

# Exploring women's perceptions of reproduction through body mapping

## A research note from Bangladesh

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*In deze methodologische notitie bespreken de auteurs 'body mapping' als techniek voor onderzoek naar leken voorstellingen van het lichaam en als didactisch middel bij de training van gezondheidswerkers en bij gezondheidsvoorlichting. Het veldwerk waarover gerapporteerd wordt werd uitgevoerd in Bangladesh onder getrainde en 'ongetrainde' vroedvrouwen en onder 'gewone' vrouwen.*

*[lichaam, body mapping, voortplantingsorganen, vrouwen, vroedvrouwen, Bangladesh]*

Medical anthropologists have drawn attention to the ways in which people in different cultures perceive the body and bodily processes. MacCormack and Draper (1987: 154) explained:

Everywhere people's understanding of health is informed by folk definitions of the body's form and functions. People give particular attention to the body's margins and its orifice – the breaks in its defences – where the natural and social environment impinge.... Ideas of cosmological and social equilibrium are also thought by many people to be replicated in the body as a microcosm of the natural universe.... Even in scientific and industrial societies with a long history of universal schooling, people still understand their bodies in terms of these folk models, and even highly trained doctors talk to patients in terms of folk definitions....

However, it is often difficult to assess people's knowledge about their body from verbal descriptions. Body mapping is an innovative technique which provides a way of gaining access to and understanding people's perception of their body. In this technique, people are asked to express their mental maps of the human body in a visual way. MacCormack and Draper used this technique in Jamaica to explore women's perceptions of sexuality, human reproduction and contraception (1987: 143, see also MacCormack 1985: 281). Body mapping was also used in studies in Zimbabwe, Sierra Leone and India to explore women's perceptions of the reproductive process (Cornwall 1992: 69, Jordan 1989:925, Tolly & Bently 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.

This paper describes the experience of a body mapping exercise with three categories of women in rural Bangladesh, namely, trained traditional birth attendants (TTBAs), untrained traditional birth attendants (UTBAs) and women who had never attended any delivery. The study was carried out with the objective of assessing body mapping as a new approach to information gathering and to explore and compare the perceptions of these three categories of women regarding the female reproductive system, particularly to understand their perceptions of the birth process.

### **Body mapping**

The body mapping exercise was conducted over three separate sessions with the three categories of women. The first group consisted of twenty traditional birth attendants who had received training from the Bangladesh Rural Advancement Committee, BRAC.<sup>1</sup> In the second group, there were eighteen traditional birth attendants who had attended at least ten deliveries in their lifetime but never received any kind of formal training, and the third group consisted of eighteen women who had never attended any delivery. All the women who participated in the exercise were married and aged between 25 and 50 years. None of them had ever attended school.

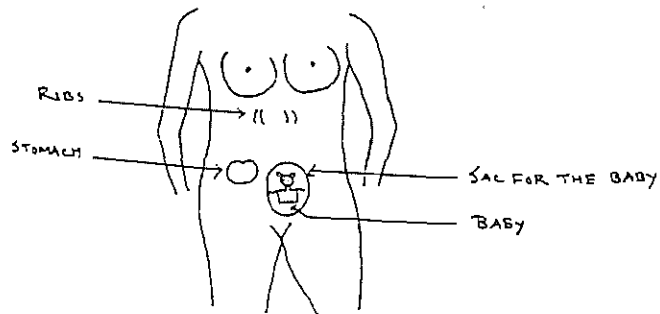
During the sessions, smaller groups consisting of two women were formed. Each group was given a paper with the outline of a woman's body and asked to draw what they thought the inside of a pregnant woman looked like. The groups were scattered over a big hall. After completion of the drawing each group was interviewed and asked to label and explain its drawings.

There were some common experiences encountered while conducting the body mapping exercise with different categories of women. In all three sessions there was an initial silence when the women were asked to draw the female reproductive system. Women hesitated to start drawing. A few of them said, "We have never drawn anything like this before." Other participants then joined in saying that their drawing would be bad and incorrect. We then stressed that the exercise was not to test whether they could draw the body parts correctly, but a way of getting to know their ideas. Usually one or two enthusiastic groups then began drawing and others gradually joined. Once they had started they got more and more involved. In each group, one usually took the initiative and drew while negotiating with the other. Sometimes they argued about the correct location and size of the body organs. They frequently used erasers. In the end, most groups managed to make a drawing within less than an hour. When they handed in their drawings most of them were shy and said, "Please do not laugh at our drawings." In spite of their hesitation, every group produced a drawing that clearly showed the shape and the location of different body organs. As none of these women had ever attended any formal school, these vivid maps of the complex

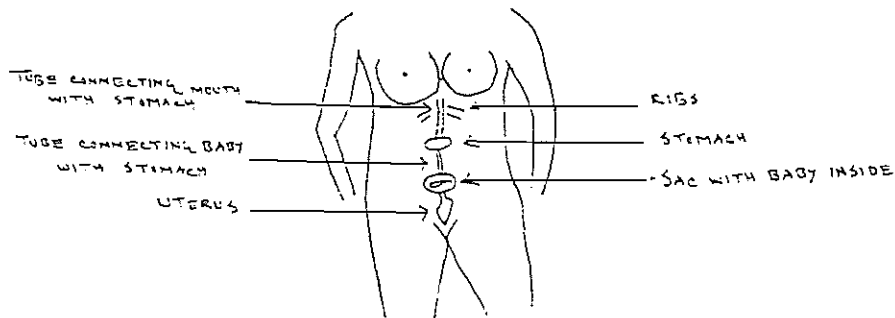
Body MAPS

ANNEX

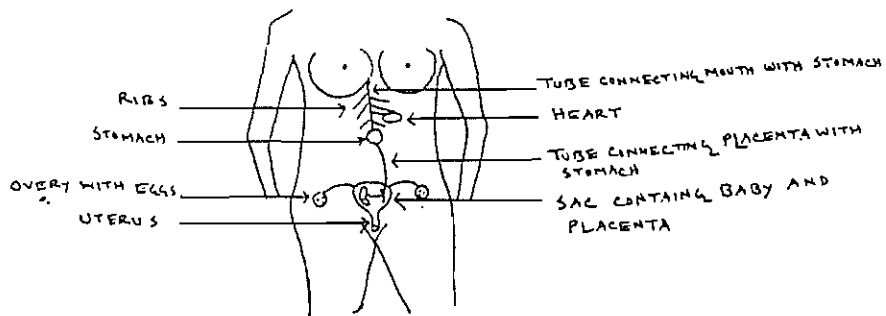
BY A WOMAN NEVER ATTENDED DELIVERY (FIG-1)



BY A UNTRAINED TBA (FIG-2)



BY A TRAINED TBA (FIG-3)



human body produced by them, imply that visual literacy is independent of alphabetic literacy.

The drawing itself was not the purpose of the exercise. It however, served as a catalyst for a conversation on the reproductive organs. The women were asked to name and explain what they had drawn and thus, the drawings facilitated further discussion with the women. The women gained confidence while describing their drawings. While referring to their body maps, they were able to discuss in detail their beliefs about the different aspects of the reproductive process. The variation, diversity and complexity of the women's perceptions of reproduction would have been very difficult to obtain by any other means. Moreover, it was an enjoyable experience for the women to explain their drawings. They became performers and presenters, not merely respondents. The body maps made it possible to obtain good information in a very short period of time and with minimal costs.

### **Women's perceptions of reproduction**

The body maps revealed both similarities and differences in the women's perceptions of reproduction. The most conspicuous difference was in terms of the number of body organs and their elaboration. The women who had never attended any delivery drew only a heart, a stomach and uterus with a baby (Figure 1). The UTBAs drew more organs, mainly the ribs, heart, stomach, uterus with a baby and sometimes a placenta (Figure 2). The TTBA's drew the largest number of organs. They drew the ribs, heart, stomach, uterus with a baby, vagina, placenta, ovary and ovum (Figure 3). The size and shape of the organs in the drawings by TTBA's were found consistent. They also separated the location of organs in two zones with the heart, stomach, and ribs in the upper zone and the rest, consisting of the reproductive organs, in the lower zone. Some groups even drew a membrane to separate the two zones. The size and location of the organs varied remarkably in the drawings of the other two groups. Some of the women from these groups drew the organs in a round shape, some oval, some even square. Organs were drawn scattered over the body without having a particular pattern. During the discussion, the TTBA's described how the ovum is released from the ovary every month and fertilised by the sperm. The other two categories of women did mention the ovum in the woman's body, but could not locate it exactly. They were also confused about the unification of the sperm and ovum. Most of the TTBA's drew a placenta within the uterus. The placenta was described as an organ that provided blood for the baby. Some of the UTBA's drew the placenta, though they placed it outside the uterus. None of the women who had never attended a delivery drew a placenta. Some of the UTBA's mentioned that they tie a band around the chest of the pregnant woman during delivery because they fear that the placenta may go up and catch the heart after the baby is delivered. Another distinctive feature in the drawings of UTBA's was that they drew the vagina as a separate chamber as wide as the uterus, while other women drew the vagina as a narrow channel. An interesting characteristic observed in the drawings by the women who had never attended a delivery was that almost every group drew the baby

in the uterus as a full figure with hands, legs and in some cases even dressed (Figure 1). The trained and untrained TBAs drew the baby in the uterus in a more abstract way.

Obviously, the relative position, structure and function as drawn and explained by the TBAs was largely consistent with the biomedical description. During their training they had seen models and drawings of female reproductive organs. The women who never attended any delivery had a much vaguer perception about bodily processes. They drew the babies in the womb with hands, legs and clothes apparently because they did not imagine the embryonic stage of the baby. They could not visualise the baby beyond the shape they see after birth.

However, irrespective of training or experience as a birth attendant, there are also some similarities in the perceptions of these different women. Most of the women in all three categories drew a tube connecting the mother's stomach with the baby. The common understanding was that this tube supplies food from the mother's stomach to the baby. As one of the women said during the discussion: "Food that the mother eats goes directly to the baby through this channel, so she should not eat certain foods which are harmful for the vulnerable body of the baby." Body maps by TBAs in India also show a kind of tube (Tolly & Bently 1992). This gives a clue to understanding the food taboos during pregnancy in this subcontinent. While presenting her drawing, one woman explained the significance of these tubes by saying: "Blood and food are the two essential elements of life, the mother supplies these to the baby through two separate channels, the placenta and the food tube."

Another common feature in all the drawings, which demands special attention, was that none of the women gave a particular name to the sac in which the baby lies. They just called it 'sac for the baby' *bachchar tholi*, while all labelled the opening canal of the sac, which resembles the vagina, as 'jorau', the Bangla word for uterus. This difference in scientific and indigenous vocabulary has important implications. If some health message is given where the uterus is called 'jorau', it will wrongly be understood as something related to the vagina. Health messages, therefore, should be developed carefully keeping these indigenous vocabularies in mind.

## Limitations

Body mapping also carries the risk of over-interpretation. The drawing may conjure up an image of the inside of the body that is too concrete and vivid. It should not be forgotten that some of these women have never seen a picture of the internal body and may never have thought about it in earnest. During the conversation the pitfall of over-interpretation should be recognised and avoided. To know what people do *not* know is important as well (Last 1981).

## Conclusion

Body mapping is an efficient and enjoyable way to stimulate discussion on perceptions of the human anatomy. Through the technique it was possible to collect detailed and in-depth information within a very short period of time. It helped to uncover the diverse and complex perceptions of women about childbirth which would otherwise have been difficult to obtain. The drawings also showed the differences and similarities between biomedical and indigenous concepts. Body mapping is a research technique to explore local concepts and vocabularies, which can later be used as a training tool for community health workers and as building blocks for health education.

## Note

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1. BRAC is a reputed non-government organisation of Bangladesh. BRAC helps poorest of the poor people of the rural areas with education, income generating program and health care. One of the components of BRAC's health program is TBA training. BRAC initiated TBA training to provide basic knowledge on hygienic delivery, simple pre and post natal care.

## Literature

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