



# BODY MAPPING IN REPRODUCTIVE HEALTH RESEARCH

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## ABSTRACT

*Medical Anthropologist are always concerned with the different ways in which people within any culture gain, hold and use knowledge about bodily processes to make health policy and programmes more responsive to the felt needs of the people and to gain access to such knowledge a researcher need a competent technique. The most efficient is the body mapping where one can use it as a technique to gather information and concomitantly it can serve as an entry point towards the explanatory models which people had. This paper will discuss on the use of body mapping technique in reproductive health research.*

**KEYWORDS:** Menstruation, Childbirth, Ethno anatomy,

## BODY MAPPING AS RESEARCH TOOL

Body maps or body-mapping is both a therapeutic technique and research tool that prioritizes the body as a way of exploring knowledge and understanding experience. It falls under the umbrella of participatory qualitative research. It is often used to complement traditional qualitative data collection techniques such as interviews and focus groups. The approach is rooted in a therapeutic process known as narrative therapy (Santen 2014). Narrative therapy seeks to conceptualize psychological problems as distinct from the individual person and assumes that patients have many skills, areas of competency, assumptions, values, beliefs, and abilities that may be harnessed to help them ameliorate the impact their problems have on their lives (Morgan 2000). The combination of body maps and narrative therapy gives rise to a creative therapeutic technique that allows for the expression of individual experience through visual art. Life-size body drawings are either drawn or painted to visually depict aspects of people's lives, their bodies, and the world they inhabit (Gastaldo et al. 2012). Body mapping is a visceral approach to data collection and elicits data pertaining to the emotions of the body (Sweet and Escalante 2015).

In the early 2000s in South Africa, body mapping was used among women living with HIV (Braque 2008; Mac Gregor 2009). A clinical psychologist, Jonathan Morgan, in collaboration with the AIDS and Society Research Unit at the University of Cape Town, used the technique as part of the Memory Box Project, which was a community outreach program organized through the AIDS and Society Research Unit (Morgan 2003).

Increasingly, body mapping has been used as a research method and has been applied creatively and constructively across various academic disciplines (Brett-MacLean 2009; MacGregor 2009; Gastaldo et al. 2012; Griffin 2014). For example, in Canada, Crawford (2010) used body mapping as a therapeutic tool for people with alexithymia or somatic issues following a trauma. Also in Canada, Denise Gastaldo et al.

(2012) used body mapping as a research tool to document health problems and migration experiences of undocumented laborers in Toronto. In both studies, body mapping was used as an appropriate method as it provided a platform for participants to engage with researchers. Body mapping is a relatively recent methodological innovation that remains underutilized in both therapeutic and research settings. Visual-based methods provide attractive ways to communicate human experiences to the public. (Bronwyne Coetzee, Rizwana Roomaney, Nicola Willis, and Ashraf Kagee, 2019).

## IN REPRODUCTIVE HEALTH RESEARCH

Body maps can be used for gaining access to people's perceptions of their bodies and can be the point of entry towards the explanatory models which people had regarding their reproductive health. It provides a guide to women's perceptions of their bodies and a way of locating explanations. Mac Cormack and Draper used this technique in Jamaica to explore women's perception of sexuality, human reproduction and contraception (1987: 143). Body mapping was used in studies in Zimbabwe, Sierra Leone and India to explore women's perception of the reproductive process (Cornwall 1992: 69, Jordan 1989: 925, Tolly & Bentley 1992). Cornwall (1992: 69), who did research among women in Zimbabwe stated:

Body mapping can be used to explore people's own representation of their bodies as a starting point from which to explore particular medical issues. Body mapping can facilitate a less directive interview style than would otherwise be possible.

A culture's perception of body and bodily processes is constructed in terms of folk model. All system of knowledge are socially constructed. Folk biology as an exceptional resilience and power over people's behavior and understandings since it does not seem to be socially constructed to local participants (Jeffery et al, 1988). It is of interest to a Medical Anthropologist of how people in different cultures



perceive the body and bodily processes. They are always concerned with the different ways in which people within any culture or community gain, hold and use knowledge about bodily processes and to make health policy and programmes more responsive to the expectation and felt needs of the people, it is necessary to understand how people perceive their body and how they interpret the process. Obtaining people's own version of anatomy and physiology is another important issue as it is often difficult to access such information from verbal description. It is the locally perceived processes and those beliefs and practices that affect women's reproductive health status and thus, exploring how women perceive different organs of their body, their location, interrelationships of different parts of the body and their functioning remains important. To gain knowledge of their beliefs about their body (ethno-anatomy) and body functions (ethno-physiology), the most appropriate tool is body mapping. Body mapping provides a strategy in facilitating communication and is a device which can be used as part of an approach which aims to find ways of improving access to appropriate information. This paper describes the experience of body mapping exercise of two categories of women in Andro, namely, trained traditional birth attendants (*maibi*) and lay women's who never attended any delivery. It will highlight how body mapping technique can be used as a new approach to gather information and to explore and compare the perception of these two categories of women regarding how menstruation occur on monthly basis, how a baby is conceived, the developmental stages of the baby when it is inside the womb.

Ethno anatomy and ethno physiology of women was explored with the help of body maps – diagrams which represent part of the body, drawn by the women. Body – mapping was used to sketch out the graphic representation of the ethno-anatomical and ethno-physiological models. This technique provides a visual interpretation of how women perceive their body and how it functions. Presentation of information visually can help in clarifying ambiguities and provide a rapid shared point of reference. People's own perception and visual presentation of their body and bodily processes can be used as a point of initiation to explore women's perception on menstruation, conception and pregnancy. Women describe their body parts as they feel and experience them. Moreover they also visualize some of the body parts while dissecting household animals for food, while talking with peers and older female relatives. Figure 1 shows the body map drawn by women in Andro, Figure 2 is the body map drawn by the traditional birth attendant Figure 3 points out the close up of reproductive parts drawn by the traditional birth attendant. As verbal description of the body by the women is difficult to access so, body mapping was used since it can help in gaining access to people's perception of their bodies and to the explanatory models. Ideas and issues which are hard to identify can be easily accessed and explored using this method. On probing and questioning, women were able to give better insights of their bodies and describe them in detail. The figures drawn by typical village women and traditional birth attendants serve as a guide to the discussion of findings of ethno-anatomy and ethno-physiology in their socio-cultural

context. It was found that traditional birth attendants were more aware of the physiological processes than an ordinary woman.

### BODY MAPPING SESSION

The body mapping session was conducted with two categories of women in Andro – traditional birth attendant who conduct delivery and lay women who had never conducted a delivery. The session consisted of two traditional birth attendants who had undergone a training course conducted by the modern health services and eight women who had never assisted or attended a delivery. All the women who participated in the exercise were married and aged between 35 and 50 years. The outline of a women's body was drawn and each women was asked about the different parts of the body that they have identified and their functions. They mocked at the outline which was drawn stating that it looked like a male contour.

The women were reluctant when they were asked to draw the body parts and female reproductive system, worried that their drawing would be bad or incorrect. However, after much cajoling and after explaining to them the essence of the whole exercise they gradually give in and manage to locate some of the body parts within the outline given thus providing a vivid map of the complex human body. This whole process serves as the catalyst for conversation on reproductive organ. The women were asked to name the parts of body that they have drawn and explain it. Thus, the pictographically representation of the body parts facilitates further discussion with the women. Using the diagram as the point of reference, beliefs about the different aspects of the reproductive process could be discussed in detail. The complex nature of women's perception of reproduction would have been very difficult to obtain by any other means.

### TECHNIQUE IN USE

The body maps revealed the differences in perception between women who had never attended delivery and those who received training as well as attended delivery. It was found that traditional birth attendants were more aware of the physiological processes than an ordinary woman. They gave an elaborate presentation of the body with the nerves, lungs, ribs, stomach etc. of the general body parts and even the reproductive section are also drawn in detail with a pipe entering the womb depicting that it is through this tube that mother supplies food to the baby. Lay women drew without much elaboration and with less body parts compared to the traditional birth attendant.

During the discussion, Traditional birth attendant describes how the menstrual blood comes out of the womb every month. Coming of monthly period (*thagi khongkap lakpa*) or polluted (*mangba*) were the local terms used for menstruation and were justified by its occurrence once a month and segregation of women during this period. Flowery terms like coming of flower (*lei lakpa*) are also used as metaphor for menstruation. Menstruation is used allegorical to the blooming of flower. In the diagram, the menstrual sac is in the shape of a blooming flower which lies inside the womb.

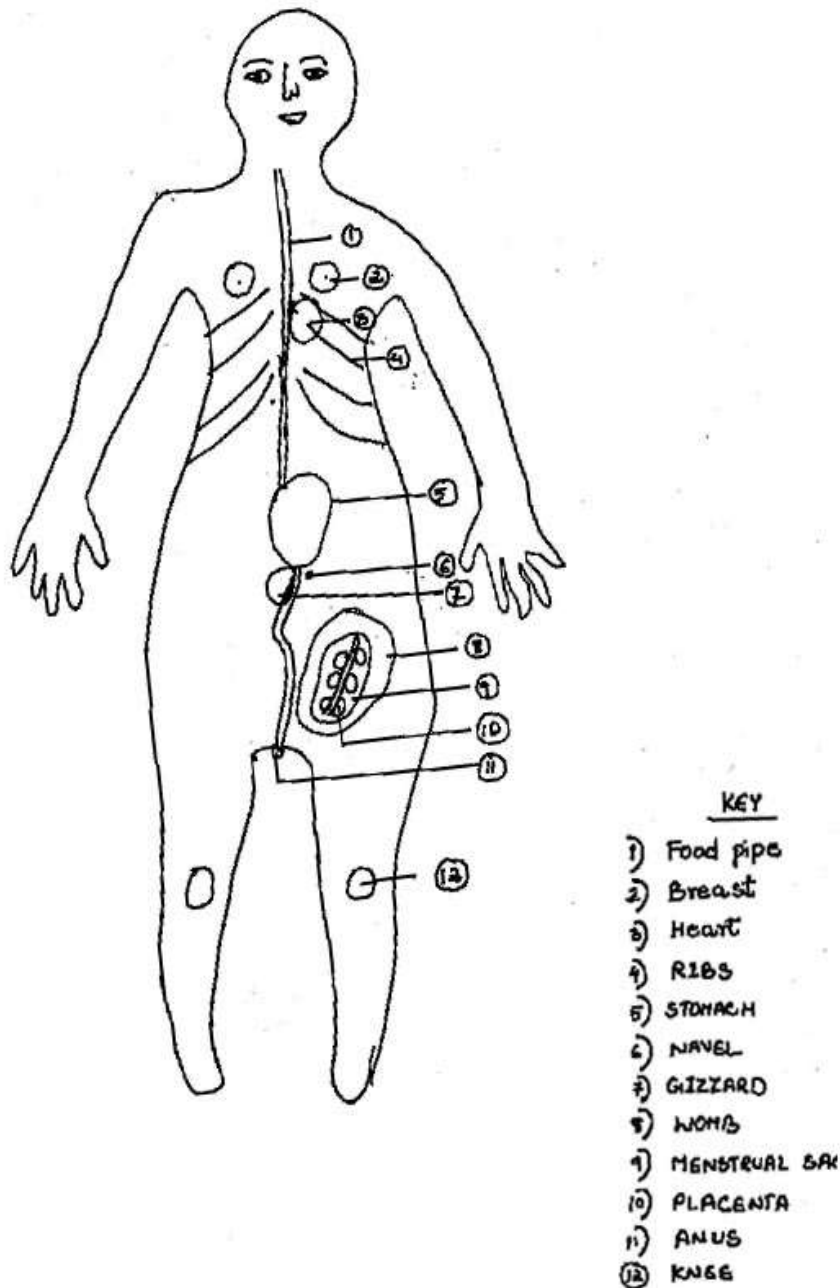


In the verbose of a traditional birth attendant (*maibi*)

“Menstrual blood comes out from a lotus shaped sac which is located inside the womb where the baby stays. It blooms once in a month. Every month when it blooms blood comes out”.

Menarche symbolized the attainment of physical maturity and ability to bear children. A young girl evolves into a stage of an unmarried maiden locally termed as *leisabi* (who moves like a flower) with the onset of menstruation. Once a girl attains a

*leishabi* status certain restrictions are imposed on her so as to keep reminding of her reproductive power which should be contained till marriage. So, during the liminal period between menarche and marriage she is carefully guarded by her natal or patrilineal male kins. As the cliché goes “whether a petal falls on a thorn or a thorn falls on a petal, it is the petal which is hurt”, here, petal is coterminous with unmarried women and thorn with male. This drives home the delicacy and onus of boundary maintenance by a women after she attain the status of *leishabi*.



**Figure 1: Body Map (Village Women)**

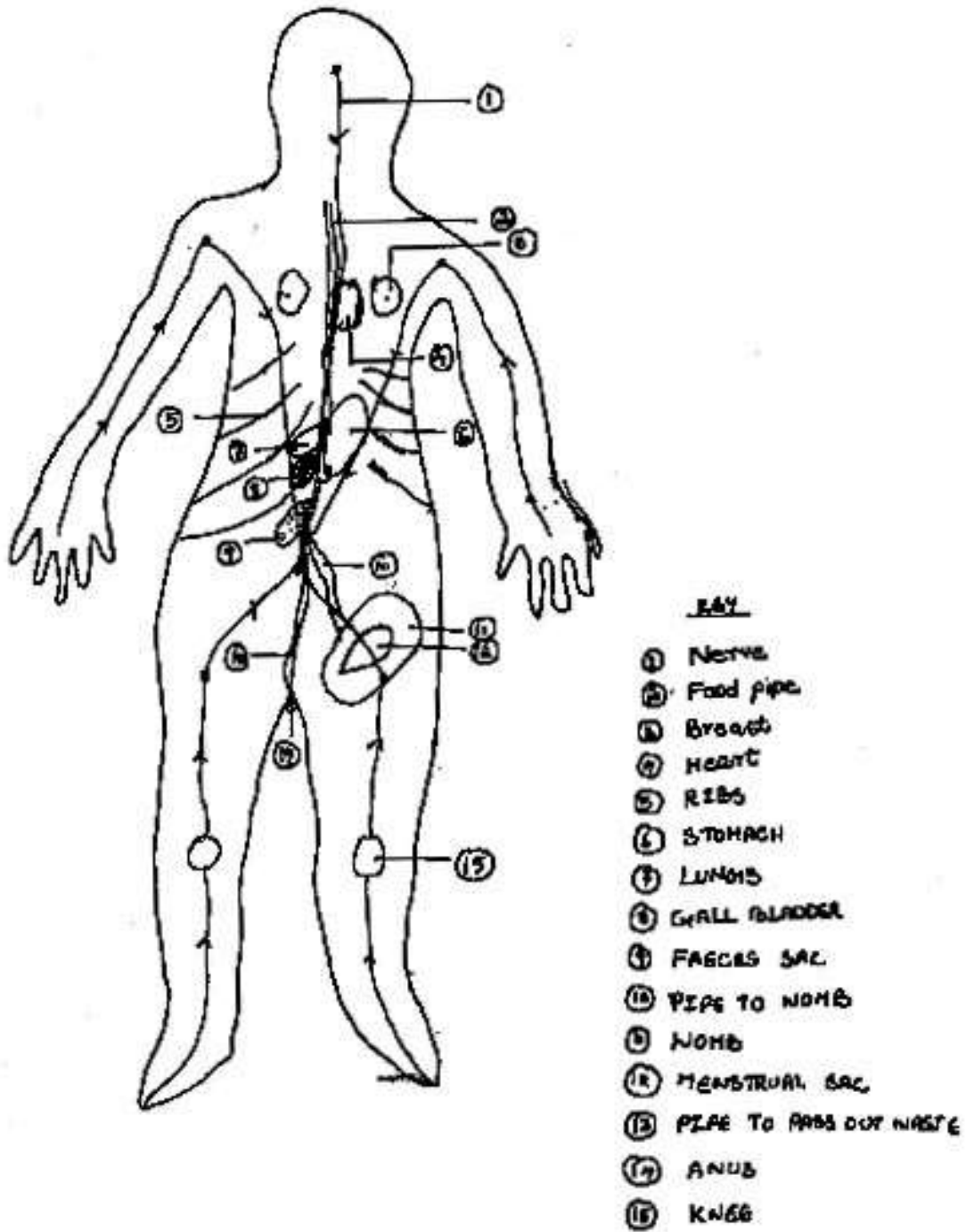
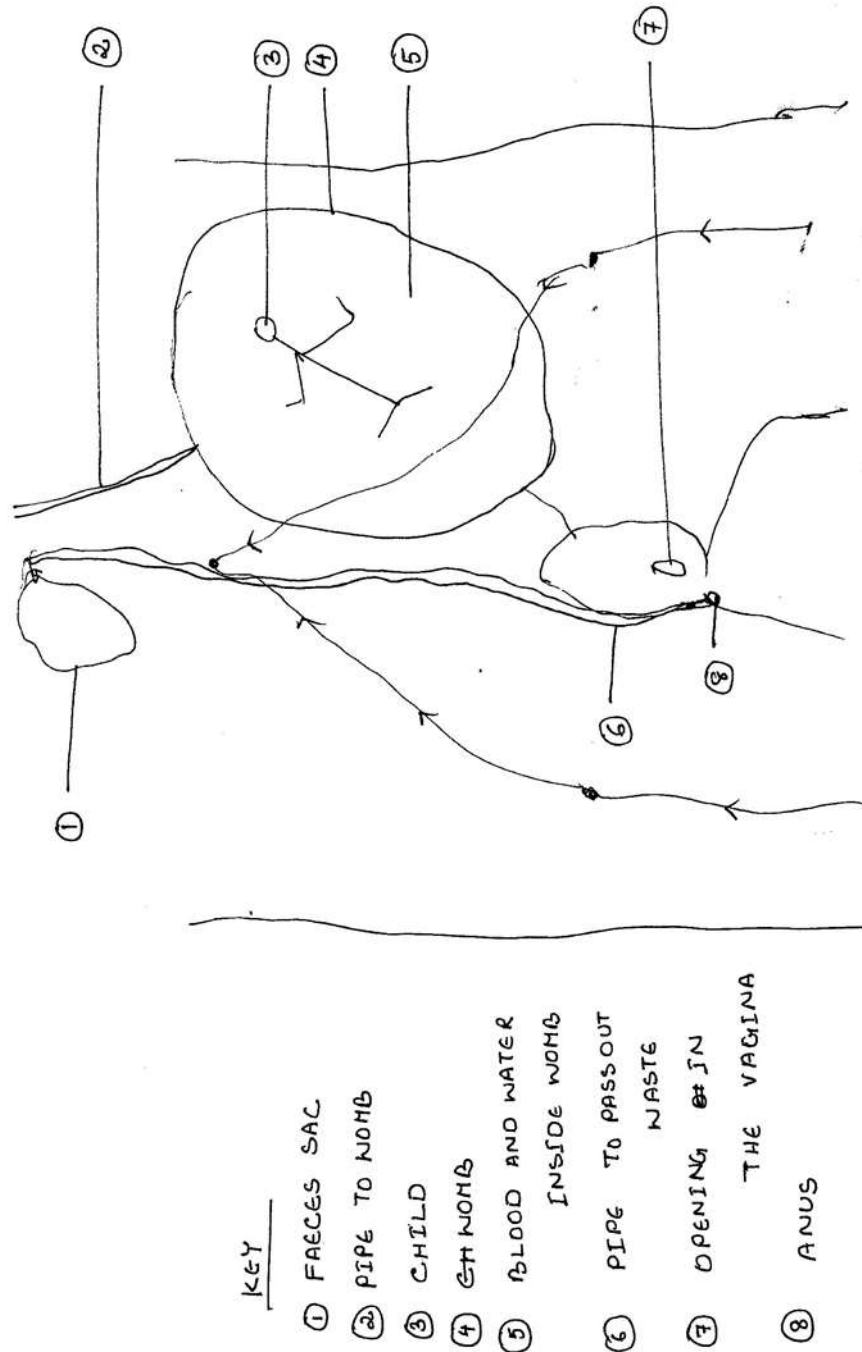


Figure 2: Body Map (Traditional Birth Attendant)



**Figure 3: Close up of Women's Reproductive Parts on Body Map. (Traditional Birth Attendant)**

There is difference in terms of perception between the traditional birth attendant and lay women towards conception. Cessation of menstruation to a woman marks her pregnancy. According to traditional birth attendant (*maibi*) in Andro the women's blood which comes out during menstruation and

male's germ (*mahik*) come together to form a child. However, according to village women there are many placentas inside the womb of a woman. The male germ (*mahik*) will enter inside one of the many placentas lying inside the womb of the woman and form a child. If the germ (*mahik*) enters on the right side then



one will give birth to a male child and if it enters on the left side it will give birth to a female child. Though the perception of formation of fetus is different between the traditional birth attendant and lay women, the common thing that they held is that both male and female are involved in the formation of the fetus and it is the germ (*mahik*) of the male that helps in the formation.

In the verbose of one traditional birth attendant (*maibi*) in Andro:

“Man’s germ (*mahik*) enters the woman’s body and goes to the womb where it meets the woman’s blood and baby is formed.”

The traditional birth attendant (*maibi*) accounts during discussion:

In the first month of pregnancy, it is just a clot of blood without any eyes or nose or any defined body parts. Life enters the baby only on the third month. Then, its body parts begin to develop. Female fetus moves earlier than the male, a male baby are lodged on the woman’s right side while a female baby resides on the left side. By about seven months, the baby is fully formed but spends the rest of the pregnancy growing and gaining strength drinking blood and water inside the womb. The developing fetus takes its strength from the mother’s retained menstrual blood. During the body mapping session, the traditional birth attendant drew the baby with hands and feet lying inside the womb.

Thus, the Andro women’s perception on menstruation, conception and growth of the baby inside the womb was gathered with the help of body mapping technique. The technique itself was useful in gathering information, concomitantly; it serves as a stimulant for further probing and discussion, thus, providing a gateway to a reproductive health researcher to gather maximum information with minimal time.

## CONCLUSION

Body mapping provide a guide to women’s perception of their body and body processes and a way of locating explanations. It is an efficient and enjoyable way to stimulate discussion on ethno anatomy and ethno physiology. With the aid of such technique it was possible to collect detailed information in short duration. It helps to unveil women’s perception on menstruation, conception and growth of the baby inside the womb of the mother. To surmise, this paper describes the ways in which body mapping helps women in Andro in presenting how they perceive their bodies and body function and further stimulating them for discussions related to menstruation, conception and the growth of fetus inside the womb. Women describe their body parts as they feel and experience them. The body parts which women described were those which could be physically felt from outside and through their own experience, be it menstruation, pregnancy, growth of the fetus inside the womb. Moreover they also visualize some of the body parts while dissecting household animals for food while talking with peers and older female relatives. By gaining knowledge about women’s perception about a variety of physiological processes with the aid of body mapping technique it can be an asset in

improving health care and responsive to the felt needs of the service user. Moreover, it can be used as a training tool for community health worker and as building block for health education. This technique is an efficient method to gather information about women’s perception on reproductive health and simultaneously serves as a catalyst for probing and discussion, thus providing valuable information to a researcher in short span of time.

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