

## **Exploring New Horizons: Medical Anthropology in Public Health**

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### **Abstract**

Medical Anthropology holds a unique position amid social sciences and health sciences especially in the era when developing countries carry double burden of diseases; on one hand reemerging infectious diseases and the other increasing load of non-communicable diseases. In both conditions behavioural factors play pivotal role. In the field of public health, science of epidemiology is backbone of investigation of disease outbreaks, its causes and controlling measures while anthropology contributes by pulling in more variables like culturally constituted risk factors, belief patterns, behaviours related to health and disease. Thus together provide holistic understanding of the health and illnesses in the communities. In last decade, anthropological theory and methods have made significant contribution in the research pertaining to health behaviours example being sexuality and sexual behaviour research in the context of HIV. Such research has helped in popularizing qualitative data collection methods amongst medical as well as health researchers. This paper reviews and presents representative theoretical and methodological contribution of medical anthropology in the field of public health and aims at building bridge between these disciplines.

**Keywords:** medical anthropology, public health, health behavior, India.

### **1.0 Background**

Anthropology is a science of man; it essentially covers everything that concerns human beings. Public health is also described as having the population or community as its focus, in contrast to the individual-level focus of clinical medicine. This converge on community creates a natural foundation for partnership between public health and anthropology. Medical anthropology is a subfield of anthropology that has contributed significantly to the achievements of public health. Medical anthropology can offer the theoretical basis for future research and its applied nature can also be useful. Approaches proposed by Anthropology are helpful in the delivery of scientific knowledge at the community level.<sup>1</sup> Medical anthropology also shares interest with the clinical medicine. There are specialized practitioners like herbalist, bonesetters etc in every society. The efficacy of those healing methods asserts the functional aspect of disease and not much on organic status of disease. In the contemporary world, one observes preponderance of modern medicine. As rightly described by Murdock <sup>2</sup>, the rise of modern scientific medicine was observed initially in Europe because of increased trend of labeling diseases as organic in nature. Subsequently modern scientific medicine has spread to all continents and today the advancement of public health discipline; one is able to control and prevent spread of several killer diseases.

Today India is standing at a threshold, witnessing rapid epidemiologic transition and with that confronting the double burden of diseases; lifestyle and infectious. In spite of the primary health approach where many services are provided door step, people preferred providers of other systems of medicine, including ethno-medicine. It is an established fact that health facilities remain underutilized. Researchers and administrators have been analyzing this problem for last several decades to realize that this was not merely a question of accessibility but much to do with people's behaviour, their attitude and understanding and concept of health and disease. Anthropological theory and methods have much to offer to public health in the area of translating public health knowledge into effective action. Anthropologist generally sees health as a broad construct, consisting of physical, psychological and social well-being.<sup>3</sup> Such a definition works cross culturally than the one which revolves round ill health. It is often said that illness is culturally structured and more of an individual experience. For some, it may be a somatic experience while for some a mental dysfunction and therefore it is different than 'Disease'. When lay concepts combined with theoretical inputs, are utilized in health programmes, acceptability by local communities go up. Thus, medical anthropology can render specific contribution in health education programmes; whether it is inculcating habit of 'washing hands after defecation' or 'condom using' behaviour.

There are some positive changes in public health discipline itself. There are various innovations in public health practice, the situations traditionally regarded as social problems are now reinterpreted within a health framework. A public health approach not only views the individual within a social milieu but aims at fostering healthy communities and workplaces. It also looks at bigger systems like political scenario or organisational behaviour and examines how public health policy impinges on society.<sup>4</sup> Therefore, actions for social change are repeatedly called for by current public health policy makers. Hence, at this juncture, efforts to incorporate contemporary social theory into the theoretical foundations of public health practice are necessary.

## 1.1 Aim of the Paper

With this rational in mind, the paper attempts to review certain contributions of anthropology especially theoretical and methodological input helpful for success of Public Health efforts. In the end it briefly touches the Public health contributions which required to be reinterpreted in the anthropological framework.

## 2.0 Theoretical Contributions of Anthropology

One of the early works about anthropology and its usefulness in public health with remarkable impact on readers; was by Benjamin Paul. Paul<sup>5</sup> used sixteen case studies to highlight the role of culture and social organization in order to run a successful health programme. His work clearly gives a message that it was important to understand culture, economy, polity and community not as separate entities but interlinkages as a functioning system. Earlier to this, Murdock<sup>2</sup> who suggested that one of the greatest potential contributions of anthropology was to make those who are health professionals aware of the impact of culture history. Murdock further asserted that anthropological perspective would help forward-looking physicians and public health experts to prepare in advance against predictable eventualities. Later, Murdock<sup>6</sup> drew ethnographic evidence from 139 non-industrial societies around the world, to show that the most prevalent attribution of illness was to psychosocial causes.

Initial contribution of the social sciences, anthropology in particular, was limited to the studies pertaining to 'social and cultural factors' which is known as a 'factorial' model of disease in which social and cultural factors are deemed to be just one of the factors together with a range of other factors. The major drawback with this type of approach is that it denies the broader understandings of the ways in which political, economic and social processes influence the disease occurrence and response in the population. Inequalities in the

distribution and outcome of infectious diseases such as tuberculosis, AIDS, Ebola, malaria and expressed concern with the emergence of disease from socially produced phenomena such as poverty and political upheaval, was proposed by Farmer.<sup>7</sup> He also critiqued simplistic models of disease causality that fail to incorporate dynamic, systematic global factors and, therefore, expressed the need for preventive models that target the social determinants of health. Later on many papers<sup>8,9,10</sup> suggested that medical anthropology has a potential of going beyond cultural factors and can offer new conceptual frameworks and significant insights in theory and methodology. Anthropology of public health remains concerned about ill health of population, deficiencies in health care system, and the need for people oriented public health policy. At the same time it remains committed to rigorous and critical analytical perspectives of anthropology. In other words, 'anthropology of public health' will grow only within the system when it remained connected with public health practitioners. Therefore, it should engage in designing and implementing public health policy and should also comment on the unintended effects of such policy for the supposed beneficiaries. Similar thinking can be seen in the writings of Parker and Harper<sup>11</sup> where they have aptly mentioned a need for an 'anthropology of public health' and not 'anthropology in public health'.

## 2.1 Approaches, Models and Frameworks

The major theoretical contribution of medical anthropology (branch of anthropology dealing with public health) is approach it takes to interpret health behaviour and that is used extensively in various health programmes, all over the world. An ecological approach moved health from an individual lifestyle to a community issue. The approach believes that health is created where people live and work. Therefore, one must understand disease or illness in the context of environment and human beings in their interactions with each other and with their physical environments. This approach suggested that a public strategy must start from settings of everyday life within which health is created. It also suggests to strengthen the health potential of respective settings to begin this kind of work.<sup>12</sup> For an ecological theory of health, a key step would lie in understanding health as a pattern of relations rather than as a quantitative outcome<sup>13</sup> and use of this knowledge on human behavior to bring about changes introduced through concrete framework.<sup>14</sup> Modified ecological model is used in various types of health research. Synthesis of two key concepts from the ecological model was provided by Singer.<sup>15</sup> Singer (1994) believes that health and disease occur due to a chain of factors, and that they are part of a set of interacting subsystems existing at a global level. Singer coined the term "syndemic" to describe the synergistic interaction of social factors, especially local and global inequities, with the epidemiological risk factors for HIV (human immunodeficiency virus), TB, hepatitis, and substance abuse. This model challenges public health to address the root causes of health disparities. By introducing a multilevel, dynamic epidemiological perspective, it points toward the need to develop and evaluate social systems and community level interventions that addresses various confounding issues.

One of the most discussed and used model is proposed by Anthropologist Arthur Kleinman(1997) who suggested that by exploring the *explanatory model* of illness one can better understand patients and families, in effect making sense, out of nonsense. He suggested to ask *What, Why, How, and Who* questions to understand the cultural explanatory model. Cultural explanatory model provides a means of balancing the objective view of disease with the subjective experience of illness. This explanatory model differs greatly from other traditional models that view illness more as an imbalance of forces (ex: Chinese - yin-yang, Hispanic- hot-cold) or as being caused by spirits, demons or curses.<sup>16</sup> One prominent feature of illness explanatory framework, is that it attributes illness to psychosocial causes and not merely to physical causes.<sup>17</sup> Therefore, it is important to have interdisciplinary approaches especially in the study of infectious diseases, as prevention and control of infectious diseases is the primary aim of Public Health practitioners. Hence, once again, anthropological perspective in public health research and development is essential.

## **2.2 Medical Anthropology in Health Care Setting**

Research in medical anthropology is useful for clinical researchers also. As mentioned in the encyclopedia of public health<sup>18</sup> it focuses on health care systems and how system functions at multiple levels including clinical aspect. It works at the individual level, as well as the level of local health care systems and looks beyond hospitals and clinics at the level of global political-economic systems. At each of these levels, the objective is to understand the existing social structure and the relations among the participants in the systems. In particular, medical anthropologists study the way health care is embedded within dominant relations such as those of class, ethnicity and gender. It emphasizes the importance of political economic forces in shaping health, disease, illness experience and health care. It re-orientes medical anthropology by means of a political economic perspective and focuses attention to concept of power and inequality as central explanatory factors.<sup>19</sup> With several hundreds of clinical trials going on in many developing countries a new branch of anthropology of pharmaceuticals, a field in medical anthropology has been developing in the last 15 years. It studies social and symbolic uses, meanings and impact of medicines in various contexts from their invention to their consumption by patients.<sup>20</sup> Such contribution is welcomed by health care researchers and health policy makers.

## **3. Potential Area of Collaboration for Anthropology and Public Health**

Identifying particular issues and areas of intervention and putting medical anthropology in practice is equally important. It is increasingly relevant because of the daunting health problems faced by developing countries which include people with suffering from stigmatized diseases HIV, TB, leprosy, and where the millions of children die from preventable infectious diseases. In addition to these are the threatening problems of urbanization and the growth of the urban poor who often suffer from double burden of diseases. Urban as well as rural people suffer from malnutrition and infectious diseases along with the negative health effects of poverty, pollution, accidents and non-communicable diseases like diabetes, hypertension, arthritis etc. Following are just two examples of the unresolved issues of public health importance where anthropological theory and methodology is urgently required, because it has potential to settle certain underpinning problems.

### **3.1 Maternal and Child Health**

Reproductive health entails a number of problems for women in developing countries like India. It is a well known fact that women do not utilize formal health services during antenatal period and the rate of institutional delivery is also very low. Such behaviour cost a life of a woman. Similarly, infant mortality is still very high. Barring the influence of poverty, there are still lot many nuances in the culture that keep on affecting maternal and child's health, which never get addressed in the current health programmes. Generally, health care workers expect pregnant ladies, mothers to hold a biomedical perspective of illness, adhere to medicine regimen. While community members expect health providers to advise them more about behavioural norms, diet pattern, food and nutrition, workload and not merely medicine schedule. Thus, the clinical and layman's perspectives on the ill health differ. Modern or western medicine used objective criteria to measure a disease while community may use some other decisive factors.<sup>21</sup> As Kleinman (1979) suggested that alternative healers may be popular (and even effective) because their illness concepts and treatment methods are conceptually concordant with the concepts of sick people.<sup>22</sup> Therefore, future research should investigate structural differences between patient and non-patient models of illness.<sup>17</sup>

### 3.2 Health Education

Health education programmes are put in place to bring about change in people's behaviour but attempts have very minimal success. In most of the cases, health education within the health care system attach no value or worth to be "an individual" belonging to specific cultural / ethnic group. Unfortunately, success of the system was measured solely by its ability to bring the health of poor, illiterate and rural people near to the health target set by ministry of health. Health education, in this form, is not capable of empowering people. Under the system, they are seen as nothing more than a group of people who just do not know what was good for them. It has been argued that notions of identity and culture are an important resources for empowering communities, which is a goal that accords with the broader global health promotion agenda.<sup>23</sup> There are lots of questions, which seek answers from medical anthropology, like; how can sociocultural information be incorporated into programme planning and implementation? Does the success of public health innovations, which require behavioural change, depend on changing people's beliefs? This is where the role of theoretical frameworks developed by medical anthropology plays pivotal role. Research in this field shows that the health education messages, interpretation of medical technology and pharmacology delivered using indigenous methods for knowledge transfer, proved useful.<sup>24</sup> Therefore, medical anthropologist, as professionals, participating in health education programmes, must aim at the improvement of health status through increased understanding of such underpinning issues.

### 4.0 Conclusion

The reasons communities present with different health problems, is because health is an outcome of interaction between their cultural, environmental, economic, social, historical and even political situation. The relationship between culture and the health status of the population is tightly intertwined and hence it is impossible to understand one without understanding the other. Therefore, a medical anthropologist role would be to mediate between health planners and health system on one side, and people, communities on the other. It is expected to act as an advocate for communities, as well ensure that health programmes are acceptable to them. It would be really helpful if researchers see to it that the programmes make sense to the communities in terms of their local social and economic realities. For any health programme to be successful, structure drawn upon public health and operational approaches borrowed from medical anthropology would be the most effective formula. This kind of collaboration expects a major shift in model role of medical anthropologist from an unbiased observer to an active participant. Thus, a joint cooperative attempt of medical anthropology with public health system offers the best prospect for success in the existing circumstances.

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