

Chapter 24

The Power of Collaborative Inquiry and Metaphor in Meeting the Health Literacy Needs of Rural Immigrant Women: A Case of Parent Education

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ABSTRACT

Rural communities often face the need to reach out to immigrant groups to help sustain their populations. However, rural communities often lack the necessary support and resources required to meet the needs of immigrant communities. This chapter reports on the role of a participatory education project in meeting the needs of immigrant Old Colony Mennonite women. Building on an existing ESL program in a rural community in Southwestern Ontario, a participatory health literacy pilot project was developed employing an action research format. With the participants, the authors explored the participant identified topic of dealing with the stress of parenting, using metaphors (presentational knowing) and collaborative inquiry. Post-project, in-depth, semi-structured interviews were completed with participants and program staff. Interview data was analyzed using a constant comparison method and five themes are identified and discussed: (1) reconsidering the nature of their children; (2) the power of language to transform; (3) modeling with language; (4) changing parental behaviours; and (5) normalizing what happens at home. The authors then discuss the efficacy of utilizing presentational knowing and collaborative inquiry as a pedagogical strategy for meeting the learning needs of rural immigrants.

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INTRODUCTION

Canadian adult education has a long and proud history of working with marginalized people who have been socially excluded from educational opportunities and have developed innovative programs in the early days of Canadian adult education to address this exclusion: Frontier College, Farm Radio Forum, and the Antigonish Movement/Coady Institute to name just three. There is a long proud history in adult education of reaching out to those who live in margins of society. In a contemporary context, Canadian adult educators have reached out to the increasing immigrant population in an attempt to ease their way into becoming full participants in Canadian society. And while this is often addressed in the context of metropolitan and urban environments where most immigrants have settled, there are increasing numbers of immigrants settling in rural areas of Canada, areas that do not always have the resources to meet the learning needs of the immigrant population.

This chapter describes a unique rural based pilot project that attempts to meet the needs of immigrant women living in a southwestern rural Ontario community, and in this case it is a population of Old Colony Mennonite Women and the focus of the educational intervention can be broadly construed as health literacy. Specifically it is a participatory educational intervention that focused on the women's articulated need of being more effective parents.

We begin the chapter by providing an overview of the context for this pilot project.

SETTING THE CONTEXT

While Canadians generally have a high level and standard of health, it is not shared equitably across the population, and for those populations who do not have adequate literacy skills it can have a profound impact upon social and economic outcomes—key determinants of health (Health Canada, 2004). Rural communities have differed significantly demographically than larger urban centres on these key determinants of health, including levels of literacy, with rural communities being characterized by poorer overall health (DesMeules & Pong, 2006). In fact, DesMeules and Pong state, rurality in the Canadian context is now classified as a determinant of health. It has also been noted that rural women often face greater physical and mental health challenges than their urban counterparts (Leipert, 2005; McCallum & Lauzon, 2006). This is even further compounded for rural women immigrants who are faced with the responsibility of overseeing the healthcare of their families in a context where they lack culturally appropriate quality health information, access to services in their own language and the skills or confidence to question or validate their own health practices within a new culture (Jennisen, 1992). For rural communities who seek to attract immigrants to shore up their declining populations, being able to have the capacity to develop culturally sensitive and appropriate programs becomes a very important component of a rural development strategy.

Increasingly, there has been an emphasis on participatory approaches to adult education, including health literacy programming as this fosters participants' ability to think critically, construct knowledge and affect change in their lives (Auerbach, 2001). In other words, health literacy provides the skills, confidence and knowledge to make sound health choices, particularly among those who may feel disempowered to make such decisions. Thus health literacy is a form of nonformal education whereby its purpose is to help people be in control of their lives through making informed choices and decisions, and to take appropriate actions with regard to their individual health, health of their family and health of their com-

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