

日本赤十字九州国際看護大学/Japanese Red

Cross Kyushu International College of

Nursing

Lifestyle image mapping of children after Nepal
earthquake 2015 =

2015ネパール地震後の子どもたちと生活イメージマ
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pa4- Lifestyle image mapping of children after Nepal earthquake 2015

2015 ネパール地震後の子どもたちと生活イメージマップ



<https://jica-health.blogspot.com/2015/12/nepali-version-of-image-mapping.html>

Nepali version of image mapping on life after earthquake disaster in 2015

Today, I will talk about the Nepali version of image mapping focusing on life after the earthquake disaster in April 2015.

1. Two-dimensional mapping as a starting point

Two-dimensional mapping is a method to visualize one's thinking and concerns by arranging keyword cards on horizontal and vertical axes.

Originally, this method was developed to sense and discover one's own unique lifestyle in community health settings. Knowing oneself is a starting point of health promotion and education, because people have inner ability to reflect and change their way of life. This ability is further empowered in communicative/collaborative situations when people get to know oneself as well as other people's situations.

By setting different axes and different card sets, we can expand the theme of mapping not only to daily lifestyle but also to other topics such as disaster experiences.

I am living in Japan. Islands of Japan are the result of large oceanic movements occurring over millions of years. Japan is also situated in a volcanic zone. Therefore, even after I developed this method in 1989, I had chances to apply the method to local people, especially children hit by the disaster, such as Mt Unzen volcanic eruption (1991), earthquakes of Hanshin-Awaji (1995), Chuetsu (2004), and Great East Japan Earthquake (2011).

2. Focusing on 2015 Nepal earthquake

I am a member of NPO Well-being (Fukuoka Japan) working for health promotion. ADCN (Association of Dental Cooperation in Nepal) is our sister organization working for health promotion of Nepal.

In this September, three ADCN members visited Nepal to understand people's concerns, and found that largest concerns were their children's mental and spiritual health. Therefore, my friends and I have started to develop Nepali version of mapping to approach Nepali children.

3. Development of Nepali version of mapping in December 2015

Several members of ADCN and I formed a task-force to develop Nepali version.

1) Preparation of cards to reflect concerns of Nepali children.

Our (taskforce) initial mission was to indicate Nepali children's typical concerns and to determine appropriate axes locating/mapping concerns. Dr. Shuichi Nakamura (Director of ADCN) and Dr. Amit Khanal (ADCN Nepal CEO) gave us critical advices.

Recently, we had a chance to read narrative essays of Nepali children. In this month (Dec 2015), Dr Amit came to Fukuoka bringing with 40 children's essays, which he collected from several schools under the help of children and teachers. In one afternoon (Dec 02, 2015), Dr Amit read-aloud children's essays in English, and we took notes focusing on events and emotional expressions.

Then, we used KJ-method to identify key situations relating to earthquake experience, and finally, sixteen typical situations were selected. Ms Noriko Iida, an illustrator, drew impressive pictures to visualize situations, and Dr Amit added Nepali characters.

2) Preparation of axes

In the original Japanese earthquake versions of mapping, the horizontal and vertical axis corresponded to degree of dislike and degree of joy. As for axes suitable for Nepali children, we discussed about the difference of emotional expressions between Japanese children and Nepali children. Finally, we selected badness as the horizontal axis, and goodness as the vertical axis.

4. Mapping Procedure confirmed

Step 0: Identify essential labels.

At the beginning of mapping, all of 16 key situation cards are scanned, separated, checked and selected to visualize one's unique life under earthquake. Some unneeded cards are excluded. You can make your own card using blank ones. Step 1: Arrange cards along the horizontal axis.

Then, participants are requested to sort cards on the horizontal axis; "not bad", "a little bad", "very bad".

In this step, participants focus on bad memory of their earthquake experience.

Step 2: Move and arrange cards along the vertical axis.

Then, participants are guided to shift their attention to vertical axis. The upper end shows "very good". The middle shows "a little good". Participants are guided to move and arrange cards along the vertical axis; "not good", "a little good", "very good". In this step, participants are encouraged to focus on good memory embedded in bad memory.

Now, mapping procedure finished. This is the completed map reflecting one's earthquake experience.

Step 3: Participatory reflection and sharing

Each participant accomplishes a unique map corresponding to one's unique experience. In the later steps, the accomplished maps help participants to reveal, narrate, communicate and share one's unique experience with other participants.

5. On-site mapping in Nepal, December 2016

The above-cited mapping procedure was actually applied in two schools, in Nepal, December 2015.

This video explains the Nepali version of image mapping procedure focusing on life after the earthquake disaster in April 2015.

The following two sheets are essential to conduct two-dimensional mapping.

Sixteen cards set designed to visualize earthquake experiences of Nepal children.

<http://www.wifywimy.com/a-papers/151221Nepal-cards-set.pdf?attredirects=0&d=1>

Worksheet designed to visualize earthquake experiences of Nepal children.

<http://www.wifywimy.com/a-papers/151221Nepal-worksheet-A3.pdf?attredirects=0&d=1>

6. Conclusion

Our lifestyle and memory are obviously influenced, modified, encouraged, or reconstructed by the lifelong process of socialization. Two-dimensional map will help people and children to know oneself as well as other people meaningfully.

Such kind of mutual understanding will foster our inner power to overcome difficulties.

References

Moriyama M & Harnisch DL (1992) Use of visual symbols to promote communication between health care providers and receivers. Paper presented at AERA, San Francisco, CA. April, 1992.

<http://hdl.handle.net/10069/22064>

Moriyama M & Matsubara S (1996) Mapping of food images and assistance by face-to-face communication in nutrition education. Japanese Journal of Nutrition 54(1) 47-57. (in Japanese with English abstract)

<https://doi.org/10.5264/eiyogakuzashi.54.47>

Moriyama M (2010) Health promotion through rediscovery of one's sensibilities of health: the Lifemap and WIFY Methods. Global Health Promotion 17: 44-47.

Moriyama M, Yamamoto R, Nagahata K (2011) Two dimensional image mapping to reflect life experiences under disaster; possibilities of health promotion and education under the March-11-2011 disaster of tsunami, earthquake and nuclear accidents in Japan. Japanese Journal of Health Education and Promotion 19(3):239-255. (In Japanese with English abstract)

<https://doi.org/10.11260/kenkokyoiku.19.239>

Moriyama's work

https://www.researchgate.net/profile/Masaki_Moriyama/

(Masaki Moriyama)