An experience of Post-graduate students of Community Medicine with Social Mapping in a rural hilly tribal area

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**Abstract**

‘Social mapping’ is a participatory technique to show the relative location of households and distribution of social structures and institutions in a local area through active participation of local people. LTMMC & GH, Sion hospital, is a tertiary care teaching medical college and hospital run by the Municipal Corporation of Greater Mumbai. Post-graduate students of Community Medicine department are posted at its Rural health training centre (RHTC), Vaitarna, Dist. Thane, for a six month period as a part of their three year residency. It is considered imperative that the students develop good communication skills and a thorough understanding of basic level research as future public health experts during their residency. To meet this requirement the Post-graduate students conducted a social mapping activity in the ‘verandah’ of the village ‘anganwadi’ with eight women participants from the same village. The students passively heard out the whole conversation, making no contributions or comments. Then after comparing the map drawn by the women and the one they had made, the final map was drawn. The entire process familiarised the Post-graduate students not only with the study area and its topography, but also with the villagers’ thinking process. The students were able to appreciate the problems faced at the grass root level by the local population and the odds overcome by local health care providers every day.

**Main Article**

‘Social mapping’ is a participatory technique to show the relative location of households and distribution of social structures and institutions in a local area through active participation of local people1. Social mapping is best carried out at the beginning of any appraisal, and can provide you with the information you may need for other appraisals, such as wealth ranking, or Venn diagram2.

LTMMC & GH, Sion hospital, is a tertiary care teaching medical college and hospital run by the Municipal Corporation of Greater Mumbai. Post-graduate students of Community Medicine department are posted at its Rural health training centre (RHTC), Vaitarna, Dist. Thane, for a six month period as a part of their three year residency. Various activities are conducted at the community level by these students in collaboration with the nearby Primary health centre (PHC), at Tembha village. It is considered imperative that the students develop good communication skills and a thorough understanding of basic level research as future public health experts during their residency. Keeping this is mind the senior teaching faculty suggested ‘Social Mapping’ as a good tool to expose the Post-graduate students to the population they would be catering to during the rural posting as well develop communication skills.

On the first day the Post-graduate students met the Multi-Purpose worker (MPW) of the Sub-Centre at Tembha village and discussed the layout of the village as well as health infrastructure available. After the meeting, the students took a walk around the study area to understand the topography and locations of the houses.

On the next day, they visited the Anganwadi of Upper Tembha village and spoke to the Anganwadi worker. They discussed the socio-demographic profile of the villagers as well as common problems of that area. Also, they took her advice on how to approach the villagers to participate in the actual map making. She was extremely receptive and cooperative, but because of heavy rains, home visits were not possible. The day after that, the Postgraduate students started their home visits and approached a few villagers. Just as the MPW had pointed out, most of the adult male members in the village had gone to the fields for the farming season so all the villagers who participated in the mapping process were women. The students approached several households and explained that they wanted the help of the local villagers to understand their health problems. A total of eight women participated in the final map making.

The ‘verandah’ of the Anganwadi was selected as the site for making the map. Some of the women had their children with them which made it difficult for them to actually contribute in drawing the map. They contributed verbally by suggesting locations of major landmarks etc. First, the women discussed among themselves where to start and how to go about the process. Using coloured chalk from the Anganwadi, straw, different coloured stones and bricks they made a map of the village. They marked most of the houses and main roads. On urging further they differentiated between Kachcha and Pakka houses. They included almost all the pakka houses but many of the Kachcha houses especially the ones in the peripheries of the village were left out. They explained that these were homes of migratory workers, who stayed only for the harvest season as farm-helpers and then went to other villages or returned to their homes. The participants also indicated the common public toilet of the village, local temple and school. Majority of the villagers were Hindu by religion. The participants used different types of stones to indicate the Muslim houses. On urging further, they marked out the new pipeline system that was being laid out in their village with taps at various points. They mentioned that after many years of water strife, the gram panchayat had been successful in acquiring adequate funds for the same. After they had drawn the final map, it was copied on a notebook.

The entire process familiarised the Post-graduate students not only with the study area and its topography, but also with the villagers’ thinking process. They were able to evaluate to a certain extent, how the participants prioritised or what issues they considered necessary to highlight. During the map-making process, a few problems mentioned by the participants were irregular water supply in the village, poor housing conditions, houses where infant or child deaths had occurred recently etc. A positive point mentioned in this activity was the close proximity of the PHC from the village. The students passively heard out the whole conversation, making no contributions or comments. Then after comparing the map drawn by the women and the one they had made, the final map was drawn.

The students were able to learn hands-on how participatory research methods are an excellent ‘ice-breaking’ activity between the health-care providers and beneficiaries. They were able to appreciate the problems faced at the grass root level by the local population and the odds overcome by local health care providers every day. For newly posted Post-graduate students of Community Medicine, it was a mirror into what kind of population they would be catering to and what they expected from the medical care providers.

References:

1. Kalaiselvan G, Dongre A. Sharing an Experience of Social Mapping Exercise at Peri-urban Area of Puducherry. National Journal of Research in Community Medicine; 1(2); 2012.
2. Rim J, Rouse J. The Group Savings Resource Book - A Practical Guide to Help Groups Mobilize and Manage Their Savings. 1st edition. Food and Agriculture Organization of the United Nations; 2002. Available on: <http://www.fao.org/docrep/005/y4094E/y4094e05.htm#TopOfPage>

Conflicts of interest- NIL

Competing interests and funding support- NIL

Submissions of very similar work, with references to the previous submission if applicable- NIL