and to document food security concerns in an Inuit community (Lardeau, Healey, & Ford, 2011). These studies have made valuable contributions to further understanding the significance of this method in Aboriginal communities.

Wang & Burris’s model of photovoice.

In their introduction to this methodology, Wang and Burris (1997) outline key components to undertaking a photovoice project. First, participants are recruited, give consent, and then receive training that will introduce them to the study, photovoice, and the technology. Second, participants complete the photovoice project through capturing images of importance. Third, participants take part in a group discussion with other participants led by a facilitator, during which they engage in storytelling of photographs, group analysis, and selecting images that will be shared to represent their project (Wang, 1999; Wang & Burris, 1997). Once the pictures are analyzed, the group works together to formulate the next steps and/or action that will be taken to address issues, whether through sharing information with the community or influencing policy makers (Castleden et al., 2008; Wang, Yi, Tao, & Carovano, 1998). Wang and Burris (1997) indicate that the method is flexible and has the potential to be adapted to accommodate different groups, communities, and health-centered topics. Similar to Castleden et al. (2008), we also had to adjust the Wang and Burris (1997) model to accommodate our unique project; modifications we made to suit our project and our First Nations teenage girl participants are described in a subsequent section.

As a team, we were both influenced by and mindful of the bodies of literature described above, and these provided direction and guidance as we planned our project. Although much has been written on decolonizing methodologies, CBPR, and photovoice, there is a gap in the literature regarding the design of projects that incorporate these considerations. Two exceptions are Castleden et al. (2008) and McHugh and Kowalski (2009), which both eloquently outlined the design and challenges of similar projects. This article will also contribute to the growing literature in this area in the hopes of aiding other researchers in their designs. In the following sections, we describe in detail our decolonizing CBPR project with First Nations girls in the BTC region and draw on analysis of data collected in this project, including photographs, interviews, art collages, and surveys completed by the participating girls, as connected to project design. We discuss the project design, application of the methods, and the strengths and inherent challenges of our approach, in both our words and those of the girls participating in the project (see Shea, Poudrier, Chad, & Atcheynum, 2011 for an analysis of research findings of this project).

Study Design

The project took place in the BTC region consisting of seven distinct communities in Western Canada. Three research questions directed both the design and undertaking of this project:

1. How do First Nations girls interpret the healthy body and body image?
2. What are the social, historical, visual, and cultural meanings of the healthy body and body image for girls in the BTC region?
3. What are the barriers and strengths faced by First Nations girls in regards to the healthy body and body image?

The project involved four unique phases, all connected (see Figure 1); data analysis was an ongoing process.

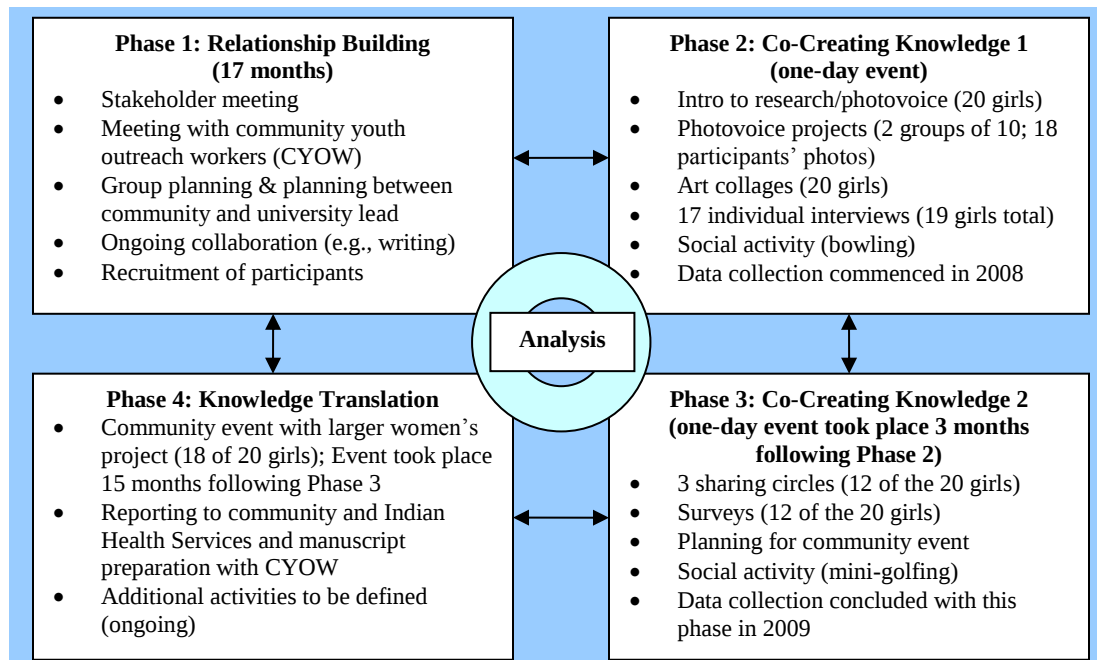


Figure 1. CBPR project design.

Phase 1: Relationship Building

Relationship building was critical to the undertaking of this project and its success as a decolonizing approach. The lead-up to our project with the girls consisted of a number of meetings and conversations, group planning, and collaborative activities, which in turn contributed to relationship building. Beginning with a stakeholder meeting, attended by community leaders, health service workers (HSW) employed by Indian Health Services (IHS), and research team members, plans for a larger project with women in the BTC area was introduced to provide the opportunity for feedback. This larger project was to explore the cultural and visual context of the healthy body and body image with women. The communities in the BTC region share an interest in health concerns, such as diabetes and obesity, and during the development of this larger project it was evident that “little was known about the visual, gendered, historical and cultural meanings or experiences of healthy body weight and healthy body image for Aboriginal women” (Poudrier & Kennedy, 2008, p. 15). During the stakeholder meeting, community leaders mentioned the importance of a project with youth.

Following the stakeholder meeting where the importance of including girls was established, planning for their inclusion took place through meetings with community youth outreach workers (CYOW), community research assistants (CRA), and additional HSW. All of the CYOW and CRA collaborating on this project were of Aboriginal descent and lived either on-reserve in the BTC region or in the city of North Battleford. While the CYOW were employees of IHS, CRA were recruited for assistance in this and the larger corresponding project. During these meetings, we planned and discussed the most effective way to approach the project with youth. Subsequent to community support for the project, ethics approval was received from the University of Saskatchewan ethics board. We initially thought the photovoice project would be an individual undertaking, meaning the girls would complete unique projects in isolation in their home communities over a period of time. However, as our planning evolved we realized that this would not be an effective approach. We decided as a group that due to the structure of the communities and the busy schedules of youth as students creating data collection activities in two one-day phases would be more practical. We recognized that two separate phases (Phases 2 and 3; see Figure 1) would result in significant challenges for the team, but concluded this would be the best approach for the participating girls.

We thus planned for Phase 2 to involve the photovoice projects (i.e., the girls taking photographs) and individual interviews and for Phase 3 to involve sharing circles to discuss themes that emerged from Phase 2. We also decided to hold both phases in a city outside of the six home communities of the participating girls. One reason for doing so was so that the girls would be in a neutral area (e.g., instead of choosing a community in which some participants resided). The events took place in the city of North Battleford, the location of IHS which services all communities in the BTC region. Determining a suitable community in which to hold the phases was also difficult, as we could lose our facility booking in the event of a funeral, round dance, or other community event. As such, we chose to use a neutral location and take advantage of the facilities at IHS. Given that both phases took place during the school year, we also wanted to ensure they were not scheduled during exam periods. We decided to conduct Phase 2 in December before Christmas holidays and midterm exams and Phase 3 in March before the Easter break. A number of consent forms were prepared for the different phases of the project, including those for participation in interviews and sharing circles and for release of photographs, third party photographs, and artwork. Participating girls were asked to choose a pseudonym to be used throughout the study. Although the girls later signed photograph release forms, we chose to retain the pseudonyms in the articles published from the work as they give anonymity to the teenage participants.

Four CYOW volunteered their time and efforts to ensure the success of this project. One of the CYOW took the lead as the community contact for the project, and she and the first author worked together to engage in planning and brainstorming for this project. All four CYOW were provided with recruitment materials consisting of posters, letters of invitation, pamphlets, and consent forms. Posters were hung in communities and in the office of IHS, and they were inserted in the BTCIHS newsletter. The CYOW also approached and shared recruitment information with girls with whom they worked in programming through IHS. Twenty First Nations girls living on-reserve signed up to participate. The participating girls represented six of the seven communities in the BTC region, as follows: Little Pine First Nation (5), Moosomin First Nation (4), Red Pheasant First Nation (3), Sweetgrass First Nation (3), Mosquito Grizzly Bears Head Lean First Nation (3), Poundmaker Cree Nation (2), and Lucky Man Cree Nation (0). The ages of the participants ranged from 13 to 16 years. At the start of data collection in 2008, one participant was 16 years old, ten were 15, three were 14, and six were 13. The CYOW also volunteered to provide transportation for the girls for both phases. This required the addition of a permission slip prepared by the CYOW to accompany the consent forms for this project. Consent to participate in the project was obtained from the girls and their guardians. The lead author acknowledges the tireless and dedicated efforts of these four CYOW toward making this project successful.

Phase 2: Co-Creating Knowledge 1

Phase 2 involved the first instance of data collection for this project. The various components—photovoice projects, art collages, and interviews—are discussed separately below, outlining how the girls felt during each component and how the components worked together to connect to the larger goal of achieving a decolonizing methodology for the overall project. Prior to Phase 2, the girls had been briefly introduced to photovoice through their recruitment package materials. The Phase 2 day began with introductions and sharing of the agenda. The girls were then introduced to photovoice, as we described the method, the aims of the study, and what was expected of them as participants. The four CYOW, three university researchers, one of the CRA, and an elder attended the Phase 2 data collection day.

We prepared a list of reflection questions for the girls to think about as they prepared to capture images. These questions promoted reflection on personal health; body image; the role of community, history, and values in health; the sharing of knowledge with other youth; and current programs and services. The girls had the opportunity to ask questions before beginning their own projects. Throughout the day, the second author took candid and formal shots of the participants and the group. We designed our discussion guides to include questions that would help us to evaluate both the photovoice component and the organization of the overall project, in particular how the girls felt about the two separate one-day phases. We were also interested in hearing what the girls thought of the layout and the process, in consideration of our revisions to the photovoice methodology. As per the day's agenda, the girls were randomly divided into two groups of ten. The first group completed the photovoice project while the second made art collages; then part way through the day the groups switched components.

Photovoice projects.

The four CYOW drove small groups of girls around the city to take photographs and, as they drove, the girls indicated stops that they would like to make. Because Phase 2 took place in December and the weather was cold, these groupings ensured that the girls would not have to spend long periods of time outside. Once the photographs were taken, the girls returned to our meeting location where we uploaded their pictures onto a laptop computer. We had a number of concerns about condensing the photovoice projects to one day. One of the major concerns we had

was that the girls would be concerned about conformity and would take similar photographs, not out of interest but due to the influence of their peers. We were also concerned about the girls not being able to take photos in their home communities, and the impact this would have on capturing the healthy body and body image in the manner they wanted.

A total of 798 photographs were taken by the girls during Phase 2. The girls' photographs varied greatly and included images depicting a complex definition of health, which included visual representations of food, exercise, and relationships. The photovoice project would not have been as effective without the supplement of other data collection methods such as sharing circles. To date, this is the first photovoice project exploring health and body image with First Nations girls living on-reserve. Through the integration of a number of data collection methods we had the opportunity to learn about both individual and shared understandings of health and body image of the girls. Photographs taken by the girls guided our individual discussions with the girls as we learned about their experiences and perceptions of health in their own lives (Shea et al., 2011).

Art collages.

The artwork component was integrated into the project based on a suggestion by one of the CRA. We felt that the inclusion of the artwork would help the girls to think creatively about health and body image. For the art projects, the girls were asked to create collages about health and/or body image. They were provided with poster board, pencil crayons, glue, markers, stickers, craft supplies, paper, and magazines. Magazines provided to the girls were media directed toward teens and women (e.g., *Seventeen* and *O: The Oprah Magazine*). Unfortunately, the magazines predominately featured Caucasian females; we were unable to locate literature directed at Aboriginal readers. We acknowledge this as a potential limitation of the materials provided to the girls for the purpose of collage making. It was intriguing to see what the girls created given the broad topic. Two key observations were made based on the content of the collages: the personal strengths/positive self-images of the girls and the importance of relationships.

Interviews.

In Phase 2, the girls participated in separate interviews that elaborated on the photographs they had taken earlier in the day. With twenty participating girls, we needed four interviewers, each interviewing five girls, to ensure everything was done by the end of the day. During the interviews, the girls were asked which photographs they identified with and were most important to them; why they took the pictures they did, including details on the pictures and the process; and what photographs they would have liked to have taken but were unable to. All interviews were one-on-one except for two cases: one where two girls wished to be interviewed together and the other when a participant declined to be interviewed. An interview guide was formulated during the project design phase to include both questions about the healthy body and body image as well as specific questions about the images the girls had taken. As we began our conversations, the girls were asked to choose photographs they had taken earlier in the day to guide our conversations. This was their preference and easy for the interviewers to accommodate. We were also interested in hearing their thoughts on the process, particularly their thoughts on the photovoice component. Our interview guide also included questions that asked the girls to reflect on the process and speak to the strengths or weaknesses.

Phase 2 concluded with a social activity (bowling) as a way to thank the girls for their time and dedication to the project.

Phase 3: Co-Creating Knowledge 2

Phase 3 was the second instance of data collection for this project, involving both sharing circles and surveys.

Sharing circles.

After three months following Phase 2, we met with the girls once again in the same neutral city location to conduct sharing circles. Analysis from this project was ongoing and, at this time, we had a list comprised of initial themes. All interviews and group discussions were transcribed and underwent a thematic analysis using NVivo based on the girls' experiences of health in their communities. The photographs taken by the girls were categorized and analyzed using the thematic analysis, guided by their descriptions of the images in their individual interviews. Emerging themes from the preliminary analysis of the photographs and interview discussions were brought back and discussed with the girls during Phase 3. We planned during this phase to build upon our earlier discussions with the girls, talk further about the photovoice project, and engage in group planning for the community event that was proposed as a way to share results with the community. The photographs taken in Phase 2 were not as prominent in our sharing circle discussions as they had been in the earlier interviews. Instead, we used this time to elaborate on their definitions of health, the healthy body, and body image. Unfortunately, only 12 of the original 20 girls were able to attend and contribute to this round of data collection. We were aware at the outset that attrition might occur as a result of the decision to break the study into two one-day phases due to the demands of the project.

Surveys.

During Phase 3, the girls completed surveys to gather feedback on the process and their thoughts on the community event that was being planned. The surveys included 10 open ended questions to learn more about their thoughts on the process. Examples of survey questions included: Did you enjoy taking part in this project? What was your favorite part? What was your least favorite part? Did you learn anything from taking part in this project? We include survey responses from the girls in a later section of this article in the hope that others planning to engage with youth or others engaging in a photovoice project can benefit.

Phase 3 concluded with another social activity (mini-golf) as a way to thank the girls for their time and dedication to the project.

Phase 4: Knowledge Translation

Although data collection is completed, we envision the project as ongoing. There is much work to be done in spreading the knowledge shared with us by the girls, and the first stage of that process was to bring the information to the community. From the outset of this project, we planned to have a community event to share the knowledge the girls created on health and body image with their own communities, and the girls contributed to the planning of this event in Phase 3. In Phase 4, the girls, as well as women from the larger project, were brought together for an inspirational evening gala to celebrate the projects and the knowledge created. This allowed participants from both projects to share their findings with the community and engage others in discussions of health in their communities. While such an event may not be suitable for every project, topic, or population, we were fortunate to have a number of dedicated and supportive individuals take part. Additionally, in partnership with the CYOW we prepared three manuscripts for publication based on this project as an additional means to share findings with the broader community.

Reflecting on the Process—Lessons Learned

Our project involved two one-day data collection phases, and therefore inventive planning was required to maximize the experience for the girls and to attempt to engage them fully in the process. As we began our discussions with the girls aimed at exploring their meanings of the healthy body and body image, we also sought their feedback and evaluation on the layout and design of the project. As a community-based project, we also wished to evaluate and relate our experiences of engagement. This undertaking and what arose from this partnership were themselves noteworthy findings. In the following sections, we reflect on the process of this CBPR project and share some lessons learned. The words and feedback of the girls are paramount and supplement our personal reflections as researchers on the challenges and strengths of this method as applied in our collaborative project. The lessons learned are described under three themes: capturing images and creating knowledge—the girls’ engagement in a CBPR project; the girls’ evaluations; and limitations and the importance of flexibility.

Capturing Images and Creating Knowledge—The Girls’ Engagement in a CBPR Project

The focus in this section is on the knowledge created by the girls through their involvement in this project, in particular the creation of images and art collages and how they link to the girls’ descriptions of the healthy body and body image.

Photographs.

The project phases took place outside the girls’ home communities, and one question asked during the Phase 2 interviews was about pictures they would have taken but were not able to. The examples given by the girls did not relate specifically to their home communities but did further emphasize their definitions of health. For example, Barry Manalaw replied that she “would like to go back to the bridge, walk around some more, and maybe take more pictures of the view.” This is in reference to Figure 2 below and highlights this as an enjoyable part of the day for her. Beckham responded that she would have liked to take pictures of “the environment, the trees, and animals.” Pictures of the environment could be linked to physical activity and balance in regards to health, as the girls at times referred to the environment in discussions. Bobby Joel noted that she would have liked to have found “a statue of the world,” and to have taken a picture showing her “carrying it or on top of it because I’m top of the world.” This is noteworthy because feeling good or positive was seen as being particularly important to the girls in terms of mental health. Ravyn noted that she wished they had been able to go to a cultural museum to display “how things were back then and how they lived.” Such pictures may have provided some context with regard to historical experiences of health. Ronaldino noted that she would have liked to have taken a picture of a “happy family swimming.” Such a picture would have showcased three important themes related to health as defined by the girls in this project: family, relationships, and physical activity. Finally, Shae Walker would have liked to include a self-portrait wearing “my funky shades, because it shows that you can be weird but still real-ish.” Shae Walker’s comment indicates the importance of feeling comfortable in your own skin and self-acceptance. A number of the girls included pictures of themselves and we believe this highlighted their positive self-image.

Among the photographs were similar images taken by several girls, but different interpretations emerged as we spoke to them about their pictures and asked questions regarding their motivations for capturing these images. For example, a bridge was a predominant feature of several pictures. Bobby Joel took a picture of three girls and one of the CYOW on a bridge (see Figure 2);

although she did not make reference to the bridge in her interview, the three girls on the bridge also captured a picture of the bridge and spoke to it in their interviews.



Figure 2. Tony, Jessica (one of the CYOW), Tibby Jonez, and Tiffy on a bridge.

Tony noted that the bridge had existed a long time and commented that “we went over there and we started running to the park, because you get a lot of exercise when you’re running.” The importance of the bridge to Tiffy was captured very simply: “we were just having fun.” Finally, Tibby Jonez’s comment regarding a picture of her under this bridge was: “I like the one where we’re under the bridge, that’s a beautiful one, the way it looks when I’m under there.” Thus, although the three girls took a picture of the same structure, Tony related it to exercise, Tiffy to having fun and relationships, and Tibby Jonez in terms of nature and beauty.

We also observed varied interpretations in another group of girls that traveled to a different bridge during their photovoice projects. Shae Walker took the picture at this bridge (see Figure 3), but similar to Bobby Joel, Shae Walker did not reference this picture in her interview whereas the other girls pictured did.

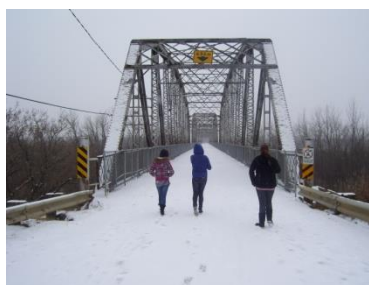


Figure 3. Otis, Barry Manalow, and Simpson at a bridge.

When talking about this outing to the bridge, Barry Manalow noted that these were the pictures with which she identified the most: “I remember us going to the bridge and running to the middle and taking pictures of the river.” Simpson also referred to the picture, and she explained her favourite was “the one of the bridge where Barry Manalow and Otis were standing because they look like they’re having fun, they look cool.” Thus, while Barry Manalow described the expedition to the bridge, Simpson spoke about the fun they had. In their descriptions, being together and having fun was what was essential to the girls.

Art collages.

Throughout the study, the girls as teens showcased both their insightfulness and resilience as they conversed with us (e.g., in their discussions of suicide, see Shea et al., 2011). Karryn's collage (see Figure 4) is but one example of the girls' evident and positive self-image.



Figure 4. Karryn's collage.

In her collage, Karryn wrote a number of positive messages that appear to be directed to other youth, as some of the girls thought these collages would be useful to share at the community event. These messages touch on a number of subjects including feeling comfortable with yourself, health, body image, drugs, confidence, sports, and ending violence. In a passage regarding feeling comfortable with yourself, Karryn wrote, "stick up for your body and health there is nothing wrong with your body and you know that your [sic] always beautiful." This is a positive message of acceptance that emphasizes self-care. In another passage regarding the engagement in harmful substances, she wrote, "Don't do drugs if you do you won't look like this [pointing to a picture of a model], if you don't do drugs this can be you up there." We found this quotation particularly interesting because the model chosen was skinny, Caucasian, and representative of a dominant body ideal found in the media. This is similar to findings from elsewhere in the project that indicated the girls were critical of dominant discourses of beauty but at times reiterated them (see Shea et al., 2011 for detailed description of research findings). Additional passages focused on relationships, which was a reoccurring theme throughout our project as related to health. In a third passage, Karryn wrote, "If you think yourself short your not, your more than that you have your family and friends that trust you they care about you." In this passage, she indicates that relationships with others provide strength, support, and meaning for individuals, and these relationships in turn validate an individual and can give them strength.

The theme of relationships can also be observed in Tibby Jonez's collage (see Figure 5).



Figure 5. Tibby Jonez's collage.

In particular, it reflects a commonality among the majority of the collages: the girls signed each other's posters. This highlights the group effort and collaboration of the project in general and

Phase 2 in particular. Furthermore, many of these posters were signed by the CYOW who provided positive affirmations to the girls. For example, on Tibby Jonez's poster one of the CYOW wrote, "you are so great to be around you make me smile." It was obvious from our conversations with the girls and observations of them that the four CYOW working with youth in these communities have both a profound and positive impact on the lives of these girls. The CYOW nurtured the girls and focused on their strengths and personal beauty. The impact of these relationships was evident in the strength, maturity, and self-confidence of the participating girls. Lastly, Tibby Jonez's collage, similar to Karryn's, was also full of positive messages that encourage youth to be comfortable in their own bodies. The choice of words and sayings at the bottom of Tibby Jonez's collage (e.g., "stop hiding," "beauty," "are you comfortable being...", "follow your dreams," and "beauty is in you") are both positive and inspiring.

Notably, we did not view the collages as data in the planning stages; however, as we observed the girls engaged in their creations we realized that the collages complemented the photovoice component. In our subsequent discussions with the girls, some noted that the collages were their favorite part of the day. All the girls enjoyed taking part in this component and wanted to take their work home with them. Thus, with the girls' permission, the second author took photographs of their work to incorporate these images with the findings of the project. The knowledge created by the girls in these collages was rich and informative.

The Girls' Evaluations

The girls overwhelmingly indicated that they enjoyed the photovoice aspect of the study. All of the girls had positive things to say about this component. When asked about engaging in the project in general, they all had positive things to say as well, such as mentioning the ease of use of the cameras. As Bobby Joel observed, "it was fun, cool and not difficult at all because it's pretty easy to take pictures just the click of a button." With the girls' exposure to technology, teaching them about the cameras was not challenging and it appeared they were all comfortable using cameras.

It was clear from observing the girls that photovoice was an enjoyable component. The first photovoice group immediately started to take pictures upon receiving their cameras. When asked what pictures she identified with the most, Tony referred to photographs taken at the very beginning. She went on to explain this was "because it looks like we were just having fun ... just meeting people I never really knew any of the girls but now I'm friends with them." Sodapop said the pictures "just show people together having fun and trying to be with each other." According to Barry Manalow, "I think it was fun and I had a good time ... meet new people and had some exercise." Tiffy noted that "it's helpful to get together and chat and to know people from other places." This was a key observation, as many of the girls referred to meeting us and the other girls as a highlight of their day; this validated that the group-focused project took a positive approach.

When asked to provide feedback on the day, Blues Lopez responded, "It was awesome! I liked making that collage and taking the pictures, I don't think there was anything I disliked." Bugeye, Ravyn, and Karryn all observed that the most enjoyable part of their day was "taking pictures." However, Ronaldino found the photovoice project a little challenging: "I kind of found it hard to take these pictures, but it was fun. They're nice pictures." When asked what could be done differently next time, she responded "have more people." Shae Walker noted that it was a fun process and that next time she "would get more of me in the photos." Simpson shared that she liked "the art" the best. Thus, we feel validated in our decision to include both the collages and pictures, and they spoke to the different creative natures of the girls. Overwhelmingly, the girls regarded the project as enjoyable and stressed the importance of relationships.

Only two of the twelve participants who completed surveys were neutral on the inclusion of photovoice. For example, when asked if she liked this method, Tay-Tay responded, “kind of not really.” The remaining surveys indicated the participants enjoyed this approach. For example, Bobby Joel reflected, “it was so fun I made a few more friends.” Once again, these data convey the advantages of the group approach and the importance of relationships in the lives of the girls. In addition, the girls provided positive feedback about their experiences with this project. Marie noted her favorite part was “when we were talking about the community” and Blues Lopez responded hers was “when we meet other people.”

The girls were also asked to indicate whether they liked the interviews or sharing circles better. A few respondents said sharing circles, as they were more social; for example, Barry Manalow responded, “the sharing circles because there was more people.” Ronaldino wrote that she liked “both you know, now that was fun.” Finally, when asked what they would like to see at the community event, a couple of girls observed that they would like to see projects like this more often. Shae Walker replied that she would like to see “more things like this, for guys too.” Beckham expressed a desire “to have more activities just like this! Have it more often.” We believe that these survey responses, our conversations with the girls and partners, and our observations all reflect that the approach taken was effective for the project and one which provided enjoyment to the girls, which they may not have experienced if the project design was individualized. These comments also highlight the importance of both the community and relationships in regards to health (Shea et al., 2011). Throughout our discussions with the girls, issues of health were not discussed only in the personal sense but clearly encompassed their families, friends, and the larger community (Shea et al., 2011).

Limitations and the Importance of Flexibility

Although the project was a success based on the principles that guided its design, it was not without its challenges. The challenges we encountered all highlight the importance of being both adaptable and flexible. While there were many lessons learned from our engagement in this process, two overarching lessons we discuss here include the need for flexibility in the project design as well as with respect to the images and photovoice.

Project design.

Conducting the photovoice projects on a single day presented significant challenges to both CYOW and the university researchers. The CYOW worked during the weekend to help out with the organization of the day, and they were responsible for providing transportation for the participating girls. When we planned the day, we did not allot enough time for the girls’ travel to the host city from their various communities; this oversight put the day behind schedule from the start. Nevertheless, we all adapted to the delay and revised the agenda to accommodate all research project activities.

Given that the first phase was held in December, there was a possibility of poor weather. One of the CRA was in another province the day before Phase 2 data collection and because of a snow storm was unable to get back. Luckily, another of the CRA was free and able to take her place. This new community research assistant had to be prepped on the photovoice projects and interview guides at the beginning of the Phase 2 day. Although stressful to the research team at the time, things went smoothly and she adapted easily, and her inclusion did not affect the progression of the day. Poor weather also affected our data collection; while the weather in the Phase 2 host city was good, it was still winter and, as such, the outside picture taking was not as comfortable as it would have been in other seasons. However, none of the girls complained or

noted this in their interviews. Furthermore, poor road conditions prevented the university researchers from staying to engage in the social activity of bowling at the day's end; it was disappointing that we had to leave prior to the completion of the day's activities.

In the early stages of project planning, we envisioned interviews being 1 to 1 ½ hours in length; however, given the design of Phase 2, interview times had to be condensed to between 30 and 45 minutes. At times the interviewers felt rushed, but the girls did not complain, though many noted this was their least favorite part of the day. This interesting finding further highlights the emphasis the girls placed on relationships. The participants clearly and thoroughly enjoyed the social design of the project. The time gap between the interviews and sharing circles also provided the girls with time for reflection.

Images and photovoice.

The funding available for the project only allowed for the purchase of ten digital cameras. This was initially not an issue because the photovoice projects were to be individualized; however, the design of the project was changed, which allowed only enough cameras for half the participants. One of the CRA suggested dividing the participants into two groups to alternate between creating art collages and taking photos. This solution worked well as it diminished wait times for the girls between taking photographs and participating in interviews. We prepared questions for the girls to consider when taking pictures, but did not find these guides were overly helpful or utilized by the youth. In reflection, the guides may have been too complicated in the wording or approach to be of benefit (e.g., Ronaldino found it challenging to take photographs). Although we believe that the guides can indeed be useful in the future, we would simplify them to increase their usefulness for the participants.

When the girls returned from taking their pictures, the images were transferred from each of the cameras to one laptop computer. Due to the hectic nature of the day and the short time between the switch out of both groups, the pictures of two participants went missing. Despite our best efforts to locate them, both during and after the conclusion of Phase 2, neither set has ever been found. Furthermore, we realized at the end of the day that one of the cameras was missing; it was also never found. Loss of equipment or images is a possibility when engaging in a photovoice project, especially on a hectic data collection day. In future projects, we would allot more time to transfer images as well as back up pictures on another computer. Furthermore, during project planning we did not identify or outline the presence of computers in the interviews. It would have been beneficial for all the girls to see their pictures as they were interviewed, but we only had two laptops and four interviewers. Once again, the girls adapted well to this oversight and most were able to recall the images they captured. Castleden et al. (2008) recommend that at the onset of the photovoice project a picture of the participant be taken on their camera first as a means of identification. Because our project only had 10 cameras and participants had to share them, this safe guard was not possible. We would recommend the application of Castleden et al.'s (2008) suggestions and ensure all participants have an individual camera if possible. In future projects, we would provide enough laptops and cameras for easier management of pictures and so that all the participants could view their pictures in full size.

Given that the photovoice projects took place outside of the girls' communities, we decided to include disposable cameras in our budget and incorporate this aspect into the study design. Disposable cameras were to be provided to the girls at the end of Phase 2 so they could take photos in their own communities; when we reconvened for the sharing circles in Phase 3, the girls were to bring back their disposable cameras for developing at a one-hour photo store close by. Thus, cameras were distributed at the end of the Phase 2 day, with the girls signing a sheet

indicating their desire to participate in this extra photography portion. The camera distribution occurred in a group setting during a hectic part of the day, and we quickly realized this was not the best approach. Although we had enough cameras for each of the girls, some went missing and not all the girls were able to receive one. Furthermore, the girls were excited after taking pictures all day and immediately started to take pictures of their new friends both at the meeting place and then at the social activity. We indicated to the girls that the cameras were intended for use at home and provided them with third party release forms. When we met again for the Phase 3 sharing circles, none of the cameras were returned for developing. In the future, we would distribute these cameras individually and after the photovoice project and day had concluded.

Despite none of the cameras being returned, some of the girls spoke of the pictures they had taken. Some spoke about attention being drawn to them as they were out in the community taking pictures. Tony, for example, noted that a group of boys approached them and asked them what they were doing. While all references to this incident indicate the girls considered the attention amusing, in some cases this could cause discomfort for participants and should be a consideration in future projects.

The approach to the project was certainly challenging, but the benefits outweighed the problems. The day undeniably left everyone with a mixture of feelings of both invigoration and fatigue, but overall it was a positive occasion. A number of the girls spoke to us about the structure and told us that they truly enjoyed having the opportunity to meet new girls. Knowing that the day was enjoyable for the girls was a considerable strength and positive component of the project. One of the crucial lessons learned on the Phase 2 data collection day was the need to be adaptable when engaging as a partner in community-based research. No empirical research project can be entirely predictable, but being aware of potential challenges can be an advantage in planning and devising alternate solutions.

Conclusions

In this article, we have described our design of a CBPR project with First Nations girls exploring their understandings of the healthy body and body image and noted important lessons learned through the process. Our CBPR began and was maintained through relationship building between university researchers, community stakeholders, youth outreach workers, and the First Nations girls that participated in this project. McHugh and Kowalski (2009), reflecting on their participatory action research with young Aboriginal women, observed that developing strong relationships fostered the opportunity for collaborative research that benefits the participants. As CBPR this project and its success was only made possible through the dedication of a number of individuals.

Based on our conversations with the girls and their survey responses, we found that creating a project in this manner provided the girls with an enjoyable and creative outlet to share their stories and create this knowledge with us. Our experience demonstrates that the use of photovoice in this community-based project with First Nations girls was beneficial and helped to contribute to a decolonizing approach through enhanced collaboration and participation in the co-creation of knowledge with the girls. The integration of visual methods in participatory approaches provides the opportunity for youth to create knowledge, express creativity, and become integrated more fully in the process (Deacon, 2000; MacDonald et al., 2011). Furthermore, as argued by Absolon and Willett (2005), “the process of telling a story is as much the point as the story itself” (p. 98); therefore, honouring Indigenous voices needs to be paramount in decolonizing projects. Based on our discussions with the girls and their enjoyment and satisfaction with the project design, we feel that our particular approach and application of participatory approaches was a strength in this

project. Without the application of various data collection methods (i.e., interviews, photovoice, art collages, sharing circles, and surveys) we feel that the end result would not have been as rich or as enjoyable for the participants, nor would we have had the opportunity to engage in relationship building with both the participants and community stakeholders, such as the CYOW. That being said, this project was not without its challenges (e.g., the organization of photographs) and we have been reflective of these in this article in an effort to share this knowledge with other communities and researchers engaging in similar projects.

While components of the Wang and Burris (1997) model are evident in our design, modifications were necessary for our particular circumstances. The flexibility of this method could also benefit other studies. For example, we do not believe that this project would have worked as well without the inclusion of both individual and group talk. Although the photo taking took place in small groups, the interviews allowed the girls' unique opinions and understandings to be shared. In the subsequent sharing circle discussions, the girls were also able to discuss in a group setting issues related to and understandings of health and body image in their lives as teenagers. Inclusion of the art collages to complement and flow with the photovoice projects added another element of creativity and fun for the girls. This need for adaption from original research plans was also observed in another CBPR study where the researcher believed the flexibility in research design helped to increase benefits for the researcher, participants, and ultimately the community (Koster et al., 2012).

Although the photovoice component was intended to be a crucial part of the data collection, it unfolded in a way we did not envision: the pictures and the picture taking were important social aspects. Many of the girls took pictures of each other, the CYOW, and the researchers. Relationships were a key component of health throughout the project, and this was evident in the pictures and in the discussions with the girls.

A major strength of this community-based project was that IHS was interested in hearing from the girls regarding their perspectives on health. It is impossible to know how the project would have unfolded without this support, but we consider it very important. The CBPR project in its entirety weaved together to create our response to the call for decolonizing methodologies as has been advocated by some Indigenous writers (Tuhivai Smith, 1999). Specifically, photovoice gave the girls an outlet to both capture and raise their concerns and ideas regarding health as experienced in their personal lives. Furthermore, this orientation helped foster and enhance collective collaboration and relationship building between participants, community stakeholders, and university researchers.

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