Readings on Pro-Poor Planning Through Social Mobilisation in South Asia

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The Strategic Option for Poverty Eradication

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difficult for them to provide the much needed relief to the returning refugees of Sulla. A group of Bangladeshis, some of whom came from that part of the country and who worked together in providing relief to the survivors of the 1970 cyclone, got together again to provide relief to the people of Sulla under a new organisation called Bangladesh Rehabilitation Assistance Committee or BRAC. The group gathered around them a core of young university graduates and started carrying out relief and rehabilitation work in 200 villages. Working closely with the people, over 14,000 houses were rebuilt, tools such as looms, wheels, hammers, saws, and chisels were given to crafts-people to help them resume their respective trades.

The first year was a very valuable experience as BRAC realised that relief measures were fine as short-term goals, but did not take care of the longer-term needs of the people. BRAC also realised that "the poor are rich" in their ability to face insurmountable odds. The change in the name to Bangladesh Rural Advancement Committee, with the same initials, was in response to that realisation.

This was a major shift in the organisation's philosophy, a shift in its emphasis from addressing an acute crisis to a persistent crisis.[74] The experiences of the relief phase in the first year gave BRAC staff a solid base to pursue development, and a number of programmes were fielded. Most of these early programmes were adapted from other experiments or efforts in or outside of Bangladesh. Notable were the co-operatives from the Comilla model of development and the barefoot doctors of China. The experiments involved the whole village community with some special emphasis on women and included functional education for adults, village group formation, agriculture development, and health and family planning. More details of the early programmes are available elsewhere.[75]

The community development phase (1973-77) addressed the problems of all villagers, rich and poor, men and women, with the village as a single entity. Critical analyses by programme staff as well as findings from research studies began to unfurl the innate groupings within a village community based on faction, kinship, and affluence. Bringing conflicting interest groups under one umbrella of a village co-operative to improve the conditions of those disadvantaged proved to be impossible. This led BRAC to adopt a 'target group' approach. Under this new approach, people belonging to the disadvantaged sections of the community such as the landless, fishermen and the women became the target recipients of BRAC interventions. Since then all BRAC programmes are targeted to the poorest households and to their women members. The exact definition of 'target group' has undergone several refinements. Households owning less than half an acre of land and selling manual labour for survival are now considered BRAC's target group. More than half of Bangladesh's 112 million population would fall into this category. It is

interesting to note that most of the poverty alleviation programmes run by non-governmental organisations (NGOs) in Bangladesh are similarly targeted.

BRAC's Theory of Development: Importance of a Learning Approach

BRAC is a 'learning organisation', and its learnings in the field are constantly used to redefine its programme strategies, which the SAARC Poverty Commission Report has termed as an "action-reflection-action" process.[76] Some have described the different attributes of a learning organisation, and some have found BRAC, a 'prototype' of a learning organisation.[77] Ever since its inception continuous learning has been the mode of policy planning in BRAC.

The activities of BRAC are steered by several hypotheses, which called BRAC's "theory of development".[78] The following are some of these hypotheses:

- Every person rich or poor, man or women is capable of improving his/her destiny if he/she is given the right opportunity; BRAC believes in the creativity of the poor;
- The participation of women in the development process is essential; People are the subjects not passive objects in development;
- There is no one 'fix-all' approach; the development process must harness the learning culture;
- Conscientisation is essential to empowerment;
- Commitment to self-reliance should be the goal;
- Small is beautiful but large is necessary; and
- A market perspective and entrepreneurial spirit are useful.

There are many ways through which the learning culture of BRAC is harnessed and promoted. The monthly project meetings are a major feedback and planning exercise. Staff from specific programme or field units, as the case may be, gather together on pre-assigned dates to discuss various matters related to their work. The meetings, often attended by representatives of senior management, discuss successes and failures in their work, set new targets in the light of past experience and debate innovative ways of addressing problems. Such meetings take place at each level: village, area, programme and BRAC. Major strategic decisions are taken in such meetings.

In BRAC, research and evaluation is an important activity. It is becoming increasingly more important as the organisation is getting larger. Such activities are carried out by the Research and Evaluation Division (RED), an independent unit within the organisation. With more than a hundred staff, RED carries out specific studies which are both cross-sectional and longitudinal studies. The main purpose of these studies is to inform the programmes of their performance. In 1995, over 60 studies were carried out by the Division.[79] At the beginning of each year, RED staff sit with representatives of different programmes to know their research and evaluation needs. The results of studies carried out by RED are disseminated through seminars which are held in Dhaka, the headquarters of

BRAC, and in the field meetings. The reports are circulated to the programme staff and management. Bangla versions of these reports are also prepared for circulation to the field staff. Traditionally RED studies have concentrated on 'process' aspects of the programmes, but recently 'impact' studies are given increasing attention. There are also studies done by outsiders such as academic institutions, the government and the donors. BRAC has always been receptive to the findings of such studies and made strategic decisions in response to these.

The participants of BRAC programmes take active part in these studies. In one of the recent studies, the programme participants discussed with RED staff the positive and negative aspects of different BRAC programmes and how they weighed or rated them in comparison to other poverty alleviation programmes in their villages. The participants disliked the BRAC policy in respect of participants' access to their own savings with BRAC. Afterwards BRAC revised its policy and decided to give complete access of the group members to their own savings.[80]

Much investment has been made in developing the capacity of the programme participants and BRAC's own staff. A large Training and Resource Centre (TARC), with 14 physical facilities in different parts of the country, caters to the training needs of the participants and staff members. Some of the training courses organised in 1994 included 'social awareness education', 'leadership', 'organisation and management', and for different skill-cadres such as poultry vaccinators, village health workers and primary school teachers.

Social Mobilisation for Poverty Eradication: A Holistic Approach

The twin objectives of BRAC are poverty alleviation and empowerment of the poor. It works particularly with the women from poorer families whose lives are dominated by extreme poverty, illiteracy, disease and malnutrition.

Poverty is looked at in a vary wide sense. It is not only a lack of income or employment but a complex syndrome which is manifested in many different ways. "The point is not the irrelevance of economic variables such as personal incomes, but their severe inadequacy in capturing many of the casual influences on the quality of life and the survival chances of people".[81] To address poverty thus means taking a holistic approach. Alongwith income and employment generation, BRAC works for the development of institutions of the poor, conscientisation and awareness building, savings mobilisation, children's education, health, gender equity, training and so on. But central to these is the creation of an enabling environment in which the poor can participate in their own development, in which the poor are able to perform to their fullest potential. All of BRAC's efforts are geared to creating such an environment.

The process of social mobilisation in a village starts with the identification of the poor belonging to the BRAC defined target group. Surveyors visit all households in the village to know their status in terms of landholding. As the

surveyors are strangers in a village, their information is not always correct and useful for the programme (some people understate their landholdings in order to enrol into the programme). In recent times, however, BRAC staff have been using selected rapid rural appraisal (RRA) methods including wealth ranking and transect,[82] which appears to be more effective in identifying the target group.

An institution of the poor, called the Village Organisation (VO), is formed as soon as an adequate number of individuals[83] show definite interest. Two activities start simultaneously: a conscientisation programme and compulsory savings. Through the conscientisation programme, the women are made aware of the society around them. They analyse the reasons for the existing exploitative socio-economic and political system and what they could do to change it in their favour. A formal course on Human Rights and Legal Education (HRLE) is provided to the members.[84] Under savings, the members participate in compulsory savings of at least Taka 5 (approx. 12 US cents) per week.

The conscientisation process does not stop at any point. This is a continuing education process which takes place through different other fora: weekly and monthly meetings of the VO, training programmes of the members at training centers, and the continuous interactions that take place between the VO members and BRAC staff. In each VO, members are trained in different trades. Thus one member is trained as a village health worker, and another as poultry vaccinator. These cadres cater to the needs of VO members and also sell their services to other villages for a small fee.

Within three months of formation, VO members are allowed to apply for loans from BRAC. Three types of credit are disbursed. The members may request credit for any (a) traditional activity such as rural trading, transport (boat and rickshaw) and rice processing; or (b) non-traditional (for women) such as grocery shop, rural restaurant or technology-based activity such as poultry, sericulture or mechanised irrigation; they can also request for (c) housing loans. While the interest for housing loans is 10 per cent, it is 15 per cent for the other types.

BRAC also provides skills training to VO members. An important feature of the poverty alleviation activities is that it tries to create a 'backward and forward linkage' for most of the technology-based activities. For example, in the case of the poultry programme, BRAC starts by providing training to women on how to rear high yielding varieties (HYV) of chicken. Loans are given for operating a low-cost hatchery to supply day-old chicks to other village women. The women then rear these until they start laying eggs. The eggs are then sold to the hatchery as well as to consumers. One of the major problems of poultry rearing in Bangladesh is high mortality of the birds. The government livestock department keeps stocks of vaccines but these are little used as much of the government system does not run effectively for many reasons. What BRAC has done in this backward and forward linkage is to train a VO member on how to vaccinate

poultry, and link her to the local livestock department of the government, which supplies vaccines. The woman receives the vaccine and then inoculates chickens in her own village for a small fee. This way the woman increases her own income and, at the same time, ensures survival of her neighbours' chickens. Similar backward and forward linkages have also successfully been established for other programmes such as sericulture, in which case BRAC also has been able to establish a marketing outlet for the products through a shop-chain called Aarong.[85]

An important feature of the BRAC poverty alleviation programme is that it is designed in such a way that it becomes self sustainable in the sense that the interest earnings from the loan is enough to cover the operating cost of the programme. Administratively, the programme is managed through branches, and a typical branch would include about 150 VOs or 6,000 members in about 100 villages. At the present rate of expenditure, a branch with an outstanding loan portfolio of Taka 9 million (approx. US$ 225,000) becomes 'self-sustaining'. In 1995, over 50 per cent of BRAC's Rural Development Programme (RDP) branches were self sustaining. Table 1 below gives some selected facts on the existing sise of BRAC's poverty alleviation programmes. By the turn of the century, there will be two million members in 52,000 VOs.

TABLE 1
Some basic facts about BRAC (December 1994)

Total full-time staff	16,000
Total part-time staff	Over 32,000
Total participants in credit programmes	1.5 million (80 per cent women)
Amount of loan disbursement to the poor	US$ 240 million
Amount saved by the poor	US$ 20 million
Total villages with BRAC programmes	35,000
Total primary schools	35,000
Total students enrolled	1.1 million (70 per cent girls)
Total budget (annual)	US$ 86 million
Number of destricts with BRAC programmes	58 out of 64

BRAC also runs health and education programmes, the main target of all are the VO members. The health programme visited over 12 million households during the 1980s to teach mothers on how to prepare salt and sugar solution at home for combatting diarrhoea. The present health programme provides

essential health services to the villagers through village-based health workers who, as already mentioned, are selected from among the VO members. The health programme also conducts pilot programmes to innovate health delivery mechanisms, particularly in respect of women's health.

The education programme, on the other hand, runs 35,000 non-formal primary schools for children of poor families. These are located all over the country and caters to the educational needs of VO members' and other poor children who are otherwise not reached by the formal system.

Links with the Public Sector and other NGOs

The above provides a summary of poverty alleviation programmes run by BRAC directly. There are others in which it works with different departments of the government and other non-governmental organisations. Income Generation for the Vulnerable Group Development Programme (IGVGDP) is such a programme. The government, since the 1970s has been providing a ration of 31 kg of wheat per month to distressed women in rural areas. This ration is given for a period of two years, and after which a new group is chosen for the dole. BRAC has been working with the government in providing training on poultry-raising for these women for the period they receive the free wheat. With the help of the government, BRAC also has been provided easy credit to them to purchase and rear poultry. The idea is that when the ration is withdrawn after two years, the women can continue to earn an income from the poultry equivalent to the price of the ration. BRAC has also linked these women with the government livestock department to receive vaccines for their poultry. In January 1995, nearly 325,000 women have been participating in this programme in 74 thanas (sub-districts).

BRAC also works with the government in health, and has been providing assistance in social mobilisation for the Expanded Programme on Immunisation (EPI) and the family planning programme.

BRAC also works closely with other NGOs. In education, BRAC assists over 130 small local NGOs in running their non-formal primary schools for children. It also works with eight other medium sised NGOs in developing their management information systems (MIS). BRAC believes in pluralism and all organisations, small or large, should be given the right and freedom to work for the good of the poor according to their own philosophy and strategy.

Indicators of Success

The SAARC Poverty Commission Report suggested a framework of analysis, which took the form of a sociogram,[86] and laid down specific criteria for evaluation of a social mobilisation process. According to the Report, the release of the creativity of the poor has to be judged by the "increase in their social

consciousness, empowerment and self-respect".[87] The following gives a brief account of what has been achieved in selected criteria.

Poverty Alleviation

To BRAC, as already mentioned 'poverty alleviation' means not only 'increased income' or 'more employment', but much beyond. It may now be interesting to discuss how BRAC programmes have addressed and affected some of these indicators.

Enabling environment: The central issue to any poverty alleviation strategy is how an enabling environment can be created in which the poor can participate for their uplift. All the efforts that BRAC has taken so far have been geared towards creating this 'enabling environment' for the poor. Obviously, the society has yet to go a long way to realise this; the questions is whether the changes are taking place in the desired direction. The following discussion will indicate how BRAC is manipulating these changes.

Institution: Although there are existing institutions in many villages and at the national levels, none of these voice the need or opinion of the poor and all these are controlled by the traditional power elites. BRAC has been trying to create institutions of the poor, which are designed to cater to the needs of their membership. It is probably premature to comment on their sustainability.[88]

Education: BRAC has made a significant contribution in the field of education among poor communities. The non-formal primary education (NFPE) programme is providing education to over a million children who otherwise would not have this fulfilled. It is not only the children attending the NFPE that are being benefitted; the programme is putting indirect pressure on the public school system to improve their performance, thereby having a long-term impact on the educational scenario in Bangladesh.[89]

Health: As mentioned already, BRAC has taken the message of oral rehydration therapy (ORT) for diarrhoea to all the houses of Bangladesh. Numerous researches done on the programme have recorded excellent dissemination of the messages to mothers in all the villages of the country. Recent studies have documented that ORT has occupied a permanent place in the local culture.[90] The recent drop in infant and child mortality in Bangladesh is believed to be largely due to this. BRAC's involvement in child immunisation programmes is another landmark in its partnership with the government. In the areas where BRAC works, the coverage of child immunisation is one of the highest in the country.

Gender equity: From its very inception, BRAC has been sensitive to the question of gender equity. All efforts, be it in credit, children's education or health, are designed to benefit women thereby reducing the gender gap in the society. Women who have been empowered exercise more influence and control within and outside their own households. Within the organisation of BRAC,

gender neutrality is strictly adhered to.[91] At present about 25 per cent of staff are female, which BRAC is determined to increase further. At the top management level also the gap is still wide as only 2 of 7 directors are female.

In a recent study on the impact of BRAC programmes on gender relations, members and their husbands were interviewed to understand the change that may or may not have happened in the lives of the women. The following comment of the husband of a VO member may give an idea of the impact that the programme may be having on women's control over resources, an important empowerment criterion:

> "My wife has the right to buy toiletries and cosmetic jewelry on her own from the income of her loan, even though it is utilised by me. Last month she bought a co-oking pot which cost taka 80. She said that it was essential for her kitchen. I did not argue with her about this necessity. But she would not have done this before receiving loans."[92]

In another study, it was found that women loanees have full control over their own income in one-third of the cases; in another third both husband and wife control it jointly; and in the rest, all are controlled by the husband or other male members of the family.[93] A recent study found that 60 per cent of loanees in new BRAC villages had 'full' control over their enterprises.[94]

Change in the status of women in the eyes of the greater community has rather been slower. A study on the impact of BRAC programmes did not record much changes in the way the community looked at poor women. This was particularly true in the case of village Shalish (court). However, the following comments by a group of VO members reveal the initiation of important changes:

> "In the past, we used to sit on the ground with other poor people. And now we are offered to sit on the bench. We don't have active participation in Shalish, but we can make plea against the decision, if it is taken wrongly."[95]

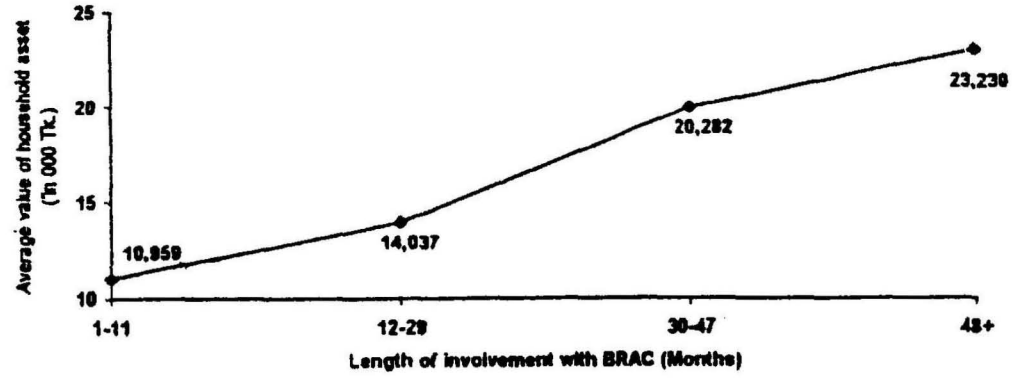
Material Well-being: Studies show that women (and men) participating in BRAC sponsored activities have more income (both in terms of amount and source), more ownership of assets and are more employed than non-participants.[96] A recent study looked at the impact in more detail. It indicated a consistent movement along the path to gather wealth and expenditure, and greater impact on less well-off households compared to better-off households. Table 2 below shows the performance of BRAC members in terms of two indicators of material improvements: asset accumulation and expenditures. The members did improve their condition and the amount of improvement became more evident as the length of their involvement with BRAC increased. Figure 1 shows the improvement in terms of asset accumulation.[97]

TABLE 2
Material improvements of members households according to length of involvement with BRAC

Indicators	*Length of involvement with BRAC in months*				
	1-11 (n = 34)	*12-29 (n = 262)*	*30-47 (n = 389)*	*48 + (n = 221)*	*Comparison Group*
Average value of gross H/h assets (Tk.)	10,959	14,037	20,282	23,230	7,250
Average per cent (and value) of assets which are productive (revenue-earning)(3,606)	32.9 (5,488)	39.1 (6,409)	31.6 (7,201)	31.0	
Average H/h weekly expenditure (Tk.) including peak and slack seasonal data	419	455	560	528	382

Note: US$ = Tk. 40
Source: Mustafa et al., (1996).

FIGURE 1
Increase in the value of household assets owned by BRAC members according to length of involvement with BRAC



Coping capacity: The sustainability of increased material income in the short-run is best understood by examining the coping capacities in lean and peak seasons. The available evidences suggests that BRAC members have better coping capacities than non-members and that such capacities increased with increase in their length of membership and amount of credit received (the so called 'critical masses' of BRAC membership)[98] Figure 2 shows that among the female member households the proportion reporting 'severe deficit' in food security decreased as the loan sise increased. Along the same line of increased

coping capacity, Table 3 below shows insignificant differences between the lean and peak seasons in selected key material well-being indicators among households which stayed with BRAC for more than two and a half years and received more than Tk.7,500 in loan. The differences were, however, quite noticeable among their counterparts who received less loan or stayed with BRAC a shorter period (not shown in table).

FIGURE 2

Proportion of BRAC female member households in 'severe deficit' category according to cumulative amount of loan received

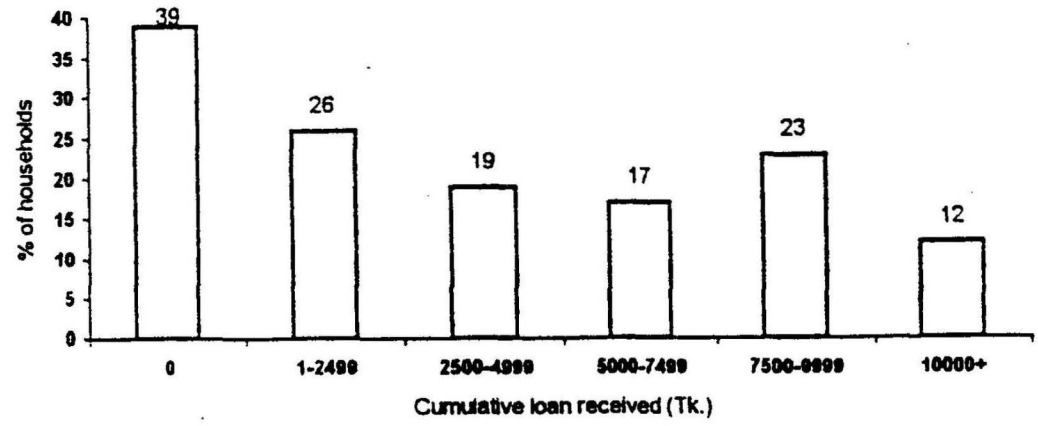


TABLE 3

Seasonal differences in selected indicator values for female member households staying in BRAC for more than 2.5 years and receiving cumulative loan of more than Tk.7,500 (n=153)

Key Indicators (per capita/per week)	*Lean*	*Peak*
Rice consumption (gm.)	3,258	3,062
Food expenditure (Tk.)	65	68
Cash earning (Tk.)	64	59

Source: Mustafa et al., (1996).

Environmental/Sustainable Development: In terms of sustainable development, BRAC programmes have been an unique success. As an example, the Sericulture programme planted 17 million mulberry trees over the past few years. Apart from adding to a healthy environment, this provided employment to thousands of women in different stages of silk production, garment manufacturing and marketing. In addition, the social Forestry Programme and the Sanitation Programme are making important contributions towards a healthy and sustainable environment.

Infusion of Technology

The fullest potential of micro credit to improve the lives of the poor on a sustainable basis has been offset by a lack of concomitant promotion of technology. Much of such credit has been used for traditional activities, and not enough has been done to include technology along with it. The profit made from traditional activities is not always substantial, not enough to generate an investible surplus. In case of BRAC, 70 per cent of its credit portfolio is occupied by traditional activities. The need for technological infusion is recognised, and BRAC has been making concerted efforts towards this. The Rural Enterprise Project has been working since the mid 1980s to innovate and test possible areas of technology use in BRAC-sponsored income generating activities of the poor. Examples in this respect are: HYV bird, vaccination, hatchery and chick rearing unit in poultry, artificial insemination in livestock, deep tubewell irrigation in crop production, improvement varieties of mulberry trees, quality production of coco-ons and modern reeling facilities, etc. About 30 per cent of the existing credit portfolio is on such kind of technology-oriented/intensive activities. Such activities will increase the profit margin of the participants thereby increasing the propensity to save more as well as contribute to boosting the national economy through increased production.

Promotion of Women in the Development Process

BRAC has been promoting a new culture in the development field with women in the forefront of all activities. Most of the recipients of credit are women, seventy per cent of students and eighty per cent of teachers of NFPE schools are female, and health and poultry workers are also all women. Breaking the barrier of a conservative traditional Muslim society, BRAC fielded female workers with motorbikes. Women are running restaurants, teaching and studying in schools, vaccinating chicks, treating patients or doing carpentry, all of which are in the traditionally male domain. This is shaking the base of the traditional power structure. They feel threatened. Their response: a backlash against BRAC and other NGO activities in Bangladesh. Over the past years, many of the BRAC programmes have been subjected to physical attacks and harassments. Over 50 NFPE schools were burned down, thousands of mulberry trees planted by the poor women were rased to the ground, and many BRAC participants and workers were harassed or threatened. Although the cover they took was Islam, the forces behind it were those of the traditional power structure — the money lenders, village doctors, and other rural elites — whose realm of influence is being threatened by this newly emerging force of the women and the poor.

Scaling up

"Small is beautiful but big is necessary" is a quote commonly heard in BRAC. The 'seeds of change' which have been sown need to be multiplied for universalising the benefits and also for the sake of greater impact and sustainability. The following explains why BRAC continued to exist after completion of its initial relief objectives:

> "When BRAC was started in 1972 we thought that it would probably be needed for two to three years, by which time the national government would consolidate itself and take control of the situation and the people would start benefitting from independence. But as time passed, such a contention appeared to be premature. After 16 years, we feel that we have not yet outlived our utility and need to do more and more."[99]

The reason why BRAC decided to scale-up its programmes may be explained in the same manner. The problems that the people of Bangladesh face are numerous. It is inconceivable that all these problems can be effectively addressed by government alone, particularly when much of the state machinery is ineffective or dysfunctional. The role for others such as NGOs become more apparent. In the words of BRAC's executive director, the following explains why BRAC wanted to expand its activities:

> "To me, with the kind of poverty we have in Bangladesh, with the kind of governmental ability to respond to the needs of our people, we basically have to act. We must act. It is not a question of whether we should or we should not. There a kind of imperative in the situation that we have in our country. The imperative is: do we serve our people as best as we can to get them out of the kind of poverty — the intense, dire poverty — that we have in our country? Do we remain small and beautiful or do we scale up and try to take the consequences? BRAC has decided to try to take the consequences of becoming large. Hopefully, we will try to do the best we can, but there will be problems and we are aware of this and we will try to meet the challenge as it comes along. We have decided as a group that we would like to try to serve as large a number of the poorest people in Bangladesh as we can..."[100]

The notion that NGOs should restrict themselves to small-scale pilot projects and leave it to the government to replicate their more successful experiments is challenged by BRAC. Each project, whether government or NGO, has its own style of implementation, and the pilot projects draw heavily on the organisation's own culture and strategies. Replication is best done by the organisation concerned, given that it has the necessary capability, resources and willingness to do it. BRAC believes that its successful experiments could best be replicated by itself.

An example of how an apparently successful small programme failed to keep up the pace when scaled up is provided by the Bangladesh Academy for Rural Development (BARD). The Academy had conducted some very interesting

experiments in the Comilla area during the 1960s under the inspiring leadership of Dr. Akthar Hameed Khan. Important innovations that came out of the Comilla experiments included the 'Two-tier Co-operative System', the 'Thana Irrigation Programme' and the 'Rural Works Programme'. In the early 1970s, the government decided to replicate some of the Comilla experiences all over the country. Soon, a new project, Integrated Rural Development Programme (IRDP), was created and branches opened country-wide. At the time of expansion Dr. Khan had already left the Academy and his colleagues were infrequently consulted. Bureaucrats without any direct exposure to or feelings of ownership of the programme were given the responsibility of fast expansion.

Some researchers have been looking at the scaling up of BRAC's oral rehydration therapy (ORT) programme in the 1980s which covered the whole country. They identified the following as the major factors responsible for the successful scaling-up of the BRAC ORT programme:[101]

- learning from the grassroots ('action-reflection-action' process);
- effective management through innovative management systems (such as the incentive salary system from the front-line workers of the programme);
- forward planning;
- planned recruitment of different levels of staff;
- investment in capacity development of staff through local and overseas training;
- imaginative communication drive;
- supportive and effective feedback system and the receptiveness of management towards those; and
- direct support from important different groups such as the government, professional experts and donors.

Exploring women's perceptions of reproduction through body mapping

A research note from Bangladesh

Shahaduzzaman & A. Mustaque R. Chowdhury

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:

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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.1 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

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 TTBAs 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 TTBAs 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 TTBAs 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 TTBAs drew a placenta within the uterus. The placenta was described as an organ that provided blood for the baby. Some of the UTBAs 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 UTBAs 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 UTBAs 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 TTBAs 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 women 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.

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