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

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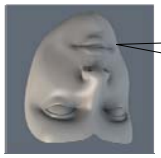
1968, Current Anthropology debate on the social responsibility of anthropology

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

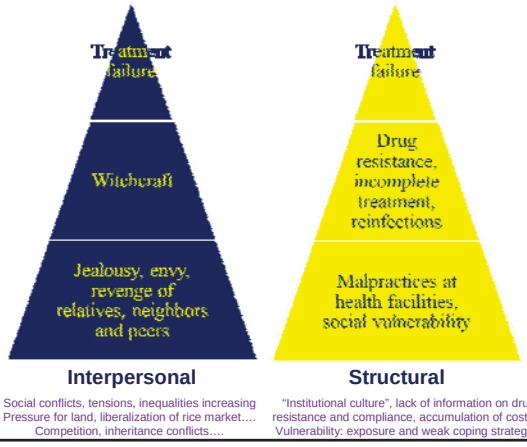
Positive attitudes towards traditional medicine

Home treatment – Traditional Medicine – Delayed treatment

St. Francis Hospital

Expulsing spirits …

Ngoma



Interpersonal

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

Structural

"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%

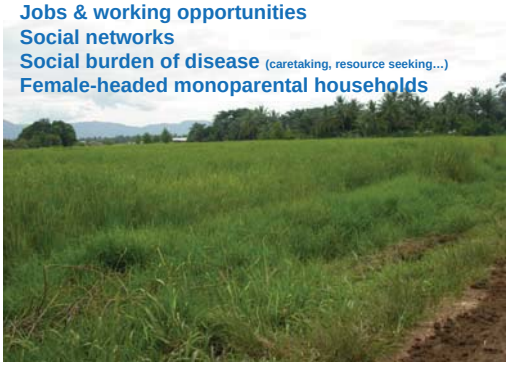
THIP, Kilombero valley, verbal autopsies, 320 children under five who died from malaria in their communities

Delay in a context of social vulnerability

	Malaria	Agriculture	Nutrition	Coping strategies
Dry season	•Low transmission •Decrease in clinical cases of malaria	•Time available •Few work in the fields •Small business (mandasi, pombe) •Short distance to hospital	•Food available •Low risk of malnutrition	•Cash available •Borrowing easy •Selling assets •Building houses
Rainy season	•High transmission •Increase clinical cases odf malaria	•Intensive work •People stay in the fields •Far from hospital	•Food shortage •Higher risk of malnutrition	•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?