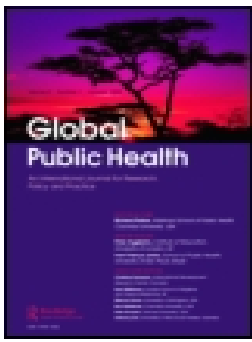




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Bodies as Evidence: Mapping New Terrain for Teen Pregnancy and Parenting

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Bodies as evidence: Mapping new terrain for teen pregnancy and parenting

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ABSTRACT

Predominant approaches to teen pregnancy focus on decreasing numbers of teen mothers, babies born to them, and state dollars spent to support their families. This overshadows the structural violence interwoven into daily existence for these young parents. This paper argues for the increased use of participatory visual methods to compliment traditional research methods in shifting notions of what counts as evidence in response to teen pregnancy and parenting. We present the methods and results from a body mapping workshop as part of 'Hear Our Stories: Diasporic Youth for Sexual Rights and Justice', a project that examines structural barriers faced by young parenting Latinas and seeks to develop relevant messaging and programming to support and engage youth. Body mapping, as an engaging, innovative participatory visual methodology, involves young parenting women and other marginalised populations in drawing out a deeper understanding of sexual health inequities. Our findings highlight the ways body mapping elicits *bodies as evidence* to understand young motherhood and wellbeing.

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Teen pregnancy; Latina sexual health; body mapping; participatory visual methods

Introduction

Teen pregnancy and birth are considered a major public health and social problem. Although birth rates among women aged 15–19 years are at a record low (31.3 per 1000) in the United States (Hamilton, Martin, & Ventura, 2012), teen pregnancy remains a national public health priority requiring targeted interventions (Shaw & Lawlor, 2007). It is considered simultaneously a medical, social, and economic problem for both the young mother and her child, as well as for society at large (Bonell, 2004; Hoffman, 2008; Kearney & Levine, 2012; Scally, 2010). According to the 2010 *Annual Review of Public Health*, teen pregnancy is associated with low educational attainment; increased unemployment, poverty, and welfare dependency; rapid repeat pregnancy; single motherhood and divorce. Furthermore, infants of teenage mothers are more likely to be premature, experience infant mortality, and, as children, do less well on health and social wellbeing indicators than children of older mothers (Santelli & Melnikas, 2010).

Our approach is at odds with what are often depicted as glaring truths. We shift notions of what counts as evidence in the construction of and response to teen parenting and youth sexuality through body mapping – a participatory visual methodology that engages young parenting women as artists incarnate. Body mapping is an arts-based research method in which participants are asked to draw, write, paint, or use other artistic means to respond to prompts, which correspond to different parts of the body, so as to explore their lives. The body mapping process stands out as an innovative approach for acknowledging and incorporating the multifaceted nature of people's lives, and recognises the limitations of traditional research methods and approaches to assessing and addressing health inequities. In this paper, we highlight the ways the technique, both empirically and critically, elicits bodies *as evidence otherwise not captured*, to map new terrain for understanding youth sexuality, motherhood, and wellbeing.

Existing approaches to teen pregnancy emphasise narrow, band-aid solutions myopically focused on individual-level behaviours and specifically aimed at the poor. They fail to use the relevant local knowledge of those targeted (i.e. youth deemed 'at risk' for teen pregnancy) and rarely take into account the marginalised existence of many young people who are systematically neglected by the state and whose communities have experienced histories of material dispossession. Thus, issues related to structural violence that become embodied – including housing and food insecurity, interpersonal and state-based violence, marginalisation in the public education system, and insecurity as a result of dispossession from the state system – are either ignored or, worse, used as 'rhetoric of blame' (Quesada, Hart, & Bourgois, 2011) to legitimise oft-cited negative outcomes of teen pregnancy and parenting.

We argue that negative outcomes that are presented as inherent to, or caused by, teen pregnancy (Santelli & Melnikas, 2010) are better attributed to the effects of social inequality, poverty, and racism (Geronimus, 2003; Geronimus & Korenman, 1993; Sisson, 2012). As such, the construction of teen pregnancy and young motherhood as a social and public health problem cannot be understood separately from the historical, political, moral, and economic fabric of individual communities (Holgate, Evans, & Yuen, 2006) and is always subject to shifting historical moments and social policies (Luker, 1996; Mulongo, 2006; Nathanson, 1991).

Bodies of evidence on teen pregnancy and parenting

Bodies of evidence surrounding teen pregnancy and the teen birth 'epidemic' are socially maneuvered to biopolitically manage and control the lives of young Latinas, positioning individuals who act outside of the expected 'norm' as errant, irresponsible, and a drain on public resources. Predicated on lowered rates and reduced statistics as evidence of effectiveness (i.e. *decreased* numbers of teen pregnancies, babies born to teen mothers, and state dollars spent to support their families), bodies of evidence inform a 'teen pregnancy industrial complex' (Chris Barcelos, 2014, personal communication), rather than supporting human dignity through meaningful engagement. Dominant notions of biocitizenship are hence constituted through a moral economy in which 'to be deemed a worthy, responsible American, each of us must become a virtuous biocitizen' (Greenhalgh & Carney, 2014). In the context of youth sexuality, a good biocitizen will graduate from high school, attend a college or university, earn a good wage and benefits, get married,

and *then* have a child or children. Valuations on the body politic also inform the evidence. Chavez (2004) argues,

Latina biological reproduction combines with its social reproduction to produce fears about the population growth of Latinos in American society, which in turn positions them as a possible threat to the ‘nation’, that is, the ‘people’ as conceived in demographic and racial terms. (p. 175)

Teen motherhood – itself a product of specific historical, cultural, and social processes that work to provide ‘calibrations of ideal motherhood’ (Smart, 1996, p. 46) – is conceptualized in terms of outcomes insofar as teen mothers are framed as psychologically immature and incapable of being good parents (Mulongo, 2006; Smart, 1996). A focus on the medical, psychological, and physical aspects of teenage pregnancy invokes an authoritative voice that at once decontextualizes young mothers’ sexuality while ignoring the structural factors that influence how teen mothers experience their sexuality, motherhood, and selfhood (Mulongo, 2006). Our aim is to glean more nuanced bodies of evidence on teen pregnancy and parenting.

Bodies as evidence through body mapping

The current research paradigm in public health does little to consider evidence as it is contextualized and embodied. New approaches are needed to better get at context as it inflects public health and intervention (Edwards & diRuggiero, 2011). The exclusion of contextual considerations is a significant omission, particularly for people who have been directly and historically impacted by historical injustices; these histories cannot be erased, and they also should not be ignored in the context of health inequity (Edwards & diRuggiero, 2011).

Active participation in the creation of a visual artefact such as a body map is a process that can be both positive and enjoyable. The process ‘has the potential to shift attention from a negative focus, in which the fixing of ill-health becomes codified as “health” and citizens continue to be seen as in need of reform or repair’ (Putland, 2008, p. 273). Increased use of arts-based methods, including body mapping, for health promotion can create opportunities to re-evaluate the questions ‘what is good health research’ and ‘what counts as evidence’, to support this shift in research paradigms so that visual methodologies, biomedical science, and social science ‘collide, coalesce, and restructure to become something’ new (Finley, 2005, p. 684). Our study, conducted in the United States, intersects with and speaks in many ways to arts-based studies with teenage mothers that have been carried out in other countries (Levy & Weber, 2010, 2011), as well as domestically (Luttrell, 2003).

We intentionally focus on bodies *as* evidence to challenge the hegemony of expert knowledge around teen pregnancy and parenting, which is created through the production of statistics that surfaces a discourse of blame and shame. Body mapping has been used to explore other stigmatised topics, such as HIV and AIDS, undocumented migrant worker health, occupational health, and sexual health education (Chenhall, Davison, Fitz, Pearse, & Senior, 2013; Gastaldo, Magalhaes, Carrasco, & Davy, 2012; Gubrium & Shafer, 2014; Soloman, 2006). Data collected through body mapping mirror the dynamic nature of explanatory models of health and wellbeing (Guillemin, 2004).

Participants are encouraged to determine for themselves what should be added to their maps – what is important, what is valued, what problems exist (or not), and where any issues or challenges lie. This is an essential component of body mapping as it allows participants to determine which histories or experiences are given ‘voice’, and the trail of cultural, material, and physical evidence that has resulted from particular social and structural constraints.

In the following sections, we present the context and method behind the Hear Our Stories: Diasporic Youth for Sexual Rights and Justice project, review key findings from its body mapping workshop, and reflect on directions for shaping new bodies of evidence around teen pregnancy and parenting.

The Hear Our Stories project

In focusing on diasporic youth, we intentionally prioritise uprooted young parenting Latinas, whose material conditions and cultural worlds have placed them in tenuous positions, which are both socially constructed and experientially embodied. The ultimate aim of Hear Our Stories is to shift the often stigmatising and shaming discourse on teen parenting to shape a new, more supportive policy dialogue for young mothers and their families. It is situated in a reproductive justice framework as we broaden the focus from individual behaviours and choices to one that includes an analysis of economic, cultural, and structural constraints on praxis.

Project research questions centre on the ways young parenting women link social memories, structural violence, and lived experiences with sexual practices in their personal narratives, and how these linkages, and the way participants negotiate dominating discourses about ‘fit’ parenting, shape sexual practice dialogues between them and their children. We further examine if and how participatory visual methodologies, including body mapping, have the capacity to transform youth subjectivities and public conversations and policies surrounding sexuality, health, rights, and justice.

For the research design, we conceptualised the use of participatory visual methods as mechanisms for the collection of potentially transformative ethnographic data, to see how such a setting might provide a framework that not only ‘reflect[s] ... multi-sensorial sense-making’ (Sharf, Harter, Yamasaki, & Haidet, 2011, p. 45), but also creates a context that could trigger participants’ sense of having come into sexuality, motherhood, and emerging adulthood. As ‘sense-making’ objects, we explore if/how body maps can serve as transformative evidence, pushing the production of evidence making – and just what counts as evidence – in new directions to inform the field, as well as policies (Krause & De Zordo, 2012).

Study location

The project research site is an alternative education (GED prep) programme for pregnant and parenting teens that we call ‘The Centre’. The Centre serves young women between the ages of 16 and 21 and their children. Over the past five years, Centre students have reported a household income at or below 50% of the poverty level, and nearly two-thirds have been pushed out of high school by the tenth grade, the majority before

becoming pregnant. Histories of dispossession underlie these inequities. The Centre is located in a postindustrial US city in western Massachusetts, here called ‘The City’, a former mill town that experienced considerable economic depression with the decline of manufacturing in the early- to mid-twentieth century. Throughout the 19th and 20th centuries, the town experienced several waves of im/migration; today nearly half of the population in the city is Latino/a, the majority of whom are Puerto Rican and speak Spanish as their first language.

Historically and currently, many citizens in The City face inequity: nearly a third of the population lives below the federal poverty level, unemployment is almost two times higher than the rest of the state (U.S. Census Bureau, 2012), and the high-school graduation rate is 53% (Massachusetts Department of Elementary and Secondary Education, 2013). Moreover, The City has the third highest age-adjusted mortality rate in the state, influenced by a disproportionate burden of diabetes, heart disease, cancer, and HIV/AIDS (Massachusetts Department of Public Health, 2011); and the highest teen birth rate in the state (83.6 per 1000 in 2010). In the United States, Latina teen birth rates (32.6 per 1000) are above the national average and almost three times higher than white teen birth rates (11.3 per 1000) (Hamilton, Marin, & Ventura, 2012).

As a prominent body of evidence, leading health indicators often overshadow considerations of inequity as policymakers highlight the need for teen pregnancy prevention solutions. The standard evidence elides deeper dimensions of lives or the ways that those targeted make sense of and respond to their experiences, which may be used to create more meaningful ways to promote wellbeing. The data that figure as evidence for this paper are drawn from field notes written during Hear Our Stories project body mapping sessions, as well as from an analysis of the participant-produced body maps.

Study sample

Beginning in May 2013 until the present, we have organised a group of students from The Centre to develop their capacity as sexual and reproductive rights activists. Calling themselves Women Organizing Across Ages (WOAA), the women have engaged in project-sponsored trainings, workshops, meetings, and conferences. In February 2014, five WOAA members took part in a body mapping workshop, with three participants completing all three sessions of the workshop by that April.

The body mapping workshop

Body mapping involves tracing the shape of one’s own or a partner’s body on life-sized pieces of paper and responding to specific prompts that ask participants to think about and artistically express their lives on the body tracing. After completing a series of activities and discussions, participants create a body map and a body-map key (a guide to key elements of their body map) (Figure 1).

Our body mapping workshop was entitled ‘Body Mapping: Telling Your Life Story Through Art’ and was facilitated by a ‘Young Parent Policy Fellowship’ specialist from the Massachusetts Alliance on Teen Pregnancy, a collaborating partner on the Hear

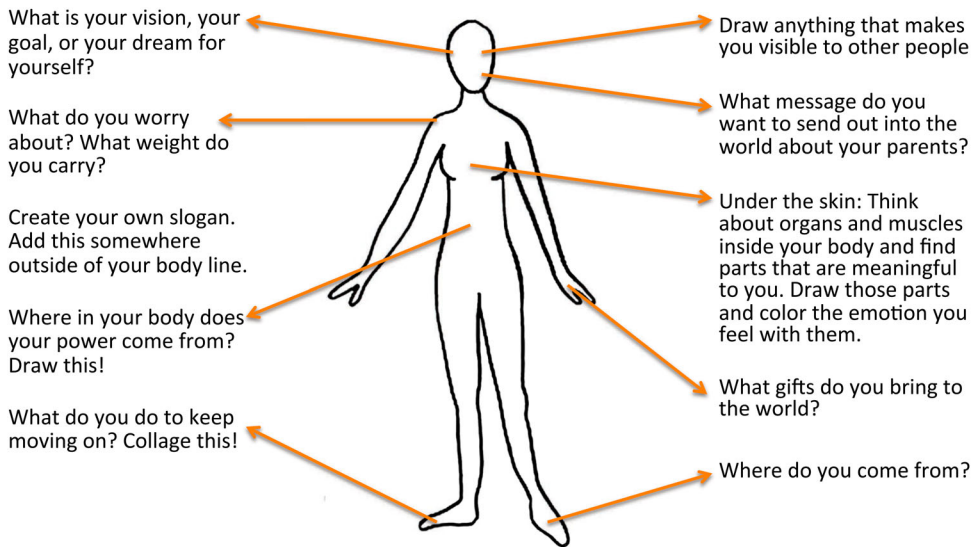


Figure 1. Body map key.

Our Stories project. Each of the three sessions took place during two-and-a-half-hour meetings, held once per month over the course of three months.

Session one: body tracing and expression of identity

During the first session, mapping prompts were organised to consider multiplicity in embodiment – addressing micro- to macro-considerations, as well as moving beyond Cartesian binaries. We began the first session by pairing participants, asking them to trace each other's bodies on large sheets of newsprint and then to respond symbolically to various prompts intended to elicit expressions of identity. Prompts included questions pertaining to teen parenting, such as 'When you hear the words "teen parent", what are some of the images that you think people see?' and 'What are the images or words you think of when you think about your own teen parent story?'

Next, we asked participants to consider their current social location and what they envision for their futures. Prompts included 'Where do you come from?' to encourage representation of the various places they have lived, their communities, and cultures. We also asked participants to represent their life trajectories, their 'visions, goals, or dreams' for themselves and their children, and to consider what they were moving toward. They then linked where they come from with where they are going by skillfully connecting one point to the other across the map.

Final prompts in the first session focused on physical and emotional markers and sources of strength and support. We asked participants to draw visible marks (tattoos, scars, things on their skin others see) and, if they felt comfortable, to write the story of how those marks got on their bodies. Next, we focused on 'under our skin', asking participants to draw important internal organs and colour the emotions they felt with them. Then we shifted to support systems; we asked participants to write down names of those who have supported them in getting where they are today. Throughout the process, participants discussed their depictions with each other.

Session two: meaning-making, embodiment, and resilience

In the second session, we focused on life trajectories and embodiment. We began by asking each participant to think of a question that they identify as relevant and important to answer in their lives. Throughout the rest of the session, each participant asked her question, with other participants artfully responding to the question on their body maps. The activity encouraged active engagement among participants in determining the direction and shape of the resulting body maps.

Next, we took a sensory orientation to encourage participants to think about ‘home’ temporally and spatially. Participants depicted the places they had lived and who had lived with them, using colour to symbolise how they felt in each of these places, until they reached the place where they currently lived. We also asked participants to think more metaphorically about their bodies, encouraging them to reflect on how their lived experience is internally embodied. On their shoulders, they were asked to represent what they worry about; on their eyes, to focus on how they see the world their child/ren is being born into; on their hands to elicit what gifts they know they bring to the world; and finally on their skin: ‘going deeper than the tattoos on our bodies’, to focus on embodiment.

Participants were then asked to think about how they felt when they first found out they were pregnant and to use a symbolic colour to represent these feelings. Participants drew a symbol to represent this emotion in the location of the body where it was felt, as well as to add the date of this time and the date of their child or children’s births to their maps. Finally, participants used colours, shapes, and symbols to depict where they ‘feel or have felt pain and strength in [their bodies] and why?’

Shifting to focus on participant self-care and resilience, we asked the young women what they do to ‘keep moving on’ in their lives. Participants were encouraged to collage with magazine cutouts and glue to depict these things on their body maps. At the end of the second session participants created their ‘own slogan’, which could be the words of a song, something a close friend says to them, or just something they say to themselves when the ‘going gets tough’. They added these expressions to their body maps.

Session three: message to the world

On the third and final session, we asked participants to consider messaging around their body maps. First, they responded to the prompt: ‘What message do you want to send out to the world about teen parents?’ Messages were written anywhere outside of the body tracings on their maps. The rest of the session was spent on group reflection and picture taking, with each participant standing next to her body map for an ‘artist’s photo’. Body maps were posted on the wall around the room, and participants presented their body maps to each other. Participants also worked on creating captions, which would eventually be posted next to their body maps to highlight key elements when they were mounted for exhibition at a community forum held in The City later that month.

With regard to these ‘artist’s photos’ (see [Figure 2](#)), we recognise the significant ethical implications involved in using a mosaic effect on the body map artist’s face in their presentation here, specifically the inherent tension of divorcing the artist from her claim to knowledge production by making her face unrecognisable. We do so here because we



Figure 2. Body map example from Hear Our Stories project.

are presenting the body map work as part of a research project that is governed by our institutional human subjects review board, which expects that we protect potentially vulnerable participants through their anonymity. While the erasure of the subject is one issue, so are our institutional requirements to protect subjects, especially those defined as vulnerable, even as engagement and arts shift into our research endeavours. We appreciate these different ethical standpoints and that different contexts require different treatments of visual material.

Results

Three participants (Reyna, Fabiola, and Eva)¹ completed the body mapping workshop, with five participants (including Annalisse and Rose) completing at least two of the

sessions. Two key contrasting themes arose through the process of drawing and discussion: (1) positive valuations and support systems and (2) embodied trauma.

Do not judge a book by its cover: positive valuations and support systems

We used body mapping to explore identity construction and meaning-making around teen motherhood. The first session focused on the process of unpacking identity. When asked to name an image or images associated with the label ‘teen parent’, participants called out: ‘young’ and ‘irresponsible’. Taking a different tack, another student responded, ‘being more into the GED’,² that is, more into education as a result of being a teen parent. Relatedly, when asked to depict and discuss ‘where they were headed’, participants’ faces lit up. They became jovial, with many depictions focused on future careers. Annalisse drew the symbol for nursing (the Caduceus) on the top of her body map, spending a lot of time to ‘get it right’. Other participants said that they wanted to be nurses or medical assistants. Explaining that she wanted to be a parole officer so that she could ‘help people, especially those in trouble with the law’, Eva drew a badge with the initials PO and identification numbers listed in the centre of it.

Continuing in a positive vein, Reyna said that ‘teen parents are the best parents’, opening up discussion beyond discursive binaries. Seemingly reinforcing the notion of teen parents as good (responsible and focused) parents, Eva noted, ‘when you have your children when you’re young, then when you’re older (middle aged) you can enjoy life’. Fabiola also agreed: ‘You’re less outgoing when you have children as a teen’, and then clarified that teen parents go out less, with their priorities now on their child or children. The students discussed the TV show *16 and Pregnant*, and one participant said, ‘life is edited out of the show’. Ironically, the day-to-day realities of young mothers featured on this reality television show did not capture the participant’s sense of the experience.

In the third session, when participants were asked to write their ‘message to the world’ they drew symbols and wrote slogans about being strong, good parents. In the middle of her map, Reyna wrote the word ‘strong’, with a collaged magazine cutout of a woman pumping her arm in the air to connote strength, placed below. Underneath the cutout she wrote ‘mentally and physically’. When asked to discuss her drawing, Reyna stated vehemently: ‘Wherever you go, people will criticize teen parents. But we’re powerful, we can withstand a lot’. The statement spoke volumes, foreshadowing depictions of challenging lives that would be drawn and discussed throughout the workshop. At the end of the workshop participants were asked to write captions, which would be displayed alongside their body maps at a city community forum. Fabiola wrote: ‘Don’t judge a book by its cover’, explaining that she liked participating in the body mapping workshop because it gave her a chance to ‘show and explain a little about myself – so people who have judged me, or are going to judge me, can see where I am coming from and how as a teen parent I can still have a future’.

Affirmative representations were highlighted as participants ‘filled in the gaps’ between their own body tracings and those of their partners on their body maps, with written names and drawings used to signify people who served as supportive figures in their lives. Notably, family and friends were not the only figures referenced. Social service providers were deemed as especially supportive; The Centre was depicted as particularly so. Reyna noted that, along with helping to prepare her to take the GED test, The Centre

also helped her to manage her appointments. Drawings of the building, with its telltale pink clapboard Victorian structure, were prominently displayed on several body maps.

Participants also noted the supportive role of other social service providers in their lives. Fabiola and Annalisse both wrote the name of their 'parent support advocate', whom they both shared in common. Annalisse noted that the advocate helped her with transportation issues and in her interactions with the Department of Children and Families (DCF); this woman was working *for* Annalisse by treating her with respect. Along with family members, she also added the name of her DCF caseworker. Fabiola also listed the names of social service providers, listing the names of staff at the shelter where she lived that helped her and her family to find housing. Eva also highlighted the support she received from a social service provider, writing 'DCF' and saying that 'they help my kids financially, with education and day care. They help with my house, buying a refrigerator'. Finally, as Reyna elaborated on sources of support in her life, she mentioned her therapist as a being a source of support. Other participants agreed by nodding their heads, apparently having forgotten to list their therapists.

Embodied trauma

More often than not, participants focused on embodied trauma, the ways that bodies experience, feel, and internalise trauma; this includes violence that occurs at any level. Typical examples included discussions of family abuse, neglect and rejection, depression and mental health issues, housing and food insecurity, disinvestment from the public education system, and intimate partner violence. Depictions and discussions in this light could be connected to interpersonal and/or structural violence in participant's lives (i.e. intimate partner violence leading to interactions with flawed social service systems).

Embodied traumas were mapped by participants: beginning at the feet to signify where they had 'come from', traced through intergenerational histories of violence and dispossession, and quite often led to worries about the future as noted in the upper body. Challenges faced by participants were depicted as occurring inside the body whereas affirmative aspects of everyday lives were represented outside of the body, often up in the air above the head, as if out of reach. The centre of the body was a hot spot for conveying stress, anxiety, and heartache.

Home/place and insecurity

In visualising where they had lived, in the past and in the present, and where they saw themselves in the future, participants discussed 'homeplace' (Hooks, 1990). We define homeplace here as different senses, such as smells, sights, tastes, sounds, tactile or felt sensations, that remind participants of home, and are often connected to memories. A common theme that surfaced was the tension between home and community/place. Fabiola began, saying that she was 'trying to stay positive among all the negative' around her. She spoke of growing up in a town neighbouring The City and drew a glowing peace symbol near one foot of her body tracing. Around the symbol she drew what she termed a 'ring of fire', explaining that she came 'from a place of peace', but that it was situated in a 'living hell'. Collectively, we talked about what participants might use to signify or symbolise The City. Describing The City as a 'world of violence',

Reyna brainstormed with the group about the pictures she might use to depict everyday experiences in her community: 'it could be burning buildings, gangs'. On one foot on her body map, Reyna depicted where she was coming from by drawing an image of an apartment on fire and a figure of a person who had been stabbed standing outside the building. Blood was spewing out of the person's throat. On her other foot, Reyna drew a rainbow in reference to the sizable LGBT contingent in the city. Yet Reyna quickly changed course, proceeding to talk about life in The City and expressing worries for her young son who she was raising there.

Eva and Rose, whom each have two young sons, chimed in as well, agreeing that The City was not a good place to raise their boys. Eva elaborated: her son was now in the first grade and was starting to follow what his friends did and 'hang out with the older boys'. 'He's up to no good', she said, and worried about this a lot. A potentially common conversation in any household, Reyna and Eva discussed the ways they restricted their children's video game use. Not as common, they commiserated that while outsiders might see them as raising their children 'all ghetto', that they were 'old school', trying to teach their sons right from wrong.

Reyna continued, telling a story about her own young son. Her son is often at her grandmother's place in The City 'ghetto', as she helps to take care of him. Reyna described the ghetto as having a 'lot of loud conversation and swearing going on'. The ghetto was sensed and described by participants through its sonic qualities – loud swearing, crude language, and gunshots. 'Toxic noise', said one participant. Eva jumped in with where she had left off, saying that she had recently been out with her older son and he said to her, 'Mommy, I'm a gangster'. She was taken aback. All together, the participants talked about boys in The City emulating gangsters and traced this to the city's violence, as well as a general sense of insecurity and lack of control over what may come of young men in their community.

Annalisse, who lived in another neighbouring city, said that she had grown up 'in a house with a whole family' and drew a house with its own door and mailbox to indicate that her house was inhabited by only one family, thus distancing herself from the norm of multi-family housing (i.e. multiplexes) for disadvantaged citizens living in The City and surrounding areas. In contrast, when asked to talk about her present community and supports offered, she curled up her face and said, 'I live in the ghetto' – meaning that it was no place to live.

During the session that focused on participants' housing journeys, each focused on where they were born and places they had lived; all spoke about difficulties they faced to obtain or keep their housing. Participants referred to living in 'the slum', 'the hood', and about everyday acts of violence pervading these areas. Some spoke of not being able to 'get into' housing, and living in shelters instead. Highlighting the sense of insecurity ever-present in participants' lives, and ways this is seasonally circumscribed, participants talked about being 'not sure what to do' about housing in the wintertime, with this winter's weather being particularly brutal.

Frequent movement was depicted on the bottom of body maps, near tracings of participants' feet. Reyna's body map was especially illustrative. She spoke of living in 'the projects' in both The City and in Pennsylvania, where she lived for a brief time. She had recently moved to a house. Like Annalisse, she clarified that the place was not 'an apartment or a place in another place', but her 'own home', with only her boyfriend and child

living there with her. Her body map vividly displayed her trail of movement from one place to another over the course of her still young life: sparse buildings with blank windows and rows of stick figure people lined up out front. Reyna wrote dates and locations above each building to mark the time and place of each move, ultimately conveying a sense of rootlessness.

The educational system: power and deprivation

The educational system was similarly a prominent source of trauma depicted in participants' body maps. When participants were asked to draw a symbol that represents 'the power within you', most often they noted the importance of obtaining an education. Eva drew a brain – and talked about going to college as 'money' – with dollar signs framing it. On the chest of her body tracing she drew a picture of a female figure holding a certificate. Describing this drawing she said: 'once I have my major (in college) I can give my all'. Fabiola drew a set of stairs on her chest to symbolise 'moving up' in the world by getting her GED, and concluded that she 'hasn't given up on life. People give up, kill themselves, I keep going'.

However, much of the talk and many of the depictions around education were less glowing. Reyna talked about dropping out of school, initially taking on a discourse of blame and shame: it was '[her] fault' that she dropped out of school: she was smoking, wanting to hang out, party – she had hated school. She elaborated: 'I couldn't go there to learn' – she always had to 'watch [her] back' instead. Over the course of discussion, participants increasingly began to resituate 'individual decision-making' to take into account structural circumstances that informed their experiences with schooling. Eva talked about making it to the ninth grade – but then giving birth to her son – she was not supported by the system to continue in school.

When prompted to depict and discuss what they worried about, participants talked about experiencing depression and anxiety, often related to experiences with the educational system. Eva talked about the 'biggest weight' in her life being the worry that she 'never gets an education' and does not 'progress in life'. Reyna drew a picture of a heart on her body map, with a line drawn through it to convey a 'broken heart'. She wrote 'GED' right outside the heart to signify a breaking point. 'The GED is the biggest weight', she said.

Participants spoke of the link between frequent moves and school credits being lost, and feelings of humiliation and exasperation at having to repeat a grade due to systemic errors. Encircling the outside of her head, Rose wrote in blue about her path of dispossession through the educational system. She described this trajectory: having her first baby when she was in the ninth grade; that she was a 'drop out'. Upon returning to school Rose was told that she was missing credits and could not progress to the tenth grade. After meeting her husband she had a second baby. 'Problems at school' and 'went away' were written on her body map to convey her sense of alienation from the educational system.

Interpersonal violence

Interpersonal violence was another significant subtheme of embodied trauma. Responding to the prompt of what on their body made them visible to others, Fabiola drew bright

skeletal bones inside her body tracing, instead of drawing tattoos and piercings, as had other participants. The bones were meant to reflect ‘all of the hell I’ve been through’. Fabiola’s body map caption, which was written at the end of the workshop and displayed alongside her the map, read:

The part of my body that bothers me sometimes is my tininess. I used to look very healthy but I don’t anymore because of some health issues. When you look at my body map, you can see my bones. That shows how thin I am. But to be honest, it doesn’t bother me much, because I know the reasons why I am like this.

Rose’s depictions and descriptions were especially evocative of embodied trauma from interpersonal violence. Over the course of her participation in the Hear Our Stories project Rose changed markedly in how she presented herself. By the end of her stay at The Centre she looked better on the outside: her hair had grown out, she had dyed it a striking shade of red, and she had a happy glow about her. Her voice, though, still had the same quake of worry and tinge of anxiety that it held when we met her a few months back. In another project activity, held earlier, Rose had produced a digital story focused on the physical abuse she experienced from her husband, as well as intergenerational histories of trauma inflicted on women in her family. She had shared photos on her cell phone of bruises and lacerations as evidence of this violence. Now returned to The Centre, she told how she had left The Centre abruptly, right after completing her digital story. She reshaped her story to be more about her mother-in-law kicking her out and less about the brutal violence she had experienced at the hands of her husband.

A theme of escape seemed to pervade Rose’s life, in her digital story and now in the body mapping process. Rose talked about her relocation to a nearby city (about 50 miles away, resulting from a policy meant to protect ‘victims of abuse’ from their perpetrators) to live in a shelter with her two boys. She knew no one, was not going to school, and mostly felt trapped because she ‘kept inside’ at the shelter with nothing to do, nowhere to go. Rose returned to The City, got back together with her husband, and was living with him and her two sons in a family shelter close to The Centre. They had just received word that they got their ‘own place’ through the housing authority. Over the course of the body mapping workshop, Rose paced back and forth, whispering on her phone, talking with her husband, checking in. By the last body mapping session Rose was already gone. She had left town with her two sons.

Discussion

The topic of teen pregnancy commonly positions young parents as either redeemable good mothers or irresponsible, bad biocitizens (Greenhalgh & Carney, 2014), without considering whole lives and lived experiences (Barcelos & Gubrium, 2014). The value of a participatory methodology such as body mapping is that rather than being an object to be analysed and mined for data, the research participant becomes a co-creator of knowledge and information. As co-creator, their knowledge, meaning-making, and lived experiences are valued as assets. All too often value (or lack thereof) is assigned to individuals based on assumptions that lack validity.

Here, body mapping was used as an additional source of data collection, deepening and strengthening initial findings from other project research-based activities, in which

participants shared their experiences as young parents. Having established a basic relationship with participants through the other activities, body mapping allowed us to further explore their lived experiences. A critical step in the process was to ensure that both researcher and participant had a role in the evaluation of the final body map artefact. Body maps are co-created; as such, co-analysis is essential. In this way, both researcher and participant are valued for the contribution of their specific expertise: the participant in generating and interpreting their map, and the researcher in identifying themes, conducting analysis, summarizing theory, and drawing conclusions (Guillemin & Drew, 2010).

Through this process of body mapping with young parenting Latinas, critical issues surfaced that are often missing from teen pregnancy and parenting discourses: physical violence, insecurity of place, structural barriers within the educational system, and the resultant embodiment of stress. Because students at The Centre experience high rates of displacement, the impact of rootlessness is a critical component to integrate into future efforts to support Latino/a youth. Rootlessness and disruption of links to family, friends, and locations are a common thread among individuals who have relocated. This experience of 'community dispossession threaten[s] ties between individuals and their social-support networks and also undermine[s] claims to the spaces that serve as geographic anchors for these social ties' (Keene, Padilla, & Geronimus, 2010, p. 276). The simultaneous experience of rootlessness and lack of social support can compound feelings of isolation, perceived stigmatisation, and stress.

Contrary to the widely held perception that girls drop out of school as a result of a pregnancy, many young women of colour are in fact 'pushed out' of school prior to their first pregnancy. A range of policies, 'including fiscal inequality, unequal distribution of certified educators, high-stakes testing, and a retreat from bilingual education and affirmative action, have colluded to produce a grossly uneven landscape of public education' that has the greatest impact on students of colour, immigrants, and low-income individuals (Fine & McClelland, 2006, p. 302). In considering teen pregnancy, it is important to remember that it serves as a barometer 'for the interrelationship between, housing, environmental, economic, and other social stressors' (Mullings & Wali, 2001, p. 162). Lived experiences such as intimate partner violence, insecure housing, economic and food insecurity, and lack of social support are compounded during pregnancy, adding to the experience of stress for young parents.

A significant advantage to body mapping is that, in contrast to participatory visual methods such as photovoice and digital storytelling that require access to and funding for technology, and facilitators trained in those technologies, the process requires only basic supplies that are relatively low cost: butcher block paper, drawing supplies, magazines, glue sticks, scissors, pen, and paper. Body mapping can be used as a point of departure for discussions that revolve around varied topics pertaining to health and wellness. As such, it can be adapted in multiple contexts, increasing its utility.

Programmes that remain strictly focused on bodies of evidence such as lowered rates of teen pregnancy and sexually transmitted infections and increased rates of access to and use of contraceptives will continue to be limited in their approach, in particular for marginalised communities. Participatory visual methods such as body mapping present the opportunity for participants and researchers to identify significant challenges faced by

populations that are integral to the development of relevant, context-specific, and ultimately more sustainable health promotion efforts.

Limitations

Our initial findings are based on a small sample size that self-selected into the body mapping workshop. Of the 31 Hear Our Stories participants, five enrolled in the workshop. Of those five, two completed all three sessions and two completed two sessions. Findings from this project are strictly exploratory and are therefore not generalisable right now.

Conclusion

As ethnographers, we are particularly interested in meaning-making around youth sexuality – even when direct reference to sexual practice is silent. Participants voiced a sense of stigma and shame. The stories and discussions in and around the body maps illuminated linkages between social memories, structural violence, lived experience, and sexual practices, especially the ways participants negotiate dominating discourses about ‘fit’ parenting and describe instances of dehumanization in the system and a felt sense of isolation and insecurity.

The process illuminated how structural violence impacts dominant cultural understandings and hierarchies that circulate about young parenting Latinas (Ginsburg & Rapp, 1995). It made not only visible but also *visceral* the often invisible reverberations of structural violence – in the form of intergenerational poverty and its effect on families and intimate partner relationships, and systematic dispossession from state supports in the form of education and housing. Participants face an ‘unending cyclone of requirements’ (Elizabeth Silver, personal communication, December 2013) to negotiate support for themselves and their families in everyday life. Indignities mount.

It is important to consider how the lives of pregnant and parenting young women are shaped by larger bodies of evidence around youth sexuality and parenthood and equally so how young mothers (and other marginalised social groups) may reclaim the evidence, dialogically and strategically shaping it using their own embodied understandings as a basis. Body mapping is a critical tool that can elicit questions and issues researchers may never know to ask, which, by remaining silenced, perpetuate the health inequities that persist across all health indicators. Integration of participatory visual methods such as body mapping can upend traditional evidence-based methods. The approach creates space for the expression of multiple health beliefs in varied forms that can reveal ‘personal, recent, and embodied history[ies] that [are] rooted in national and international historical movements that shape people’s’ lives’ (Gastaldo et al., 2012, p. 11). Not only can body mapping deepen our understandings of health and wellbeing, but it can also serve to redress the power dynamics inherent in traditional approaches by valuing and prioritizing the voices of the communities they intend to promote.

Notes

1. Pseudonyms are used for all participants.

2. GED stands for the ‘General Educational Development’ test, which was used in the US until the end of 2013 to indicate that a student possessed high-school-level academic skills. The High School Equivalency Exam (HiSET) replaced this exam in 2014.

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