Social & Cultural Factors Related to Health
Part A: Recognizing the Impact

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2007

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Prepared as part of an education project of the
Global Health Education Consortium and collaborating partners
Objectives

1. Describe the importance of social & cultural determinants of health.
2. Compare the Sociocultural model with the Disease model.
3. Differentiate key anthropological perspectives on culture.
4. Develop curiosity about cultural systems of communities.
5. Rate local cultural systems as important for impacting a community’s health practices and outcomes.
6. Demonstrate awareness of one’s own cultural assumptions about health and behavior through self-reflection exercises.
7. Apply module principles to practice through case studies.
8. Recognize cultural humility as a practice that applies the sociocultural model.
Outline

1. **Importance of social & cultural factors in health**
   A. Culture
   B. Social Factors

2. **How sociocultural factors relate to health: The Sociocultural Model**

3. **Theories of knowledge: context of the Sociocultural Model**
   A. Naturalism and the Anthropological Perspectives on Understanding Culture
      - Health Beliefs and Practices
      - Critical Medical Anthropology
      - Discourse Analysis
   B. Positivism: the Disease Model

4. **Combining Concepts: Health is determined by a convergence of factors**
   A. Interdisciplinary Medicine
   B. Recognizing the Culture of Medicine
   C. Cultural Humility

5. **Summary and Bridging to next module**
Self Quiz: Getting into the Mindset

You’re providing health care in a low-income community. You learn that mothers in the community eagerly participate in nutrition classes but will not stop feeding their babies junk food.

What do you need to consider in order to effectively improve nutrition for children in this community?
Importance of Social & Cultural Factors in Healthcare

In order to be an effective provider, you must understand:

A. The ways people think about health and illness

B. Individual behaviors and habits that influence health

C. How you and your actions are perceived by the community where you work

D. How culture interacts with environment, economy, and politics to affect health
Culture

- A system of thoughts & behaviors shared by a group of people
- Our cultural backgrounds have tremendous impact on our lives
- Culture contributes to the richness of human experience
Definition of Culture

1. Refers to an **integrated pattern** of belief and behavior
2. Varies from **local** group to group
3. Coexists with members’ **individual** distinctness
4. Is **valued** for itself
5. **Endures** and **evolves**

Photo courtesy of Child Family Health International
“Culture acts as a template for the organization of social and psychological processes, much as a genetic system provides such a template for the organization of organic processes.”

Culture Includes More Than Just Ethnicity

Photo retrieved from The Gothamist.

Photo retrieved from Faya! Dance Center

See Notes
Recognizing Your Own Culture: Assumptions About Childbirth
Reflection:
Your assumptions about childbirth

- At what age is it appropriate for a woman to get pregnant? Under what circumstances?
- How many children should a family have?
- To whom do children belong?
- Who should be involved in the pregnancy? Childrearing?
- What is the role of Medicine in reproductive health?
- Where should women have their babies?
- Who should deliver babies?
Social Factors

- Markers that distinguish major differences between groups of people in a given society:
  - Education
  - Income & Occupation
  - Ethnicity & Race
  - Religion
  - Political Affiliation
  - Geographic Region

Women’s group in Mumbai, India
Photo by Amit Wadhwa, Courtesy of Child Family Health International
Social Inequalities

Culture and social well-being are not the same

- There can be many cultures within a society
- Social inequalities span across cultures
- All humans share the need for:
  - Food
  - Clothing
  - Shelter
  - Nonviolence/social justice
  - Love
- Access to these factors impacts health

Poverty in Mumbai slums.
Photo by Amit Wadhwa, Courtesy of Child Family Health International
How Social & Cultural Factors Relate to Health & Illness

• Social scientists designate a difference between disease and illness:
  ➢ Illness is the personal, social, & cultural influences on the experience of impairment, pathology, & disease
  ➢ Disease is the physiological process of pathology

• The framework that focuses on illness is called the Sociocultural Model
The Sociocultural Model

Social and cultural factors inevitably interact with biology to impact health. This confluence of factors determines:

- A person’s experience and definition of health and illness

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The Sociocultural Model

– Access to healthcare

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Photo Courtesy of Child Family Health International
The Sociocultural Model

- Response to disease, pain, disability
- Experience of pain and healing
The Sociocultural Model

- Treatment expectations and options
- Health outcomes

Photo Courtesy of Child Family Health International

See Notes
The Sociocultural Model

Healthcare providers are subject to the same confluence of factors as their patients. Personal and professional culture, social factors, and biology also influence the theories & methods of a health care practitioner.
The Sociocultural Model
All health care is practiced in a social and cultural context
Case Example: Social and Cultural Determinants of Health

Reproductive Health in Nepal

• In Nepal, life expectancy of men eclipses that of women.

• Leading causes of death for women are pre/post labor complications, hemorrhage, and infection.

• Cultural factors such as early marriage contribute to the problem, particularly in rural areas.

• Social factors such as education and literacy also influence health outcomes.
Reflection: Social and Cultural Factors Related to Your Health

When you were sick as a child:

• What did your family believe about taking care of you?
  – Foods that were good for you?
  – Causes of a fever & how to treat it?

• When were you sick enough to stay home from school?

• How did your family feel about going to the doctor?

• Name something you learned about your health growing up that changed when you got to medical school.
Theories of Knowledge: Sociocultural Model in Context

Understanding Human Behavior

Naturalism: The Sociocultural Model
Example: Anthropology, Social Medicine

Positivism: The Disease Model
Example: Epidemiology, Basic Science Lab Research
Focus on Naturalism: The Sociocultural Model

Understanding Human Behavior

Naturalism: The Sociocultural Model
- Example: Anthropology, Social Medicine

Positivism: The Disease Model
- Example: Epidemiology, Basic Science Lab Research
Naturalism:
The Sociocultural Model

- Health and disease are multi-factorial and defined by a person or group interacting with the whole environment
- There are multiple simultaneous pathways that converge and interact to determine health outcomes
- Measurements, such as rates of disease, are *indicators* of complex processes that cannot be accurately measured
- Naturalism is utilized by social scientists
Strengths of the Sociocultural Model

• Preserves the complex relationship between person, environment, community, and biology

• Seeks to learn how people understand their own health situations

• Meeting people within their own cultural framework is more likely to be acceptable to them—you may increase chances of making an impact

• Good for describing highly variable situations
Limitations of the Sociocultural Model

- It does not produce universal answers to questions.
- Time-consuming: understanding one community’s problems as compared to another.
- Draws attention to difficult aspects of society that may not have an easy solution.
- Not the dominant paradigm in Western Medicine.
- Less financially profitable approach.
Case Vignette: Introduction

An elderly Mexican woman is seen in a psychiatry clinic at the county hospital because she is depressed. She was seen here previously by a Spanish-speaking psychiatrist for psychotherapy and medication management.

The patient has not been taking the antidepressant previously prescribed because it makes her “feel funny.” Since her last treatment, there have been worsening situational issues: her children are taking advantage of her because she has a house and income from social welfare services. She is sad about their unkind behavior towards her. She wakes up feeling empty and hopeless, and can’t get out of bed in the morning. She tells you that her only comfort comes from praying to God and “the saints.”

How would you manage this patient’s depression?
Case Vignette: Self Quiz

Here are some questions you might ask yourself:

• What do you think is causing the patient’s depression?
• How do social & cultural factors in her life influence your diagnosis?
• What do you imagine the patient’s experience of depression is like for her?
• How might social and cultural factors influence your patient’s explanation of her illness?
• Can you create a treatment plan that incorporates an awareness of sociocultural influences?
Case Vignette: Conclusion

The psychiatrist treats the patient by prescribing her a ritual. “Go back home and pour water on your nopales plant. Walk around it once, say a prayer to San Judeo Tadeo, and then take one of these pills.” The pill prescribed is the antidepressant Cymbalta.

The provider sees the patient several weeks later and she is doing much better. She is dealing more proactively with her children and her symptoms of depression have eased substantially. She thanks you for helping her.
Case Vignette: Self Quiz

Why did this intervention work when the culturally-neutral treatment was previously ineffective?
Anthropological Perspectives on Understanding Health

“Anthropology is the study of the whole human species in all its diversity”

Kiefer, Doing Health Anthropology

Medical Anthropology is a social science field devoted to investigating and understanding health, illness and healing from the perspective of the Sociocultural Model.

There are 3 key anthropological perspectives on health:

1. Health Beliefs and Practices
2. Critical Medical Anthropology
3. Discourse Analysis
Health Beliefs and Practices

The health of a community depends on people’s ideas about illness and treatment

- The cultural beliefs of a community shape healthcare practices and local ideas about illness
- Any health intervention for community members must be made sensible in the context of local beliefs & practices
- Understanding the beliefs & customs of a community humanizes differences between groups of people
- Acknowledges cultural biases for patients, practitioners, and health officials in power
Health Beliefs and Practices: Criticisms

- Oversimplifies cultural beliefs
- Generalizes across individuals
- Contributes to views that the developing world is “exotic,” “backward,” and “tribal”
- Overemphasizes group differences
- Creates a dynamic of “us” and “them”
- Ignores political and economic factors in maintaining community health practices
- Ignores power relations in society
Critical Medical Anthropology
Health results from social relations and distribution of power

• Based on Virchow’s principle that health work is practicing politics on a small and large scale

• Aims to reveal how social inequality limits health

• Examines a group’s health and illness as an expression of their social, political, & economic relations within society

Photo Courtesy of Child Family Health International
Critical Medical Anthropology: Criticisms

- Emphasis on larger political issues minimizes importance of daily curing and caring in healthcare.

- Many health professionals do feel not trained or intellectually prepared to address health politically.

- Emphasis on class struggles ignores individual’s agency in making her own health care decisions.
Discourse Analysis
Focus on the individual’s experience of health & suffering within a cultural context

• Highlights the individual’s formation of beliefs and practices as a process of relating to his or her own culture

• Helps health workers offer interventions by relating to patients as empowered decision-making agents

• Encourages providers to elicit patients’ individual experiences in order to better counsel them
Discourse Analysis: Criticisms

- Asking “What does a patient believe?” is a very complex and subtle approach
- Requires a thorough knowledge of a person, culture, and environment
- Learning the method requires significant training
- Time-consuming for health care providers
- Focusing on the personal may obscure environmental, economic, and cultural effects
Anthropological Perspectives: Which approach is best?

• You may pick and choose approaches based on the problem you need to solve

• Combining all three perspectives is ideal for maximum effectiveness with your patients

• The more complex a situation is for a patient, the more necessary it is to explore the social and cultural factors
Focus on Positivism:
A Comparative Theory

Understanding Human Behavior

Naturalism: The Sociocultural Model
  Example: Anthropology, Social Medicine

Positivism: The Disease Model
  Example: Epidemiology, Basic Science Lab Research
Positivism: The Disease Model

- Relies on the scientific method, exact measurements, and statistics
- Heals by first describing in detail how bodies function and how physical diseases manifest
- Isolates pathways and mechanisms that are mostly linear cause and effect
- Utilized by medicine, pharmacy, nursing and basic science research

Strengths of the Disease Model

• Successful in significantly preventing and reducing suffering, disease and death worldwide
• Has given medicine and health sciences credibility and financial profitability
Limitations of the Disease Model

“We cannot confine our alleviation of suffering to patient biology”

• Laboratory methodology is difficult to apply in studying complex factors such as human behavior
• People may not be receptive to explanations for disease or to treatment methods that the disease models finds evidence to support
• Does not address the complex, highly unpredictable factors that also create challenges to health, such as history and politics.
• Overlooks social organization as is the number one determinant of disease dissemination.
Combining Concepts

Health is determined by a convergence of factors

- Social Factors
- Culture
- Biology

Health
Western Kenyans collect drinking water from the same shallow ponds they share with their livestock.

The water is extremely polluted, and this is a leading cause of death in children. The Society for Women and AIDS in Kenya (SWAK) have begun to address this issue by using a microfinance system to sell a low-cost drinking water technology that cleans the water, making it safe to drink.
Interdisciplinary Medicine

Health science fields merging the Sociocultural Model and the Disease Model:

1. Social Medicine
2. Behavioral Medicine
3. Public Health
Social Medicine

All disease has a social origin.

- An application of medicine, anthropology, economics, politics, environmental sciences, & geography

- The public’s health is a social concern

- Social justice issues and economic conditions directly impact health and disease

- Medicine should address biological and social risks for health outcomes

Behavioral Medicine

Behavioral and psychosocial factors significantly influence health and disease

• A branch of psychosomatic medicine

• Uses methods of psychological intervention and behavior modification to prevent and relieve illness

• Treatment targets patterns of behavior & thought

• Key strategies:
  – Lifestyle changes: nutrition, exercise, stop smoking
  – Counseling: Psychotherapy, pain management
  – Social support: Group education, caretaker support
Public Health
Application of health science knowledge at the level of the community

- Focus on:
  - Health promotion
  - Disease prevention
  - Health education
  - Health policy
Recognizing The Culture of Medicine

- Medicine is its own culture of evolving beliefs, practices, and technology
- Disease is primarily addressed at the physiologic level
- Value on fast, efficient and accurate physical assessment and prescribing
Reflection: The Culture of Medicine

- What symbols represent the field of medicine?
- What phrases and terminology are part of medical “language”?
- What are some frequent differences between the way doctors see an issue and the way patients see it?

Think about how you have changed during your medical training so far:
- What words were hard to learn at first that you now use without a second thought?
- How has your social role changed because of your medical training?
- Was there an experience during your training where you identified more with your physician preceptor than with your patient? Reflect on this encounter and what it means for your own cultural beliefs.
Now that you’re aware of sociocultural factors for your patients and yourself...

what do you do with this knowledge?
Practice Cultural Humility

- Acknowledge your own cultural biases
- Recognize assumptions that may be part of medical culture and examine how they impact patient care
- Be aware of the cultural, social, and political context from which your patients approach healthcare
- Collaborate with your patients to understand the best treatment option for the specific situation
Bridging Concepts

In Part B we will:

• Apply knowledge about sociocultural factors from Module A

• Introduce methods for conducting anthropologically-minded research

• Explore strategies for working with patients & communities from a naturalistic perspective

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Question 1: Suppose you are assigned to recruit East Indian women into a family planning project using diaphragms. What are some of the questions you would ask about sociocultural factors in your subjects’ lives order to maximize project recruitment? Answer

Question 2: There is an epidemic of dengue in your village. Describe how you would approach the problem from (a) a disease model perspective, (b) a sociocultural perspective. What are the advantages and disadvantages of each? Answer

Question 3: In several of his works, anthropologist/physician Paul Farmer explains how lower class Haitian women are likely to be infected with AIDS, due to the weak control they have over their livelihood and their sexuality. What key anthropological perspective is Farmer using? What other perspectives might be relevant? What are the advantages and disadvantages of each perspective? Answer

Question 4: What are some ways awareness of the sociocultural model might affect the way a provider communicates with a patient? Answer
Summary of Key Points

1. Health outcomes are determined by a convergence of social, cultural, and biological factors. You must address all factors to improve health problems.

2. Your interactions with patients can be greatly enriched by exploring the meaning of health and illness for them.

3. There are various anthropological approaches for describing social and cultural factors. Each perspective has strengths and weaknesses and can be combined as appropriate to maximally understand your patient’s situation.

4. Medicine is its own culture with socialized roles, beliefs, and practices.
Recommended Reading List

FOR GENERAL OVERVIEW OF ANTHROPOLOGY:
• *Doing Health Anthropology* by Christie Kiefer
• *Anthropology in Public Health* edited by Robert A Hahn

FOR CRITICAL ANTHROPOLOGY:
• *Pathologies of Power: Health, Human Rights, and the New War on the Poor* and
  *Infections and Inequalities: The Modern Plagues* by Paul Farmer

FOR DISCOURSE ANALYSIS:
• *Migration, Mujercitas, and Medicine Men* by Valentina Napolitano

FOR HEALTH BELIEF AND PRACTICES:
• *The Spirit Catches You and You Fall Down* by Anne Fadiman
• *In the Realm of the Diamond Queen* by Anna Tsing
References

See Teaching Modules Appendix:
Credits

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Acknowledgements

The authors would like to thank:

- **Child Family Health International** for the photo images and collaborative support during the creation of this module.
- **Photoshare** for generous use of their photo library.
The Global Health Education Consortium gratefully acknowledges the support provided for developing these teaching modules from:

**Margaret Kendrick Blodgett Foundation**

**The Josiah Macy, Jr. Foundation**

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Supplementary Notes
Slide 4: Self Quiz: Getting into the Mindset

See Teaching Modules Appendix:
Photo: This Pokot woman in traditional garb is a member of The Tomwo Women's Group in Kenya, which teaches their community about traditional uses of local food plants, as a way to combat malnutrition.

Photo and Caption Courtesy of Photoshare

Culture is often described with an iceberg model, where there are certain elements of the system, such as music and dance, that are visible to us. However, the majority of factors that shape our behavior lie well below the surface of awareness.

In exploring the ways that culture enriches the human experience, it is important to recognize three levels of being “human:” universal level, cultural level, and individual level. Each person is an individual who lives within a cultural context. Yet, we all share many universal needs and experiences such as being born, eating, sleeping, growing, and dying.

Every individual interweaves these three dimensions into his or her personal story to explain his or her place in the world. Although this module may seem to emphasize how cultural differences are important to recognize and respect in the setting of healthcare delivery, it is also important to recognize the fundamental sameness of the human experience that allows us to connect with people who come from very different backgrounds than ours. In reality, we have more commonalities than we have differences between people.

Kluckholn C and Murray HA (1948)
Slide 7: Definition of Culture

See Teaching Modules Appendix:
Slide 9: Culture Includes More Than Just Ethnicity

Photo, top left: In Corumbá, Brazil, photography is used as a means to gain the trust of community members, improve self-esteem, and motivate towards behavior change. In an area where adolescent mothers have little access to the health, economic, and education services they need to improve their lives and the lives of their children, photography is a creative means to encourage participation in development efforts.

Photo, Bottom left: Nogoye Dione, a trained birth attendant and active health promoter in Senegal’s village of Koulouck Mbada, holds her daughter, Maimouna, at the local health hut. Photo, Right: Marthe, an "accoucheuse traditionnelle", or traditional midwife, displays the reproductive health diagrams that she colored during a training at the Lagdo District Hospital in the Northern Province of Cameroon. As part of an international effort to educate rural health actors, groups of community-selected midwives participated in week-long trainings about safe hygiene practices in birthing and community education. These women learned about the menstrual cycle; how babies are conceived; using rubber gloves for home-births; sterilizing materials; sensitizing expectant mothers to prepare for birthing; and most importantly recognizing when a complicated birth necessitates bringing the expectant mother to the health center or district hospital. Here, Marthe prepares to return to her village and educate her community about reproductive health with her laminated illustrations.

Photos and Captions Courtesy of Photoshare
Slide 11: Reflection:
Your assumptions about childbirth

See Teaching Modules Appendix:
The role of a healthcare provider is to alleviate suffering. Yet, it is difficult to address suffering if you don’t understand the many factors contributing to it.

Suffering is a distressing psychological condition that may be caused by physical symptoms such as pain, shortness of breath, or hunger. It may also be caused by nonphysical sources such as how people define quality of life, the meanings they attach to relationships, and the anxiety that uncertainty can cause in an individual or family’s life. Suffering may be mitigated by someone’s religious explanation for why they are experiencing an illness or their hope for the future during and after treatment. Thus, illness may be perceived as a threat for physical reasons but also for social and personal reasons. We already mentioned the role of religion, which is a personal factor strongly influenced by culture.

How suffering is expressed also differs greatly from culture to culture. Some peoples place a high value on suppressing expressions of pain, for example, while others actually encourage such expressions. Norms for men and women may also differ.

In order to change people’s behavior to benefit their health, one must understand the way that people think about health. For example, is health the absence of pathology, or could health be defined by a specific measure that indicates wellness, such as body habitus. What are people’s attitudes and practices? How would a change impact their lives? In order to fully address suffering, it is important to attend to the social, psychological, and cultural components of people’s health in addition to their bodies.

(Henderson 1997)
Experience & definition of health and illness

Photo, left: This 74 year old Romanian woman takes a rare break from her work in the fields to pose for this shot. When asked why she works so hard, she replied, "If I slow down, death will catch up to me."

Photo, right: A South African father lies dying while his son watches.

Photos and Captions Courtesy of Photoshare
Access to healthcare

Photo, left: Access to family planning methods, such as these oral contraceptives, is limited in many communities.
Photo Courtesy of Photoshare

Photo, right: Long lines in a busy South African clinic.
Photo courtesy of Child Family Health International
Slide 17: The Sociocultural Model

Photo, left: An older woman cries at Home Of Hope, a shelter for the homeless in India.
Photo and Caption Courtesy of Photoshare

Photo, right: Twenty-nine year old AIDS patient in South Africa.
Photo courtesy of Child Family Health International
Slide 18: The Sociocultural Model

Photo, left: A man showing the long-term sequelae of untreated leprosy in Mumbai, India.
Photo courtesy of Child Family Health International

Photo, right: Child receiving treatment at El Hospital del Niño in La Paz, Bolivia.
Photo courtesy of Child Family Health International
Photo, right: This Ecuadorian clinic sign reads: “Mission: To improve the health conditions of the indigenous population in the province of Imbabura, through the lending of alternative medical services and education for health and medical research with the maximum respect for people and their cultures and in conditions of equality.”

Photo courtesy of Child Family Health International
All health care is practiced in the context of culture.

Photo, Left: A tsunami survivor and her infant receive care following childbirth at Rumah Sakit Internasional (International Hospital), an emergency clinic in Long Raya, Aceh, Indonesia. Health remains a critical issue, especially for pregnant, post-partum and breastfeeding women.

Photo, top right: A voudou priest uses divining cards during a traditional medicine consultation in Artibonite, Haiti. In most of rural Haiti, the voudou priest is the first stop when illness occurs. Voudou priests employ a whole range of herbal medicines as well as mystical healing practices.

Photo, bottom right: A Quechua woman earns a meager income selling herbal and ritualistic healing products at an open air market in Cochabamba, Bolivia. A common ritualistic practice is to sacrifice fetal lamas.

Understanding health from a sociocultural perspective means that you factor in the importance of religion, tradition, politics, economics, history, ecology, technology, and a society’s view of science in influencing a person’s well-being. It is also necessary to consider how you, as a health care provider, are viewed in a community, and to recognize the role you will play in a social or cultural system.

Photos and Captions Courtesy of Photoshare
Nepal is one of the few countries globally where life expectancy of men eclipses that of women. The health risks faced by Nepali women are mainly reproductive health. In 1990 the maternal mortality rate in Nepal was estimated at 1,500 per 100,000 live births. Nepal has an infant mortality rate of 82 per 1000 live births. Of those, 40% died within the first 4 weeks of birth. There, the leading causes of death among women are pre/post labor complications, hemorrhage, and infection.

Early marriage contributes to the problem, particularly in rural areas (94% Nepali’s live in rural areas). In some areas, and in some castes, parents arrange marriages prior to a girl child's first menstruation. Illiteracy rates among women can be as high as 70% in rural areas. Urban hospitals for birthing often provide the bare minimum of care for a woman during and after childbirth.

Photo and Caption Courtesy of Photoshare
Slide 22: Reflection: Social and Cultural Factors Related to Your Health

See Teaching Modules Appendix:
Slide 29: Case Vignette: Self Quiz

See Teaching Modules Appendix:  
San Judas Tadeo is the patron saint of difficult and hopeless causes. People frequently pray to this saint to intervene with aid in times of extreme suffering. As we discussed earlier, it is important that your treatment plan fits in with the patient’s cultural repertoire of dealing with illness. The understanding that thinking and feeling are physiological processes located in the body may be unfamiliar to the patient. She may not accept the notion that thinking results from biochemical processes in the brain & that taking a drug can improve life because it improves biochemical processes. If this notion is alien, she may feel confused and mistrustful of something that you put in your mouth and that changes the way your head works unless that action is culturally normalized. Her mistrust can contribute to compliance issues and overall lower morale around her treatment. By tying the medication into a culturally meaningful ritual that also invoked spiritual aid, she became involved in her treatment plan in a way that made sense to her. You were able to get better buy-in from your patient and presumably she began adhering to the prescribed medication, which in turn contributed to improving her brain chemistry. In addition, you gave her an active role in her healing process by prescribing a ritual that made sense. This may have empowered her to overcome situational factors that were worsening her depression.
Slide 32: Anthropological Perspectives on Understanding Health

See Teaching Modules Appendix:
See Teaching Modules Appendix:
The main criticism of this approach to medical anthropology is that, when used to discuss underserved or developing communities, HB&P often emphasizes culture as overly important in the health problems of patients and omits the important role of political and economic forces in perpetuating a community’s health practices. A “cultural belief” is often an oversimplification and overgeneralization. As we discussed earlier in the module, there is a great deal of variation in beliefs amongst members of a culture, but it can be misleading to condense this variability into the most commonly expressed ideas and call this a cultural norm. These overgeneralizations may perpetuate stereotypes and inequalities and may also be misrepresent the culture as “backward.” This kind of focus can give ammunition to political leaders and allow them to “blame the victims” and not assist underserved populations in overcoming health problems.

In addition, although culture is valued for itself as discussed earlier, individuals within a culture are also capable of learning from new evidence. For example, a patient can be swayed to try a new medication even though he has no cultural reference for that drug if a provider explains that the new drug has worked well for the majority of her patients or that research studies have convincingly demonstrated the drug’s efficacy. Too much emphasis on HB&P may cause a health worker to relate solely to a patient’s beliefs and underestimate the effectiveness of discussing the medical evidence.
Photo: Protesters in Cape Town, South Africa advocating for cost-effective pharmaceuticals to treat HIV/AIDS.

Photo Courtesy of Child Family Health International

Critical Medical Anthropology arises from Marxism, the Frankfurt School and the critical social theory of Foucault and Bourdieu. Social hierarchies often dictate how resources are allocated within a group, which in turn influence disease patterns. Critical medical anthropology aims to reveal social inequalities and oppression and relate these disparities to health and illness. This approach provides language and evidence to communicate about power dynamics and consequently potentiates political and social change for an oppressed group.
Photo: A traditional birth attendant in Ethiopia participates in a discussion of her work as part of a network of village health workers and village health committees that are responsible for improving the health and well being of the local population. The TBA is participating in a maternal and child health program in Negele, implemented by Save the Children in collaboration with the local ministry of health.

Photo and Caption Courtesy of Photoshare

Discourse analysis is an approach concerned with understanding patient behaviors as an ongoing set of personal projects such as preserving social ties and decreasing suffering. These personal projects are explored in the context of ongoing negotiations with the environment and with history. It weighs factors such as religious values, school obligations, and family, for example. This approach requires that an observer or provider ask specifically at every instance “What does a patient believe and practice about this issue?” Consequently, it allows “us” (medically trained professionals, for example) to imagine “their” (residents of rural Haitian village, for example) experience as that of ordinary people trying to negotiate the common dilemmas that pertain to all people: the need for respect, security, love, sex, meaning, joy, and relief from suffering. Thus, realizing the nuanced concerns of an individual in a larger context makes intervention more possible because it focuses on the client and the key creator of their particular situation and identity.
Anthropological Perspectives: Which approach is best?

See Teaching Modules Appendix:
Slide 47: Social Medicine

See Teaching Modules Appendix:
Slide 48: Behavioral Medicine

See Teaching Modules Appendix:
Photo: Community health campaign “Everyone Against Dengue” to raise public awareness about preventing dengue fever in Puerto Escondido, Mexico.

Photo courtesy of Child Family Health International

Public health advocates for improved population-based health. It is a discipline that utilizes biostatistics to describe disease trends and then looks at social and environmental factors to understand disease patterns, improve community health, manage communicable diseases, improve environmental conditions related to health, and create health policy. Public health emphasizes disease prevention.

The World Health Organization is the United Nations body that provides global monitoring of disease. The WHO designates four major categories of public health work:

1) Improve quality of life
2) Increase life expectancy
3) Decrease maternal and child mortality
4) Eliminate or control many communicable diseases such as polio and smallpox

Recall our graph showing the process of polio eradication from an earlier slide. Biomedicine harnessed the disease model to create a smallpox vaccine, but public health efforts organized a vaccination campaign that led to population-wide eradication of smallpox.
As providers, we must recognize that we bring biases from our medical culture to patient encounters so that we can be mindful of our communication styles and our own understanding of illness. Members of a dominant culture, such as the culture of medicine in the health care setting, may be inclined to believe that culture is something that “other” groups have and that their own views and beliefs are logical. From this perspective people may think, “we have values or principles, they have beliefs and customs; we have science and knowledge, they have traditions and myths.” (Henderson 1997) In fact, all shared beliefs are part of a culture, including the medical profession.
Slide 51: Reflection: The Culture of Medicine

See Teaching Modules Appendix:
Quiz: Answer question 1

Among many questions you might have mentioned are:

1. Who makes decisions in the family about fertility, how, and why? (Whom do you have to persuade that your plan is a good one?)
2. How does fertility factor into the concept of a “good wife?” (How will women who adopt the plan be viewed, and by whom?)
3. What is the local knowledge about the physiology of conception and pregnancy? (Does it make sense to the people that this device will prevent pregnancy without harming the woman, either physically or spiritually?)
4. What is the role of children in (a) the household economy? (b) the position of the family in the village or kin group? (What will the society lose or gain if there are fewer children?)
5. What methods of birth control do people now use, when, and why? (Does your plan fit, or conflict, with current practices?)
6. Who in the community or family will be affected (even remotely) by a pregnancy, a birth, or a new child, or by birth control, and how? (Who is likely to support or oppose your plan, and how can you persuade the opposition to accept it?)
7. How is the project, and you yourself, perceived by the local people, and how does this affect their reactions? (Are they likely to accept or reject your motives, be truthful or not, try to use you to achieve their own ends, etc.?)

Each of these questions can have a major bearing on what happens.
(a) From the disease model perspective, you would want to know who gets infected, by what specific pathogens and physical mechanisms, and what public health measures can be taken to reduce the infection through decreased exposure and increased immunity. The advantages are that if your authority is accepted and you have the resources to carry out the required public health measures (vector abatement, bed nets, etc.), you might have a rapid impact on the problem at least for the short term.

(b) From a sociocultural perspective, you would want to know what practices contribute to the exposure, what the advantages of these practices are, whom do they benefit, what people believe about them, and how people might like to change their practices in order to lower disease incidence. The advantages are that by raising people’s consciousness of how their behavior affects their health, you might gradually bring about long term changes in the direction of lower infection rates. In most cases, using the two approaches together produces better results than either one in isolation.
Farmer is mainly using a critical anthropology perspective – focusing on relations of power in Haiti, and how they affect disease distribution. He might also use either a health beliefs perspective (what do people believe about AIDS, and how do their beliefs affect their behavior?), or a discourse analysis perspective (how does a particular person decide whether to engage in risky behavior or not?). Critical anthropology suggests ways of changing political and economic systems to relieve suffering, but this is a long term project, often remote from the knowledge and abilities of the clinician. The health beliefs model suggests health education steps that might reduce infection, but does not change the circumstances of people who are not free to change their practices. The discourse analysis model creates opportunities for the clinician to engage the patient in dialogue that might suggest healthier behavior, but again, does not address the larger social issues.
The sociocultural perspective has two important components:
(1) awareness of the powerful role social habits and cultural rules play in sickness and healing; and
(2) acceptance of the dignity of beliefs and practices that differ from one’s own.

A provider who has this perspective will generally
(a) ask more questions about the patient’s perspective relevant to the encounter, and
(b) be more conscious of how his/her own beliefs and values might affect the relationship, the diagnosis and treatment, and the outcome.