

Medical ethnography,
gender inequalities, and the
social responsibility of
anthropology



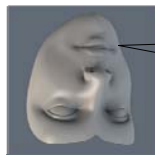
Kathleen Gough, Berreman (eds.)

1968, *Current Anthropology*
debate on the social responsibility
of anthropology

Background
Vietnam war
Counter-insurgency in Latin America,
anthropologists involved



K. Gough



We are social scientists, and as
scientists we have to be neutral
and keep objectivity. As persons
we can have ideology...

There is no « neutral science »,
furthermore we work with people
who are marginalized and
impoverished. As a socially
responsible science, anthropology
has to study these processes...



...from classical ethnography to
include...

Global/local
Power relations
Domination/resistance
Processes of marginalization and
impoverishment

Social vulnerability, gender
inequalities...

**A reflexive and critical
anthropology is the best way
to be socially responsible with
the communities we work
with....**

**Going beyond common
explanations....**

**Ifakara
Tanzania**



Malaria & Witchcraft

Hidden parasites

Treatment failure

Home treatment - Hospital - Traditional Medicine - Hospital

Beliefs

Positive attitudes towards traditional medicine

Home treatment - Traditional Medicine - Delayed treatment

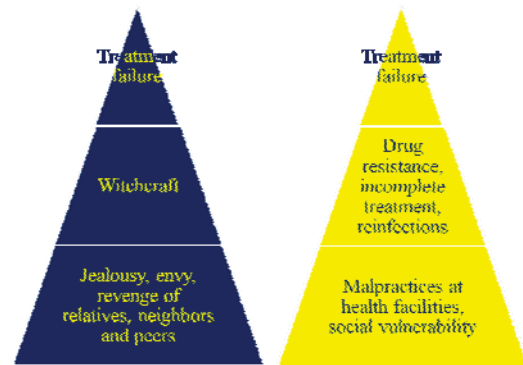
St. Francis Hospital



Expulsing spirits ...



Ngoma



Social conflicts, tensions, inequalities increasing
Pressure for land, liberalization of rice market...
Competition, inheritance conflicts....

"Institutional culture", lack of information on drug
resistance and compliance, accumulation of costs...
Vulnerability: exposure and weak coping strategies

Pharmacy (full dose)



Shop keepers (tablets)



Is delay related to Traditional Medicine?



THIP, Kilombero valley, verbal autopsies, 320 children under five who died from malaria in their communities

Is delay related to Traditional Medicine?

Multiple use of available services before dying

	Once	Twice	3 times	4 times	5 times	6 times +
Convulsing (n=30)	18.9%	51.4%	24.3%	5.4%	-	-
No convulsing (n=290)	35.5%	34.1%	20.6%	6.3%	1.4%	2.1%

THIP, Kilombero valley, verbal autopsies, 320 children under five who died from malaria in their communities

Delay in a context of social vulnerability

	Malaria	Agriculture	Nutrition	Coping strategies
Dry season	<ul style="list-style-type: none"> •Low transmission •Decrease in clinical cases of malaria 	<ul style="list-style-type: none"> •Time available •Few work in the fields •Small business (mandasi, pombe) •Short distance to hospital 	<ul style="list-style-type: none"> •Food available •Low risk of malnutrition 	<ul style="list-style-type: none"> •Cash available •Borrowing easy •Selling assets •Building houses
Rainy season	<ul style="list-style-type: none"> •High transmission •Increase clinical cases of malaria 	<ul style="list-style-type: none"> •Intensive work •People stay in the fields •Far from hospital 	<ul style="list-style-type: none"> •Food shortage •Higher risk of malnutrition 	<ul style="list-style-type: none"> •Borrowing difficult •Work on other people's fields •Selling assets difficult

+ Co-infections and super-infections of malaria and/or other infectious diseases (NTDs, AIDS, ARI, diarrhoeal diseases, etc.)

Access to land & other gender inequalities
 Jobs & working opportunities
 Social networks
 Social burden of disease (caretaking, resource seeking...)
 Female-headed monoparental households



**IEC messages on malaria
treatment-seeking behavior**

Or....

**An equity approach through
integrated programs?**