Abstract: The purpose of this study was to explore perceptions of health-related issues among youth residing in Chișinău, Moldova, through a combination of photovoice and focus group methodologies. During June, 2011, 13 youth, aged 10 to 17, participated in photovoice and focus group sessions. Participants were instructed to take between 10 and 20 photographs, over a 7 day period, representing health-related issues in their community. During focus group sessions, participants, as a group, were asked to sort photographs into piles based on similarly and/or themes. The SHOWeD mnemonic method was used to guide discussion about photographs from a personal to social level. Content analyses were used to summarize and interpret collected data. Seven common themes emerged across both focus groups, including: (1) abundance of garbage in public spaces; (2) homeless dogs wandering the streets; (3) unsafe drinking water; (4) individuals engaging in risky health behaviors, including cigarette smoking and alcohol use; (5) large number of individuals with limited financial resources; (6) considerable number of individuals forced to live in suboptimal living conditions; and (7) poor road and sidewalk conditions. CBPR methods, including photovoice and focus groups, offer promise in gathering valuable information to inform health-related policy in Moldova in the future.

Keywords: Adolescents • Determinants of health • Focus groups • Republic of Moldova • Participatory research • Photography • Photo novella • Photovoice

© Versita Sp. z o.o

1. Introduction

The Republic of Moldova, a small country landlocked between Romania to the west and the Ukraine to the east, is perhaps the most complex of the 15 independent countries that were born out of the collapse of the Union of Soviet Socialist Republics (USSR) two decades ago. Moldova is a borderland that is deeply divided between Romanian speakers drawn towards European Union member Romania and Russophone Slavs who continue to feel the tug of former ties to Moscow [1,2]. While two decades have passed since the dissolution of the Soviet Union, the Moldovan economy has struggled to modernize and much of the country’s infrastructure is very outdated.

Following the collapse of the Soviet Union, many former republics, including Moldova, have struggled economically and politically. Moldova is one of the poorest countries in Europe, with a per capita gross domestic product (GDP) of $US1631 in 2010 [3]. Unfortunately, many young people have little confidence in the country’s future and have left at an alarming rate [4].

Following the collapse of the Soviet Union, many former republics, including Moldova, have struggled economically and politically. Moldova is one of the poorest countries in Europe, with a per capita gross domestic product (GDP) of $US1631 in 2010 [3]. Unfortunately, many young people have little confidence in the country’s future and have left at an alarming rate [4].

Following the collapse of the Soviet Union, many former republics, including Moldova, have struggled economically and politically. Moldova is one of the poorest countries in Europe, with a per capita gross domestic product (GDP) of $US1631 in 2010 [3]. Unfortunately, many young people have little confidence in the country’s future and have left at an alarming rate [4].
[9]. Unwanted pregnancy rates remain high with almost half of sexually experienced Moldovan women reporting had at least one induced abortion [10,11]. While the Moldovan government instituted national health insurance coverage in 2004, financial barriers often impede access to and receipt of care [12]. Furthermore, many Moldovan adults have limited health-related knowledge regarding disease and behavioral risk factors for their children [13] and themselves [14].

Community-based participatory research (CBPR) methods are useful in understanding how individuals recognize and define the areas in which they live [15,16]. As eloquently described by Minkler and Wallerstein [17], all groups (community and academic) contributing to the CBPR process are seen as equal partners with each contributing different strengths and insights into a particular problem. By establishing long-term relationships and commitments, CBPR findings and knowledge should benefit all partners in better understanding the problems at hand with the ultimate goal of reducing health-related disparities [18].

Photovoice, a qualitative CBPR method using photography, is used to examine community members’ perspectives on issues that concern or are meaningful to them. As a Freirean-based process, photovoice encourages participants to have not only power in shaping the research process, but also serve to motivate them towards initiating community change [19,20]. The photovoice methodology, developed by Wang and colleagues [19,20], was first used to explore the perspectives of village women living in Yunnan, China [21]. Through photography individuals are able to act as recorders of real-life experiences within their own communities [20]. By enlisting individuals to take photographs, the researcher is provided with a new lens in which to view community-related assets and barriers. Photovoice has been employed to explore complex issues within diverse populations, such as examining health-related concerns of rural Guatemalan women [22] and insights into the associations of racism, socialization, and social capital on health among African American men in the Southern United States [23].

Photovoice is also an emerging research methodology in exploring perceptions of health-related issues among youth. For instance, photovoice was used to delve into how young people in western Canada framed health within the context of their own life situations [24]. In the Northwest Territories, Canada, photovoice brought to life key health problems as perceived by Inuvik youth such as alcohol and drug abuse and teen pregnancy [25]. Through photography, Israeli youth were able to document strengths and weaknesses related to health promotion in their communities [26]. Among youth serving on an advisory board in Southern California, photovoice was useful in identifying community influences on their individual health behaviors [27]. In the Southeastern United States, rural high school students used photovoice as a means of describing their perspectives of community assets and barriers influencing children’s physical activity and dietary behaviors [28].

To our knowledge, CBPR research methods, including photovoice have not been used to examine health-related concerns of post-Soviet generation Moldovans. Therefore, to address this gap in the literature, the purpose of this study was to explore perceptions of health-related issues among youth residing in Chişinău, Moldova, through a combination of photovoice and focus group methodologies. Because youth can play a critical role in advocating for health promotion initiatives in their own communities [29], delving into issues as perceived by young Moldovans as important could help to shape health policy-related efforts in the future in this developing country.

2. Methodology

2.1. Participant Recruitment

During the first week of June, 2011, potential participants, aged 10 to 17, were recruited from a junior and senior high school within the city limits of Chişinău. A professor at Moldova State University and a local high school teacher assisted the primary investigator (PI) in identifying potential participants. We received ethical approval for the study from the School of Public Health at Moldova State Medical and Pharmaceutical University “Nicolae Testemitanu.”

Once students were identified to participate in the study, the PI arranged two meeting times to discuss study logistics with potential participants. The PI explained study objectives and procedures in English. While all participants had good command of both oral and written English, a professor at Moldova State University, fluent in both Romanian and English, accompanied the PI to the introductory sessions and answered participants’ questions in Romanian if questions arose. She also translated information presented by the PI into Romanian to confirm understanding and solicit questions from potential participants.

All participants attending both introductory sessions (n=15) agreed to partake in the study. The PI provided each participant with an informed consent document (ICD), written in both English and Romanian, depicting study objectives and procedures. Participants were instructed to have their parent and/or guardian read