Reflection on Medical Care Work in a WICHI Community Using the Photovoice Methodology

Vilda R. Discacciati[1], Daniela S. Epstein[2], María C. Iñurrategui[2], María J. Estremero[2], Teresita F. Reboa[3] y María G. Rezzónico[3]

1. Centro de Investigación en Ciencias Sociales, Humanidades y Salud. Departamento de Investigación. Universidad Hospital Italiano de Buenos Aires. Buenos Aires, Argentina
2. Servicio de Medicina Familiar y Comunitaria. Hospital Italiano de Buenos Aires. Buenos Aires, Argentina
3. Departamento de Extensión Universitaria. Universidad Hospital Italiano de Buenos Aires. Buenos Aires, Argentina

ABSTRACT

The indigenous population represents 2.38% of the total population of Argentina, comprising 31 indigenous peoples distributed across the national territory, according to the 2010 census. The Instituto Universitario del Hospital Italiano has a socio-health and educational program (Isthat) to train health professionals in social and intercultural medicine. A committee of six professionals from the program in June 2023 conducted a reflective study on healthcare activities in a Wichi community. The specific objectives were to recognize elements of interculturality, using the photovoice methodology, to identify through images what aspects are valued or questioned according to the biographies and beliefs of the participants. The key points included rethinking the boundaries of respect for another culture in scenarios of potential health risks, language as an identity element and main barrier, the perspective of power in the community through a gender lens, and the tangible common rights violations, such as access to safe water and land rights. The photographs were a valuable tool for analyzing the field experience within the framework of interculturality. The emerging issues were relevant and provided an opportunity to consider strategies to bring the healthcare team closer to the community.

Keywords: interculturality; photovoice; qualitative research; health promotion; indigenous health; public health.

Reflexión acerca del trabajo médico asistencial en una comunidad wichi con metodología fotovoz

RESUMEN

La población originaria wichi representa el 2,38% del total de la población argentina y la conforman 31 pueblos indígenas distribuidos en el territorio nacional según el censo 2010. La Universidad Hospital Italiano de Buenos Aires cuenta con un programa sociosanitario educativo (ISTHAT) orientado a formar profesionales en medicina social e intercultural. La comitiva de seis profesionales que participaron del programa, en junio de 2023, realizó un trabajo de reflexión sobre la actividad asistencial en una comunidad wichi. Los objetivos específicos fueron reconocer elementos de interculturalidad, a través de la metodología de fotovoz, para identificar a través de la imagen qué aspectos son valorados o puestos en cuestionamiento según las biografías y creencias de las participantes. Los puntos sobresalientes fueron repensar los límites del respeto hacia otra cultura en escenarios de potencial riesgo para la salud, el lenguaje como elemento identitario y principal barrera, la mirada del poder en la comunidad con lente de género. Se hicieron tangibles los derechos más básicos vulnerados, como el acceso al agua segura y

Author for correspondence: vilda.discacciati@hospitalitaliano.org.ar, Discacciati VR.

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disponer del territorio. Las fotografías fueron una herramienta valiosa para analizar la experiencia en terreno en el marco de la interculturalidad. Los temas que surgieron resultaron relevantes y ofrecen una oportunidad para pensar estrategias que acerquen al equipo de salud.

Palabras clave: interculturalidad, fotovoz, investigación cualitativa;, promoción de la salud, salud indígena, salud pública.

INTRODUCTION

Respect for ethnic minorities and cultural diversity, which is becoming more prominent with globalization and migration, challenges the education of health professionals to develop intercultural competencies.[1]

This creates the need to implement training programs in interculturality and to integrate different worldviews on health into curricula. While this need is globally recognized, few universities in Argentina address it despite being a multicultural country. One recommendation from experts is that health professionals acquire these competencies by participating in caring for people from diverse cultures in a context of reflection and learning while also becoming immersed in local communities and health systems.[2]

Therefore, within the training programs, there is an effort to incorporate elements that facilitate contextual assessment and understanding of culturally different individuals and the ways of acting as professionals in a context of cultural diversity. The Hospital Italiano de Buenos Aires University (UHIBA) focuses on intercultural training as one of its main objectives. In 2017, the Department of University Extension created a socio-health educational project in Santa Victoria Este (SVE), Salta, Argentina, called ISTHAT. The project's objectives are to promote social commitment within the hospital and university community, train professionals in social and intercultural medicine, and carry out transformative actions for the health of vulnerable populations. There, residents, students, and health professionals from UHIBA participate as volunteers, providing services in issues such as tuberculosis, malnutrition, vertical transmission diseases, and monitoring of high-risk pregnancies. They conduct training activities for the local health team and communities and engage in social activities with socio-culturally diverse communities[3].

This article results from research conducted by a healthcare team that traveled to SVE as part of a delegation from the ISTHAT project[1].

The methodological framework of the research rested on the idea that images are representations captured through sight and can be used to generate reflections on reality. Several authors have delved into the study of photographs; for example, R. Barthes suggests that –in approaching images– there are three practices: making, experiencing, and viewing[3]-[4]. The experience involves two perspectives, that of the observer and that of the observed; it is interesting to consider what is in the mind, in the sensitivity of the person looking. Barthes defines photography as pure contingency and distinguishes two elements, studium and punctum. He considers studium as what the viewer's culture perceives and punctum as something within the image that catches the eye, that pricks. The first element is always present, but the punctum makes a photograph emotionally impactful. Barthes says, "For this reason, the picture whose meaning is too impressive is quickly removed, consumed aesthetically, not politically"[5].

METHODOLOGY

The general objective was to critically reflect on the healthcare activities carried out during a medical visit to a Wichi community. It focused specifically on recognizing and understanding the elements of interculturality present in the context of the care provided by a university delegation. We used the image strategy to reflect on aspects related to interculturality.

For this purpose, we employed the photovoice methodology, a participatory strategy that combines photography and text to capture reality. We chose to work with this strategy because the images captured in the photographs reveal emotional and subjective aspects of the moment in the lives of those who take them. Moreover, by integrating visual and written language, this method enhances the understanding of cultural meanings more fully and vividly, providing few opportunities or possibilities for reflection. It creates an opening for everyday emotions and feelings to be perceived and shared in an original and spontaneous way[1].

The research team, composed of six healthcare professionals, participated in health and cultural activities in SVE during one week in June 2023 and took photographs during one of the workdays. The process consisted of three stages: one of production when the photos were taken; another of reflection, when they shared the chosen image; and a third stage for the creation of the text[6].

The final reflection focused on the recognized elements of interculturality and aspects of their experience as healthcare professionals called into question[7].

The professionals and authors of this work are identified in the text by their initials. Teresita F. Reboa (TFR) is a social worker and the cultural leader of the delegation. María C. Iñurrategui (MCI) is a family doctor responsible for management and coordination

within the ISTHAT project. María J. Estremero (MJE) is a family doctor and a reference for alternative medicines. Daniela S. Epstein (DSE) is a family doctor specializing in reproductive health. MCI is a family doctor and tutor for resident doctors in community health and the ISTHAT project. Vilda R. Discacciati (VRD) is a family doctor and coordinates the Social and Humanities Research Center. This work has the approval of the Ethics Committee for University Research Protocols.

The activity took place on the fourth day of work on location, during a visit to the Wichí community of San Miguel, which inhabits the bush region far from the banks of the Pilcomayo River. The proposed assistance involved spontaneously offering medical care, along with the health agent and the family companion. The activity began at 8 a.m., and by the evening of the same day, we worked on the images selected by each participant.

We established the work dynamics (Table 1), with the instruction to take a photograph during the visit so that at the end of the day, we would all discuss the selected photos to give them a voice.

We worked on one image at a time; each participant shared their picture with the group via WhatsApp and commented on it in response to two questions. After that, there was a collective discussion. After analyzing the images and taking notes on the debate, the group produced a joint reflection.

The goal was to encourage the activity of each participant through individual and a later collective narrative.

RESULTS

One participant coordinated and took handwritten notes of the presentation and group discussion. The notes were then transcribed and reread multiple times, and the resulting text circulated; the prominent themes of the narrated images were agreed upon. The central categories were the violation of rights, the role of respect in interculturality, whether there is a boundary in gender relations, language as an obstacle, and the power that comes from mastering it. Each of these topics was associated with identified and represented issues.

Figure 1. The author of this photographic record (MJE) described women hiding and biting their nails, and it seemed to her that they either did not want to or dare approach the improvised healthcare station (consisting of a table and boxes of medications). At the time, a round of games to entertain children was being organized while we provided medical assistance. MJE thought those women did not know how to approach, wondering if it was a characteristic of the women from that community or if they were waiting for authorization. Later, she understood that the nexus was the *cacique* (chieftain) of the community. She chose this image because it gave visibility to the role of women and motivated her to reflect on what it means to be a woman. She wondered if it was part of their culture, a lack of rights, or whether what she identified as a lack of rights or a practice of patriarchy was a reflection of her own worldview.

Reflection on Figure 1. For other participants, it wasn't so clear; it could have been the curiosity of those women. Perhaps the health care team represented "the others, the different," although they perceived them with some childish attitude or shame. Another participant understood the situation as protective, redefining a framework of care rather than patriarchy, meaning that it wasn't about seeking the chief's permission but rather an attitude of safeguarding. She saw the male chief as taking care of them.

Figure 2. TFR expressed that her image corresponded to the moment of arrival in the territory, and she saw it as a landing to think about how to organize the work. TFR identified different expressions on the faces related to their roles. The driver got out of the vehicle and completed his task. The rest began their tasks. The gestures expressed the role. It was the driver's role to wait and the team's role to work. The nurse was active, and the doctors showed uncertainty. TFR took this photo because it represented the idea of combat, and she commented on its different meanings: to think about what they were fighting for and to re-signify the word. She recalled how a mental health professional redefined everything that evoked the idea of combat in health care.TFR, from her role, highlighted the place of art as a link that brings the community closer so that they can gain confidence and weave a network, so this image was the beginning of the fabric that brings together the health team and the community.

Reflection on Figure 2. Regarding the notion of combat, one participant mentioned that she once heard A. Stolkiner, a prominent figure in psychology, in a collective health presentation, reframe words used in health care, such as "working in the trenches," which would imply that there is an enemy on the other side. There was a

Table 1. Work dynamics and guide questions

Guidelina	Participants were asked to take a photograph during the field activity, focusing on something that particularly stood out during that day's work.
The questions to guide the group discussion were:	What is happening in the photograph you took? Why did you choose this image? Space for questions about the image from other participants.

Figure 1. *Studium*: patriarchy / *Punctum*: being a woman

discussion about whether the disease is in the trenches and the fight, what harms. The participants commented, linking it to the previous photo of the women, that there was a necessary waiting period. The time to arrive, unload materials, slow down, and wait. Perhaps it invited us to reflect on how the families viewed this healthcare landing.

Figure 3. MCR explained that she took the image of a water tank, and in the background, two children leaning against a wall. She said she saw two small children waiting for time to pass. Near the tank, there was a living tree and a dry log. She said the water tank stood out, with no other people present and nothing else happening, just water. She said emphatically, "There is water." She shared that, in that coming and going, the main problem was water. Water is vital, and its lack is the cause of infant morbimortality. The central issue for those communities, for those Indigenous peoples, is that they don't have water. Water, land, and vaccines are the elements that make a difference. She pointed out that it's not usual to have water tanks and that this is directly related to the land, bringing up the territorial conflict of Indigenous peoples. MCI explained that the way out of vulnerability in those places depends on access to safe water. Land and water are sources of health for that community in every sense.

Reflection on Figure 3. Participants commented that the children in the background seemed part of the landscape. They also discussed the idea of monotony or calm. In some way, having water means having calm. Another point of view emerged, that of being there and nothing happening. There was agreement that the water tank provides peace and the idea of water as a right. There was a conversation about different beliefs regarding everything to do with water and its role in health. The wall factor was also mentioned, with the children leaning against it, as the wall was part of a house built by the State but uninhabited. The dwellings made of solid materials are empty; the families dwell in their constructions with sticks and branches. Questions arose about the constructed houses and why families do not live there.

Figure 4. The photo author (DSE) said that it depicted a path and a cactus, a reality. She focused on the path as a way to reach a place, a path she took to see a woman who had given birth the night before to offer a medical checkup. That image of an uninhabited landscape

Figure 2. *Studium:* arrival / *Punctum*: uncertainties.

Figure 3. *Studium*: water tank / *Punctum*: violated right..

represented a particular reality. Along that track, there were people and obstacles to overcome to get there. The image represented, to her, what was invisible or hidden. Three team members went to assist the woman and the newborn. She said they were with a midwife from that community, and the woman (the mother) did not consent to being examined or to have her child checked. For DSE, the photo represented a "not doing," which caused internal conflict because she felt she "couldn't do" anything since she respected the request.

Reflection on Figure 4. Initially, the image of the path was seen as the feeling that—behind the respect (as an action) for autonomy—there could be a risk to the newborn. It was argued that this "not doing" was an action in itself, even though the duty of Western medicine would have been to insist on performing a clinical examination of both mother and child. The group reflected on ancestral issues regarding childbirth practices and the nature of the path; once again, the earth connected with culture; "action" was highlighted in terms of resistance and origin. Another point discussed was the limits of the medical role, particularly whether an ambulance should have been called as the woman was on the ground, her baby wrapped up, without safe water, in an epidemiological context of high child morbidity and mortality. The question arose: How should one act? What would have been the correct action? If "respect" equates to a "non-action" in healthcare, the photo of the path undoubtedly led to uncertainty.

Figure 5. MCI chose to capture the image of a particular part of the healthcare task. She explained that, at that moment, she was giving instructions about medication to the father of a patient. In the picture, we can see two children and one adult male, and two team members are partially visible. Both female doctors are looking at the adult, and one has an inhaler with aero-chamber in her hand. The table represents the clinical testing site prepared for that day. After diagnosing respiratory obstruction, the doctors explained to the patient that he required medication. The image depicts the complexity of providing pharmaceutical instructions and ensuring that the child receives its medication appropriately, with clear instructions regarding frequency and method of administration. Here, language emerged as a challenge in explaining the use of the respiratory aerosol and the intake of an antibiotic. They made a drawing depicting a sunrise for the first dose and the full sun to indicate the subsequent doses.

Figure 4. *Studium*: path / *Punctum*: respect.

Reflection on Figure 5. We discussed the language barrier as a central and common obstacle, along with the scene of giving instructions to a father. In these communities, unlike urban practice, fathers accompany the children. The team focus was on language and gender. The follow-up question didn't call into question or underestimate the adult; it simply highlighted the communication limitations of the healthcare team. We questioned paying more attention to preparing materials, medications, and supplies than the paperwork: printing sun and moon symbols to give instructions.

Figure 6. In the selected photo –captured by VRD– a man wearing a soccer jersey is seen in a central position (which he maintained throughout the activity). Around him, people approached and waited, expecting medical attention. The focus of the image was on gender relations. The man was the chief, who controlled the language. Communication took place through him. Throughout the activity, some male participants also seemed to understand our language, but not the women, and communication with them was very problematic. As a result, it was up to the chief or the male facilitator to convey the problems or questions of the women. Similarly, instructions were relayed through them, which created concerns about confidentiality as understood in Western medicine. The men in the image symbolized

Figure 5. *Studium*: remedies / *Punctum*: speech/language.

Figure 6. *Studium*: gender relations / *Punctum*: power.

this asymmetry of power felt through language and were focused, in contrast to the seated women.

Reflection on Figure 6. This photo revisited the discussion raised by the first image analyzed, where the women appear as hidden or on a different level from the men, who were more active in terms of language, care, control, or surveillance, with an attitude that could be either protective or an exercise of power. Participants felt that there, on the field, "the others" were the healthcare team. There was also the argument that these ways of relating or interacting might be the only ones they know, and perhaps the questioning of gender relations and the power of the chief falls within our conceptual framework, bringing culture into the discussion once again.

Through verbalizing the images, we can uncover their sense and meaning, where the highlighted themes relate to gender issues, the role of the healthcare team in an Indigenous community, the violation of rights, and respect for the autonomy of people who have their ancestral medical system.

DISCUSSION

In this work, the participants identified two main themes arising from the photographs and around which their reflection pivoted: land and human rights. Property of the land was singled out as a fundamental right for Indigenous peoples, and its seizure, as a violation of human rights. Access to safe water as a

primary human right, and its lack is an issue visible and tangible in the Wichi communities. Finally, there is identity and culture, in which language is a central element, marking the cultural barrier and crystallizing as a communication obstacle for the health activities implemented. Regarding the concept of culture, the recurring question was where the boundary lies: to what extent should that boundary set by the other be respected, and when could there be a potential risk to an individual, a boundary that, moreover, is set by a third party, for example, the mother over the child. This study allowed for reflection on the challenge of working in Indigenous communities like the Wichi, emphasizing the importance of respect, empathy, and collaboration in building trustful relationships with people from these communities.

The literature contains numerous publications that use this methodology for community diagnosis, education, or to understand cultural practices in a way that fosters intercultural dialogue. Our work has a specific focus, as it reflects on the health activity of a group of professionals in a particular community, which makes it original and non-extrapolable, but transferable, or perhaps it may inspire readers to carry out experiences in their fields of work.[7-15]

CONCLUSION

Photographs were a valuable tool for analyzing the field experience within the framework of interculturality. The themes that arose were significant and provided an opportunity to consider strategies that can bring the healthcare team closer. On the one hand, we need more research on health professionals' experience working in Indigenous communities. Such research might help improve the understanding of the challenges of this work and could contribute to developing policies that support these communities.

On the other hand, the introduction of participatory visual research methodologies, such as photovoice, has been primarily implemented in health education. We believe it is a method that encourages problematization, the creation of critical awareness, and social transformation by promoting dialogue through the discussion of images in small groups.[7]

Conflicts of interest: the authors declare no conflicts of interest.

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