

# BODY MAPPING

to explore the embodied experiences of contraceptive methods and family planning with women in South Africa



Jane Harries  
Jane Solomon



BILL & MELINDA  
GATES foundation



In this booklet we share some of the body mapping images and stories which formed part of a study funded by the Bill & Melinda Gates Foundation titled: A multidimensional approach to inform family planning needs, preferences and behaviours amongst women in South Africa.

The body mapping images and visual stories provide an innovative and participatory research method to uncover women's lived and embodied experiences of their reproductive systems including reproduction, fertility, conception, contraception and family planning.

The booklet is intended for policy makers, health care providers, researchers, academics and community and non-governmental organisations working in the sexual and reproductive health arena.



# TABLE OF CONTENTS

A multidimensional approach to inform family planning needs, preferences and behaviours amongst women in South Africa .....	4
Significance/background .....	4
Main focus of study .....	4
Methods .....	5
Ethical Considerations .....	5
What is body mapping? .....	5
Body mapping as a participatory, qualitative research method .....	7
A visual narrative to showcase the body-mapping process we used .....	8
Key questions and response images .....	14
End of session learning .....	22
Including men in the study .....	23
Acknowledgements .....	24



# A MULTIDIMENSIONAL APPROACH TO INFORM FAMILY PLANNING NEEDS, PREFERENCES AND BEHAVIOURS AMONGST WOMEN IN SOUTH AFRICA

## SIGNIFICANCE/BACKGROUND

In recent decades there have been great improvements in the reproductive health of women and men in the developing world and increases in the use of modern contraceptive methods. Nonetheless, many women, couples and adolescents do not or are not able to access information, contraceptive technologies and services that could facilitate preventing unintended pregnancies and planning the number and timing of desired pregnancies. In South Africa, the contraceptive prevalence rate for all women of reproductive age (15-49 years) who are using a modern contraceptive method is 64.6 %. However, this relatively high contraceptive prevalence rate masks problems with service delivery, equitable access, and correct, consistent, and continuous use of contraception especially among young or rural women.

This study sets out to improve our understanding of the needs, preferences, perceptions and behaviours among women and men with the objective of applying such knowledge to the design and development of innovations in family planning methods and services.

## MAIN FOCUS OF STUDY

In order to understand South African women's family planning and contraceptive needs and behaviours, a lived experience, multisensory approach is required. This approach explores women's day-to-day behaviours and interactions with modern contraceptive technologies from multiple perspectives, including physical, tactile and sensory experiences. Research on women's perception about contraceptives has typically focused on factors such as side effects and the limited method choices that affect contraceptive decision-making. However, less is known about how women's physical and sensory experiences of contraceptive technologies and their daily lived experiences of contraceptive use affect their perceptions and decision-making around uptake and consistent use.

## METHODS

The study was conducted between February 2017 – March 2018 in four rural and peri-urban areas in the Western Cape, South Africa. Study participants were recruited with the assistance of non-governmental organisations working in the sexual and reproductive health arena. Populations of interest included women of reproductive age (18-49), nulliparous and parous women, current users and non-users of modern contraception, and married and unmarried men. Including men in research is critical as they play an important role in family planning and contraceptive decision-making.

Participatory qualitative research methods were used and data were collected through three data collection methods; i) body-mapping workshops with women, ii) one on one and group discussions with women during the body mapping workshops and iii) focus group discussions with men. In total 57 women and 28 men were recruited into the study.

The research team decided that body-mapping workshops would be the most suitable method to explore women's embodied experiences and understanding of their reproductive physiology and physical and sensory experiences of contraceptive methods within their everyday life worlds. Body mapping was first used in South Africa as part of an advocacy project for women living with HIV/AIDs and we wanted to adapt and expand this participatory qualitative research method to reproduction, contraception and family planning. We adapted the body mapping method to explore and visually represent the intersections of women's knowledge of their reproductive anatomy and physiology, menstruation, conception, fertility, contraception and family planning. Body mapping is visual, encourages connection to embodied experience, and involves a creative and reflexive process that is often beneficial for participants and amenable to knowledge translation.

## ETHICAL CONSIDERATIONS

Ethical approval was obtained from the Faculty of Health Sciences, Human Research Ethics Committee at the University of Cape Town. Informed consent was obtained from all study participants. All participants were informed of the purpose and process of research before being asked to provide informed consent which included permission to use images or photos of body mapping workshops and discussions. Confidentiality and anonymity was ensured and no identifiers including names or location have been used in dissemination activities.

## WHAT IS BODY MAPPING?

“Body mapping involves tracing around a person's body to create a life-sized outline, which is filled in during a creative and reflective process, producing an image representing multiple aspects of their embodied experience.”

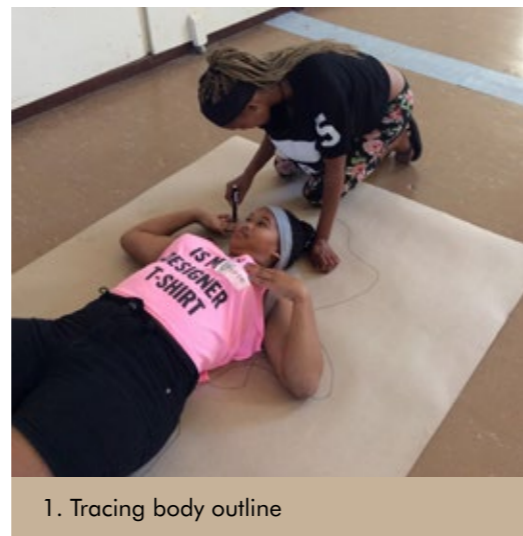
Getting someone to draw around our body shape, is something many of us have done (eg: in the sand as children) and links to ancient practices, when without mirrors, people saw reflections of themselves as shadows and shapes and visually represented themselves as body outlines and handprints in ochre and charcoal.



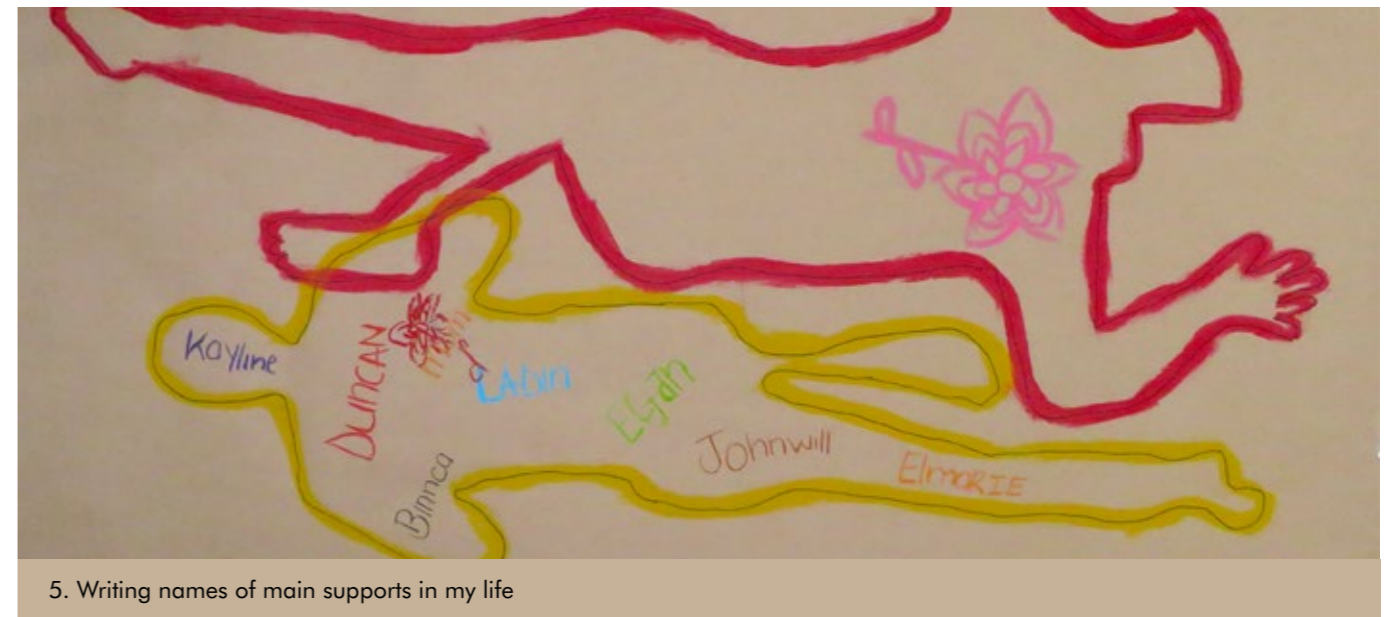
## BODY MAPPING AS A PARTICIPATORY, QUALITATIVE RESEARCH METHOD

- In the body-mapping process, participants use artmaking to process and reflect on a prompt/question. Later when talking about their lived experience, participants have had time to reflect and process the issue concerned. Participants therefore feel prepared, less intimidated and more confident to express themselves. This helps to limit the power imbalance between the researcher and the participant.
- Artmaking accesses an emotional response. Researchers may not get this depth of response when just talking or asking for written answers.
- Body mapping uses artmaking to link mind and body. This accessing of creativity allows participants to express themselves in different ways. Using colour and symbols, personalised meanings and visual metaphors bring out information/data that may not have been conveyed in an interview situation.
- In a body-mapping workshop participants are actively involved in the production of data. Participants engage with a physical experience. Participants are emotionally and physically invested in the creation of their bodymap and are therefore more inclined to share what they have discovered during the process.
- The research process is beneficial to both researchers and participants. Participants learn about artmaking and about the issues being researched. Participants and researchers learn from each other. Through reflection, on lived experience, participants also learn more about themselves.
- Participants feel of value; that their experience(s) have something to offer and can assist in generating change for themselves, their community and/or to improve policies.
- Participants feel supported by others in the group. Group discussion builds a trust network between the participants. They learn, are prompted by each other's stories and often find common solutions to shared challenges.
- Researching health/wellness issues works well with body mapping. The body is central to human experience and defines who we are in the world. Using the body outline (bodymap) to tell the story accesses our embodied human experience.

# A VISUAL NARRATIVE TO SHOWCASE THE BODY-MAPPING PROCESS WE USED



1. Tracing body outline



5. Writing names of main supports in my life



2. Brainstorming the symbolism of colour



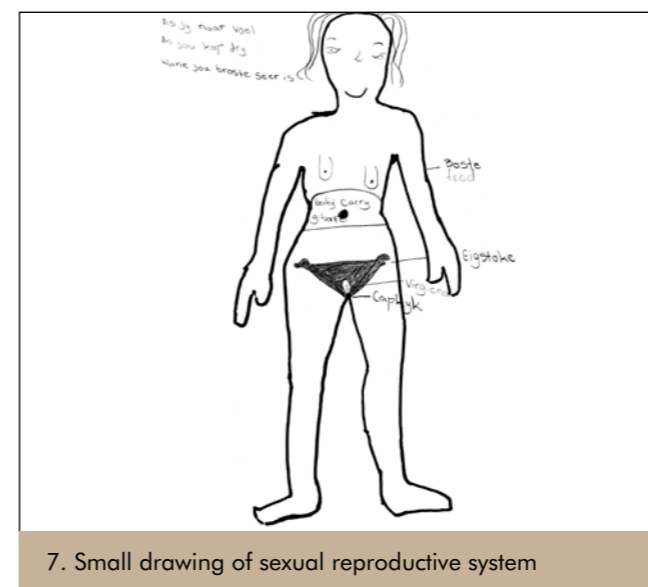
3. Highlighting own shape



6. Tracing small body outline



4. Highlighting primary support



7. Small drawing of sexual reproductive system



8. Explaining, talking about my drawing with researcher



9. Painting sexual reproductive system onto bodymap



12. Drawing current contraception



13. Writing message to young girls about contraception



10. Creating a contraceptive timeline



11. Sharing my contraceptive timeline with researcher

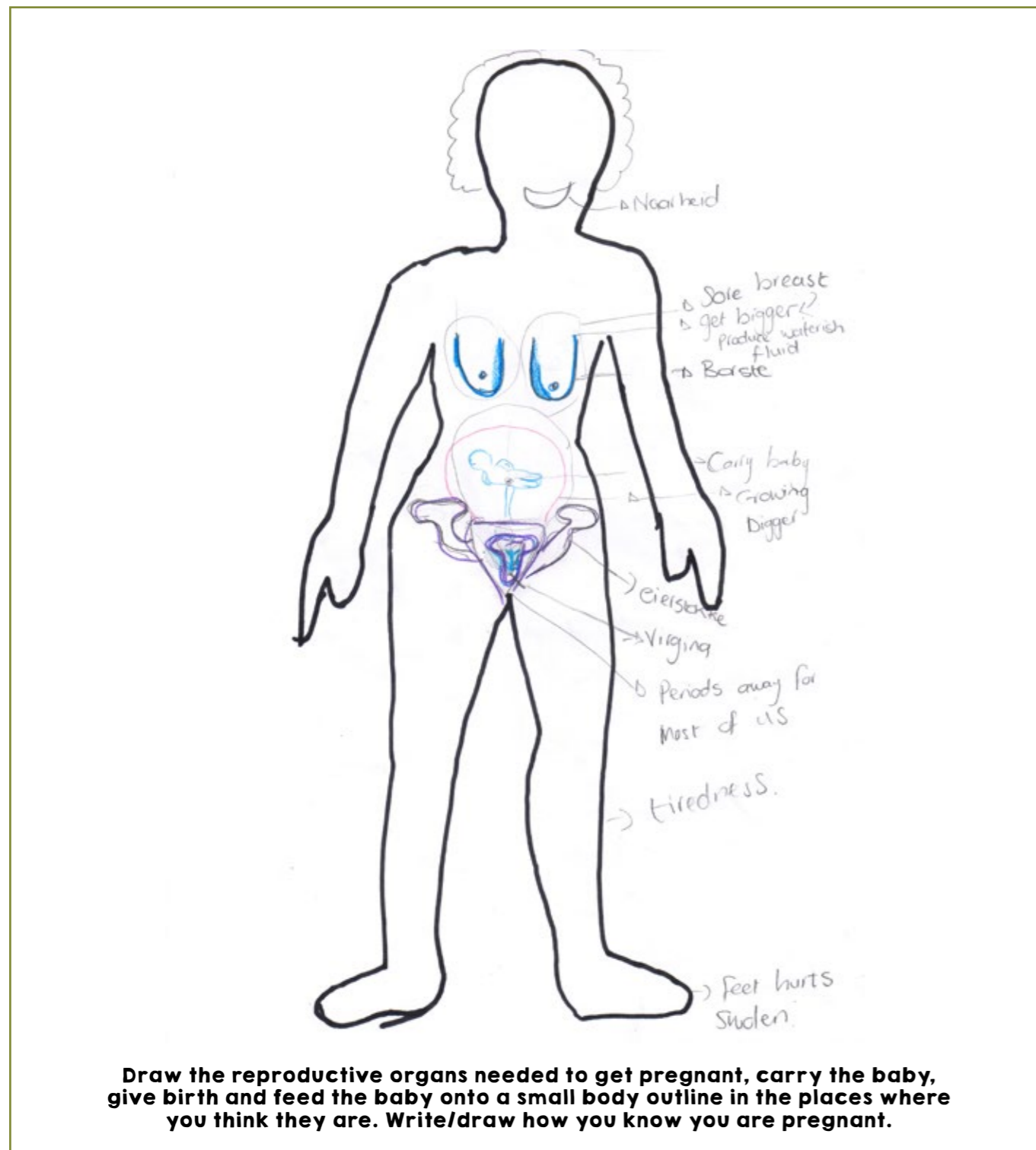


14. Sitting down for lunch



# KEY QUESTIONS AND RESPONSE IMAGES

Key questions guided study participants through the body-mapping workshops. Creating images, text and using colour enabled women to produce responses and generate data through visual images, followed by one on one and group discussions facilitated by the research team.



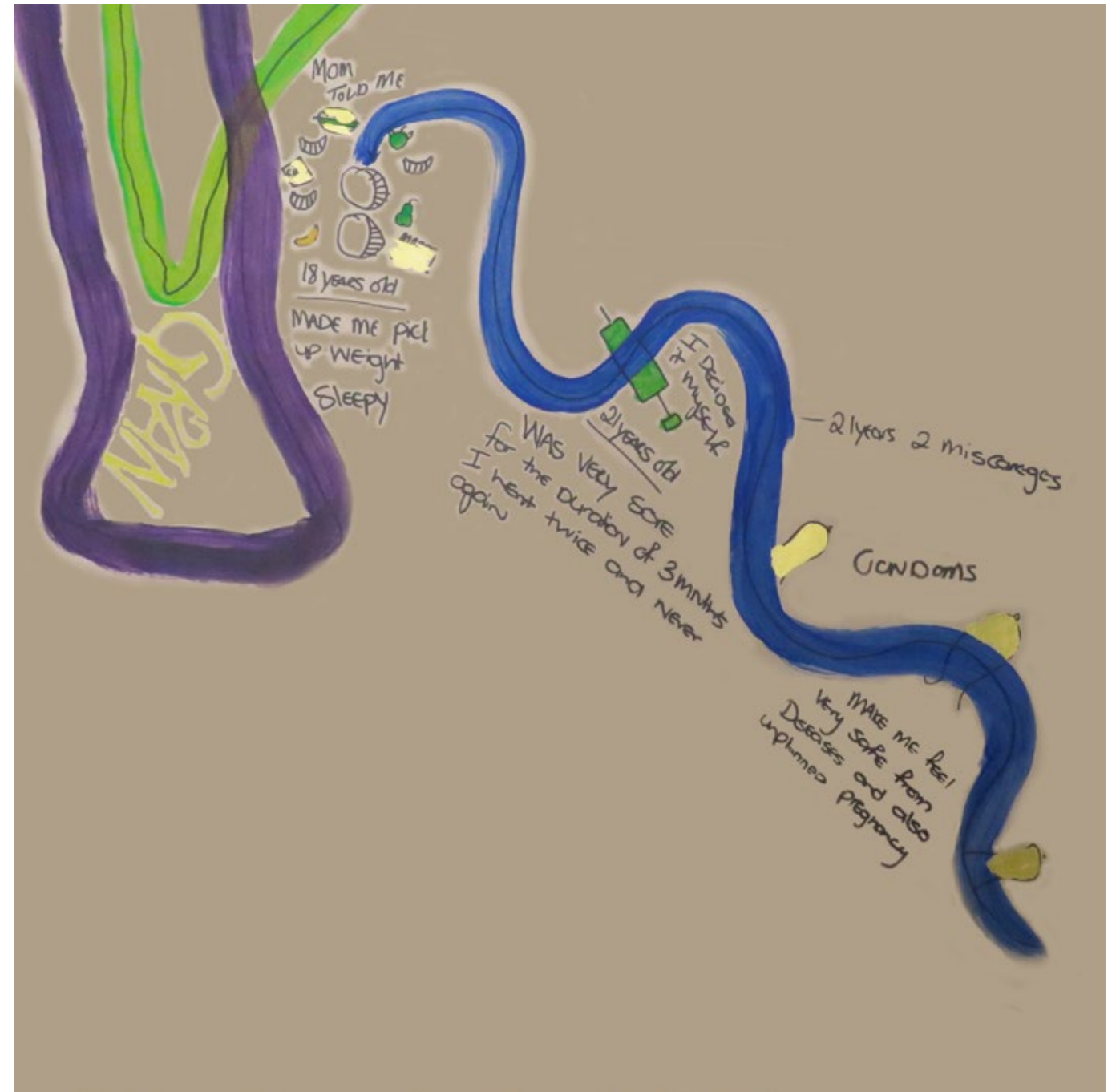
Draw your reproductive system onto your bodymap, choose colours to symbolise how you feel about your different reproductive organs.



Write the names that you/your community call these parts of the body.



Draw where the baby develops.  
Use colours to show how you feel about the growing baby.



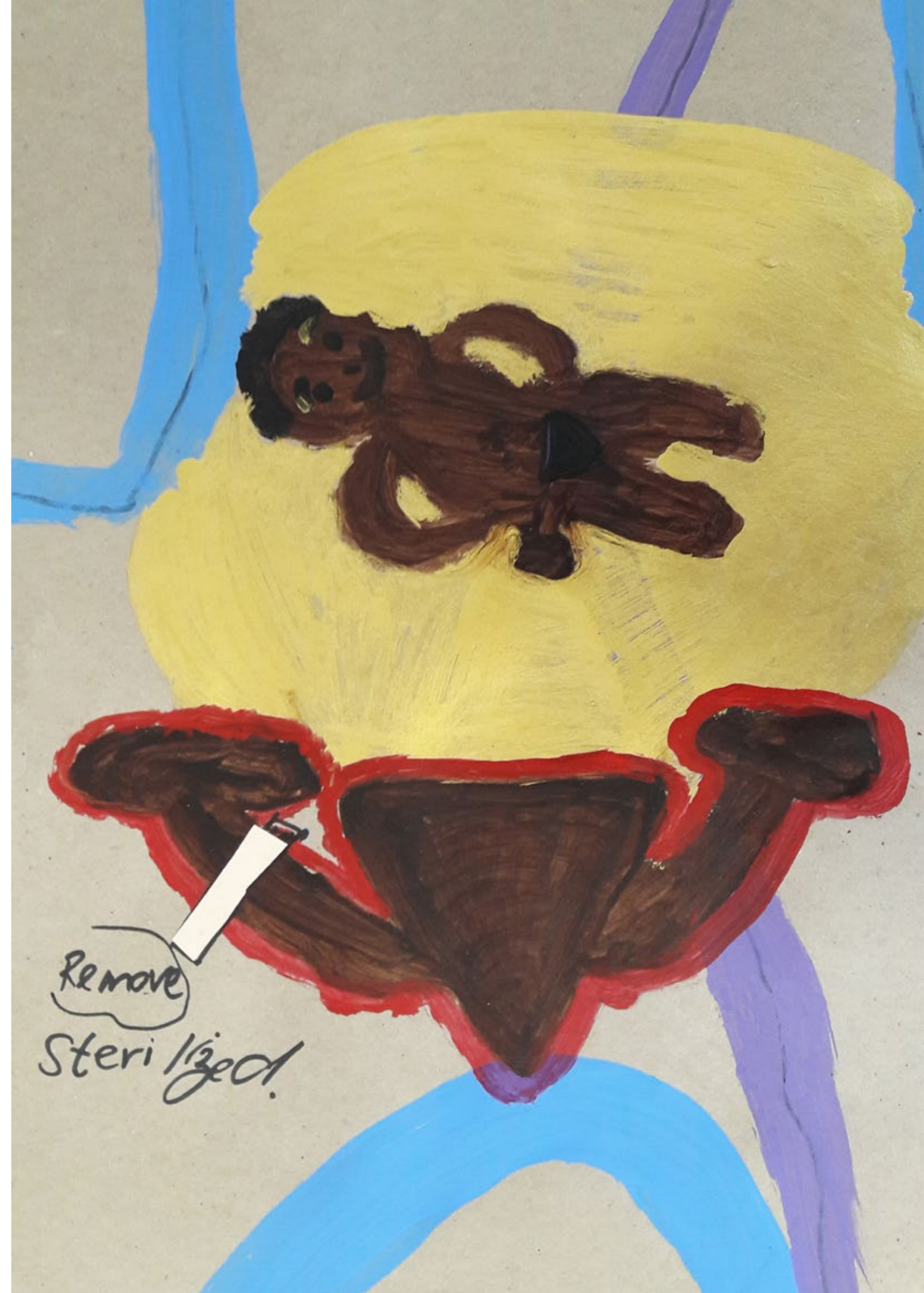
Create a timeline using drawing, painting and writing to show an overview of your contraceptive history. On the same timeline mark the births of your children.

# Contraception Journey Map





Paint your current contraceptive method on the bodymap, show how it is taken and how you feel about it. What do you call this method in your community?



# END OF SESSION LEARNING



At the end of the two day Body-mapping workshops we conducted interactive reproductive and sexual health education feedback sessions based on what emerged as knowledge gaps and questions posed by study participants. The key areas addressed included; interactive and participatory sessions around the female sexual and reproductive system including the menstrual cycle, conception and pregnancy, sexually transmitted infections and contraception including methods available in government clinics, mechanism of action, efficacy and side effects. We also discussed cervical screening and Pap smears as women asked about cervical screening.

These interactive sessions allowed participants to communicate with one another and establish an “understanding together” environment, while also encouraging individuals to problem solve and learn content in new and more self-directed ways. The end of session learning offered a positive way to close the days through interactive and participatory sexual and reproductive health education where, women were interested, and asked engaging questions.

## FEMALE REPRODUCTIVE HEALTH ANATOMY INTERACTIVE GAME

Labels handed out to participants (in both English and Afrikaans) included uterus, fallopian tubes, ovaries, cervix, vagina and anus. Women were asked to place the label on the poster’s corresponding female anatomy. This exercise was repeated for both frontal and cross-sectional anatomy views. The game increased participants’ knowledge of the female reproductive anatomy through interactive group participation.



# INCLUDING MEN IN THE STUDY: MEN’S FOCUS GROUP DISCUSSIONS



We conducted three focus group discussions of 3-4 hours duration with married and unmarried men residing in the same area as female study participants. Focus group discussions were conducted in English and Afrikaans by an experienced male group facilitator. Key areas explored included levels of knowledge around family planning and contraception including men’s personal experiences with different contraceptive methods, what role men play in contraceptive decision-making and experiences of family planning services. The interview guide for the men’s focus group discussions was further informed by issues to emerge during workshops and discussions with women. Men responded positively to these workshops and requested further sessions to gain more information about different contraceptive methods and ways to support their current or future partners around contraceptive decision-making and family planning.

# ACKNOWLEDGEMENTS

We would like to thank the Bill & Melinda Gates Foundation through the Grand Challenges Explorations Grant for funding this study.

## The Research Team at the University of Cape Town

Associate Professor Jane Harries (award grantee)  
Dr Deborah Constant  
Associate Professor Christopher Colvin  
Associate Professor Alexandra Muller  
Professor Chelsea Morroni  
Chantel Mazok  
Vanessa Wright  
Jane Solomon  
Roni Simons

Talia Simons (Layout and design)

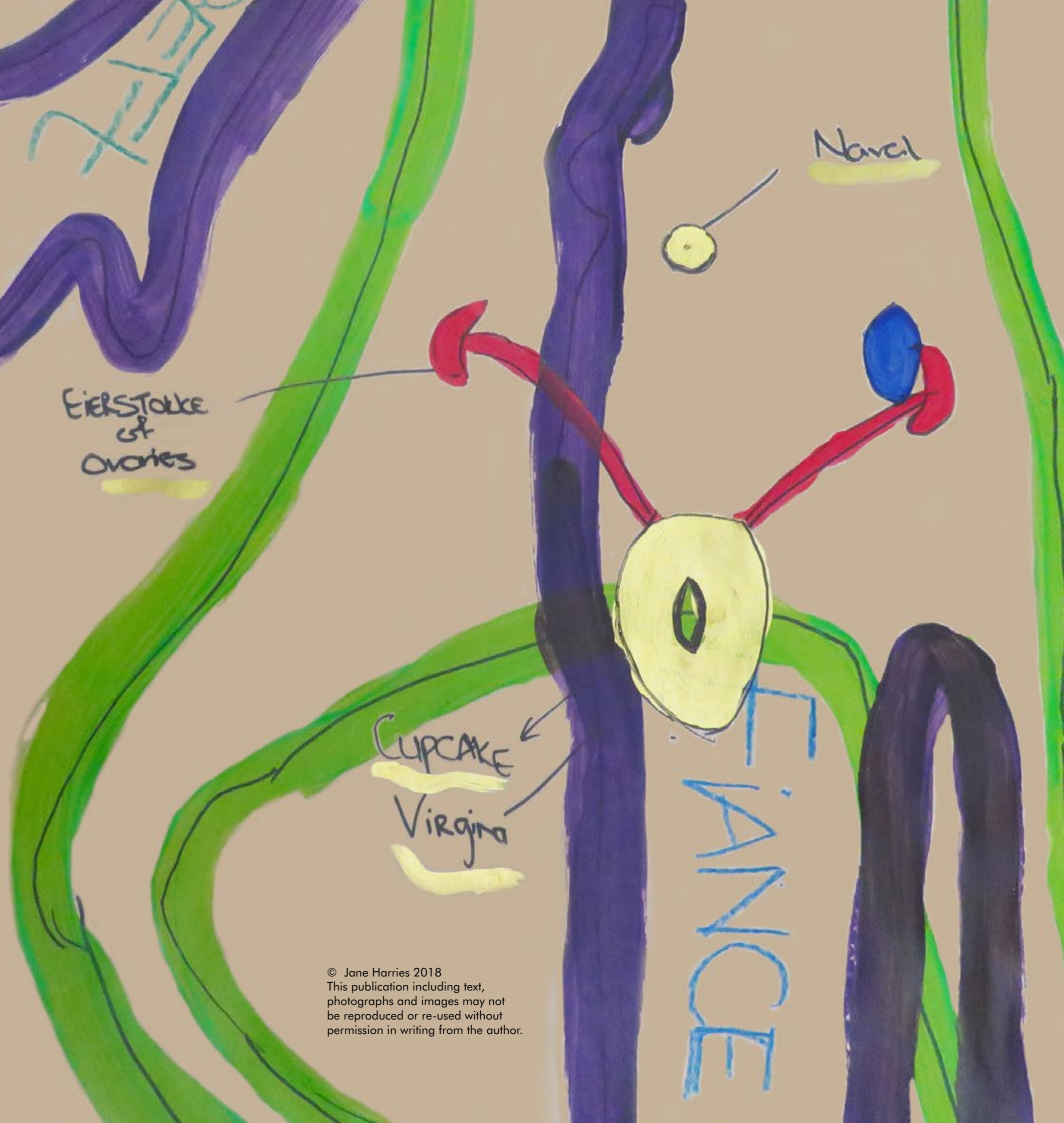
## The study participants from the greater Stellenbosch and Franschhoek area, Western Cape

Irene Cornelsen from the Stellenbosch Municipality  
Step Up Association and Ithemba Lobomi for the assistance in recruiting study participants

## About the authors:

Jane Harries PhD award grantee and Principal Investigator is an Associate Professor and Director in the Women's Health Research Unit, School of Public Health and Family Medicine, University of Cape Town.

Jane Solomon, independent designer whose work includes the design of processes and the facilitation of workshops where creativity is used as a tool to generate narrative. For this project Jane, in collaboration with the study team, facilitated the initial body-mapping workshops and trained members of the study team in a scaled down version of the body-mapping process.



© Jane Harries 2018  
This publication including text,  
photographs and images may not  
be reproduced or re-used without  
permission in writing from the author.

En toe maak ek vir my toe om nie weer kinders te wil gekoos het hier ek ek voel nala baie ufrog

En op 12 jaar oud het ek my 2de kind gekry en op 25 jaar oud was dit die laaste kind

Op 17 jaar oud het ek die inspiking gekos en toe maak ek swanger met my eerste kind en die 2de een was ek 20 jaar oud

Dit was die 2de maande inspiking wat ek gebrigh het tot op 19 jaar oud

Ek het gekoos van inspiking By my ma het ek daar van gekoos Ek was 16 jaar oud Ek was bang vir die eerste keer



Jonk  
MEISIES  
VAN MY Julie  
IS Special  
VIR MY EN  
MOET NIE  
DIE REGTE  
DINGE  
VERGEET  
NIE