

“Anthropology is the science which tells us that people are the same the world over—except when they are different.” –British Writer Nancy Banks Smith

“In health there is freedom. Health is the first of all liberties.” –Swiss Author Henri Frederic Amiel

Cultural Anthropology & Public Health

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This chapter will specifically discuss the field of cultural anthropology and how it might be related to and used in public health planning and practices. A broad discussion of the discipline of anthropology and the four fields within its folds will be followed by a more detailed discussion of cultural anthropology and some specific interests of the field. This chapter should make clear the possible application of anthropological theory and methods within the realm of public health.

Anthropology is the study of humans in all our diversity from four separate perspectives. The four fields of anthropology are cultural anthropology, linguistic anthropology, archaeology, and biological anthropology. Linguistic anthropology is interested in looking at the different uses of language and the influences on how, when, and why it is used. Archaeology is the study of ancient cultures usually through the material objects that are left over and discovered later. A picture of an archaeologist digging up bones and cultural objects is one of the stereo-typical ideas of what anthropologists do, however it is only one aspect of a very broad discipline. This fact will be evident as this sentence will be the last to even mention archaeology. Biological anthropology studies how biological processes contribute to human experience and diversity. Cultural anthropology is interested in looking at cultural diversity in human populations and will be the focus of this chapter.

Culture has many definitions, but the working definition for this paper will be the sum of behaviors, beliefs, and practices transferred from one generation of people to another. Anthropology is specifically interested in looking at diversity both between and within cultures, and sometimes at the conflicts which arise from these differences. The

discipline views cultural diversity as arising from different human adaptations and interpretations of environment and circumstance. The hallmark of anthropological study is participant observation, where an anthropologist immerses themselves in a culture and participates while also interpreting (Spradley 1997). This qualitative approach to research produces detailed description from the insider's perspective, which anthropologists term the emic perspective, of the culture and why they do and believe the things that they do. However, many anthropologists also incorporate many quantitative methods, such as survey research and statistical analysis into their research as well (Handwerker & Borgatti 1998). The next section of this chapter will outline some of the research interests of cultural anthropology with examples that could be applicable in public health practice. This section shall specifically answer: what do anthropologists study, and how is it related to public health?

Cultural Anthropology Interests

While linguistic anthropology is considered by many to be a separate field within the discipline, looking at language and communication issues under the guise of cultural interpretation falls within the scope of cultural anthropology. Particularly, a linguistic analysis can illuminate different ways of categorization and patterns of thought that are culturally influenced. A major contribution that this view might have for public health is in the examination of medical discourse and doctor-patient communication. Kuipers (2003) points out some of the possible issues and some of the methodological approaches in an article about this very topic. He looks at three differing approaches to the analysis of language with regard to power and social relation issues. The first approach views language as reference and a tool for communication without looking at issues of power

and social control that might affect language use. The second post-structuralist approach studies language from the opposite perspective, by only looking at the influence of power and social structure, while the third interactional approach looks at the situational context of the contact. Kuipers proposes a synthesis of the post-structuralist and interactionist approaches, looking both at the situation and the power relations that influence the language being used within it.

While this theoretical analysis might seem on the surface to not have much application within the realm of public health, it could be used to make public health interventions more effective. One example could be in an HIV intervention strategy. Sex is a taboo subject in many cultures and many people might be unwilling to discuss it with their doctors frankly. When this power dynamic is better understood, a more effective education intervention might be designed.

Cultural anthropologists are also interested in learning about how we acquire our culture. This is mostly an unconscious process, even in professional acculturation. One oft cited classic example of this type of study is Good and Good's writing on the culture of medical school and how medical students are enfolded into the overarching medical culture and the expectations for them and their behavior (1993). Viewing medicine as a culture in and of itself is less than typical, but understanding how physicians learn to be physicians can be useful. If public health seeks to change the behavior of doctors at all, then it is essential to understand the cultural background that they bring to the discussion.

Understanding perspective is especially essential when studying adaptive strategies and economic systems. One illuminating example comes from inner-city New

York (Bourgois, 1997). By exploring the culture of the so-named “crack economy,” Bourgois explains why these young men are essentially trapped in the illegal drug trade because they do not qualify for jobs that could actually pay their bills. The jobs that they do qualify for require them to put their pride on the shelf for the work day, to be talked down-to and told instructions repeatedly in a form of public subordination, and to wear a shirt, tie, and shoes that they can’t afford to purchase. By understanding the cultural conflicts that exist to keep these people in the street drug trade, a more effective intervention might be designed to be culturally sensitive. Teaching the office culture to these men and the street culture to the office personnel could solve some of these issues, but this is only possible when viewed from a cultural perspectives respecting both norms as equal and not hierarchically. Viewing the cultural practices and norms of a group that we perceive as being with our own is often more difficult however. When the cultural practice is based thousands of miles away, however strange it may seem to us, it is often more readily acceptable for those people way over there.

Another cultural pattern studied by anthropologists is that of family, specifically kinship, descent, and marriage. Polygamy is a fairly common pattern seen in many cultures the world over; mostly in the form of polygyny (a man with many wives). In Tibet, however, the rare practice of polyandry is practiced as explored by Goldstein in his article “When Brothers Take a Wife” (1997). The eternal anthropological question then is: why. Goldstein explains this phenomenon within a historical economic adaptation perspective. A father’s land was traditionally divided amongst his sons, their parcel amongst their sons, and so on; those without land had little chance to prosper and the smaller the plot of land for the son, the less they could hope to harvest. Land such a

precious commodity high in the mountains, that brothers take one wife to avoid parceling their up into miniscule and economically hopeless bits. They adapted their cultural practice of marriage and inheritance to their economic and physical circumstances.

Other cultural practices have much more convoluted and disputed origins and applications. Cultural categorization and valuation of people and their traits is one such area of interest to anthropologists. One category that we tend to place people in is that of “race.” In his article *Race: Local Biology and Culture in Mind* (2005), Gaines argues that race is an arbitrary classification of people that differs in criteria across the world and has no scientific basis. One need only compare the classification of races in the United States, Brazil, South Africa, and Japan to realize that the systems’ criteria are vastly different. This critique of racial classification has roots in anthropology back to the beginning of the twentieth century with Franz Boas. Similarly, we have a tendency to believe that all people do or should have the same ideas of gender and equality that we perceive here in the West. We view the veil of Muslim women as a symbol of inequality, when within the culture it is viewed by some as a sign of honor, wealth, protection, and the sanctity of family (Fernea & Fernea, 1997).

These symbols of culture can easily be misinterpreted without the proper context, and valid comparison necessitates understanding. One last comparison of inter-culturally inappropriate judgment and the mis-application of cultural categorization can be found in the so-called “Bell Curve Phenomenon.” The argument has been one of biological and cultural determinism. One of the many issues with this stems from the IQ test, which supposedly measures intelligence regardless of cultural background. Cohen (1997) points out that there are a multitude of flaws with the test itself, basically leading it to

really only measure cultural literacy. He cites several problematic questions on the exam which are primarily asking about cultural understanding and norms and truly have nothing to do with intelligence. Analogies could potentially have the most bias, because of cross-cultural differences in categorization and importance of things. Cohen's point is that it is impossible to develop a single test that can measure the intelligence of all people precisely because of our differences in perspective, perception, and practice.

A singular political system is also often thought of as being the cure to what ills the world. Anthropologists are interested in looking at and comparing the different political systems. One example comes from the poorest state in India: Kerala. The entire country was trying to promote a population intervention, but Kerala had been by far the most successful; this was because of the election of a communist government in the state. The state remained poor, but people had access to basic services because of the social justice approach taken by the government. This is just one example of how studying a political system can help solve public health issues.

Understanding the influence of religion is another interest of cultural anthropologists. One example of religious influence on one of many cultural aspects is a study by Omori and Greksa of Karen Highlanders in Thailand (1996). Both groups were similarly isolated and had access to similar types of food, but nutrition and health in the two groups were vastly different because of religious beliefs held about what is appropriate to eat and what is not. The animistic beliefs of one group prevented them from hunting animals and gathering food stuffs from their surrounding forest for fear of angering the nature spirit. Using physical anthropology methods revealed the cultural nature of the nutritional disparities between these two seemingly similar groups.

Most of the previous examples used to illustrate the interests of cultural anthropology could be classified as within the realm of the sub-field of medical anthropology. Medical anthropology is interested in cross-cultural perceptions of health, illness, disease, healing, and seeks to understand them by using theories and methods from cultural, linguistic, and biological anthropology. Cultural anthropologists generally and medical anthropologists specifically have much to offer public health locally and globally. The next section of the chapter will discuss this partnership in greater detail.

What do cultural anthropologists have to offer public health?

The relationship between public health interventions and anthropology has been historically both precarious and potent. Anthropologists have often been brought in as evaluators after the fact in intervention implementations, when the benefits of anthropological insight would better serve the projects from the beginning. The partnership between public health and anthropology has even been viewed as adversarial, but should be considered precious because of the myriad of mutual benefits that could proffer from a better intertwined relationship between them.

Hahn (1999) outlines four basic premises in Anthropological research that shape the way that Anthropologists try to view the world. First anthropologists try to view the world through the lens of cultural relativity, the exact opposite of an ethnocentric perspective. The idea of cultural relativity is that no one culture is “better” than any other, and every view and experience is strongly shaped by culture. Anthropologists always try to ground both their knowledge and practice in theory as well. One goal is even to view research and intervention as socio-cultural processes, given that the

decisions made in those contexts are also heavily influenced by culture. Lastly, anthropologists view human nature as both cultural and socially influenced (pp. 7-12).

There are many theories which anthropologists utilize in their analyses, and several reasons that these theories are especially helpful in the realm of public health. Hahn (1999) outlines three of these theories. The first is the ecological/evolutionary theory that views human adaptations to their physical surroundings as being the primary determinants of sickness and healing (pp.10). Alternatively, cultural theory views systems of principles, values and traditions within cultures as the deciding factors in health (pp.10). Lastly there is the political/economic theory which views competing power relations and fiscal organization as the main factors (pp. 10). All three of these theoretical orientations might be useful in a public health setting for two reasons. First, theories may help explain particular circumstances, for example, the health conditions and problems of a particular community for which a program is being planned. Second, theories of behavior and community change may also suggest effective (or ineffective) project design (pp. 11).

One critique of the former evolutionary view of binary cultural categorization as either modern or primitive emerged in critical anthropological theory in the 1970s (Ferguson 1997). This new set of ideas developed under the guise that the world was not simply a set of countries separated by geography and independent of one another (pp. 162). Critical anthropologists began to critique especially the concepts of “development” and took a Marxist stance by saying that development was simply another name for spreading capitalism across the globe (pp. 163).

This critical approach, when applied in the health realm has become useful for discerning the connecting macro-issues within public health frameworks. The advantage is in critical medical anthropology's (CMA) use of cultural relativism and the enduring concern with emic (insider) understanding (Singer 1998). CMA views research as a tool to be used in social struggle and echoes the commitment to self-determination for those being "developed." This is particularly important in international health matters because this type of approach can connect local issues to national and world systems that could be contributing factors. As well, the social justice orientation of CMA and the emphasis on coalition building and collaboration make it ideal for dealing with the sometimes enormous bureaucracies that can be involved in international health issues (pp. 235).

Similarly, political economy theory looks at the macro-issues and attempts to make the local to global connection where international health is concerned (Morsy 1996). This theory looks at patterns of structural violence as well, and views power and organization as the main determining factors in health matters. Political economic theory not only questions the larger picture, but also the decision making process of the researcher. This theory confronts the assumptions of anthropology and public health research, while at the same time looking at the larger structures belying the health issues on the ground.

There are some issues that seem to be ever present in international health development projects. The impetus for many of these projects stems from innate inequalities in health care around the world (Packard 1997, pp. 102). According to Packard, some of these projects macro aim is too large and tries to connect too many issues to be effective, such as when international health interventions are connected to

social and economic development when a simpler approach might be better (pp. 103). Packard describes two other issues from a specific anthropological perspective on international health interventions. First there is the tendency to view health as the absence of disease, and the use of a disease model as a litmus test for success (pp. 108). The other fallacy committed in interventions is the superior technology ideal, that technology will solve everything despite the fact that in many cases it makes the recipients more dependant on the donor (pp. 108-109). This view of the technological savior goes hand-in-hand with the concept of “noblesse oblige.” In relation to international health, this could be any non-sustainable project that is absolutely dependant on foreign money or supplies to continue.

The key contributions from anthropology to public health come from several conceptual starting points in anthropological understanding. In keeping with the principle of cultural relativism, anthropology views cultures from two perspectives: emic and etic—the insider and outsider aspect. In health terms disease is considered the etic interpretation of the deviation from a supposedly desirable norm of health, and illness is considered the subjective personal emic interpretation (Scrimshaw 2006, pp. 44). A holistic view of issues is another approach specific to anthropology. This means looking at the contributing factors from the top down and making an attempt to look at them from both an emic and etic perspective (pp. 46). Anthropology also contributes the idea of differential explanatory models for health issues, which help to conceptualize the emic view of the illness experience (pp. 56).

Critiques of public health approaches are also an important contribution from anthropology. While anthropologists incorporate public health methods, they do not

abandon traditional methods even if compromising for time's sake such as when using rapid assessment procedures (Scrimshaw 2006, pp. 59). Notably the reliability and validity of survey data are often questioned. Anthropologists want to know whether the data could be replicated and whether the test is actually measuring what it is supposed to (pp. 58). Most anthropological critiques of public health methods are related to the key principle of cultural relativism and the tendency in quantitative data to sometimes make over-generalizations that are not culturally appropriate in context.

Historically anthropologists have been used in international health to identify barriers within a culture hindering the acceptance of new policy regarding public health (Coreil 1990, pp. 5). In their function as cultural brokers, anthropologists divert the focus from a pure disease concept, to include folk theories, categories, evaluation criteria, and descriptive language to help with program planning (pp. 11). Another theoretical model used has been the idea of the "household production of health." This is another anthropological approach that takes many dimensions into consideration to the health outcome picture (pp. 12). There are two main challenges to anthropologists attempting to work in the field of international health today according to Coreil. The first is the difficulty in not going along with the reductionist progress mantra (pp. 17-18). For an anthropologist to do so is considered "selling out," but it is often the command from the agencies footing the aid bill because the simpler problems are easier to fix and more tangible than the larger issues that could be the cause of some existing structural violence. The other challenge for anthropologists comes from the lack of government permissions to integrate popular models of illness and folk healing and health care into health initiatives (pp. 18). The reasoning for this approach might be logical in the mind

of the policy maker, but the issue for the anthropologist comes when they see this incorporation of local knowledge as vital to the success of an intervention.

The importance of ethnography and an ethnographic approach can be invaluable when attempting to make lasting changes in health. On a micro-level, ethnography can be extremely beneficial in a clinic setting. The attention to the big picture with all factors of an issue included can benefit a clinician who might only view their patients' problems in biomedical terms (Chrisman 1996). This type of approach can be described as conversion of one group's conceptions of health and illness with another (pp. 100). This brings the anthropologist back to the role of the cultural broker, which can be especially helpful when the cultures of clinician and patient are so divergent as not to be easily translated.

Ethnography is the product of another hallmark of anthropology: fieldwork. Nolan outlines the five step process of fieldwork that a researcher goes through in order to hopefully achieve cross-cultural understanding. First there is "awareness; the individual begins to be able to identify differences and similarities in the new environment." Second comes the "how it works" step; "the individual begins to grasp the form, content, and underlying principles in the new environment." Third is "coping with it; the individual learns how to interact successfully with the new system in limited ways." Fourth is "using it; the individual learns to work within the system to achieve desired goals and outcomes." Lastly comes "integrating it; the individual incorporates elements of the new system into his or her own operating framework (Nolan 2002, pp 7). This entire ethnographic process is particularly beneficial in an international health context because it facilitates the incorporation of local knowledge into the intervention

framework. The fourth and fifth steps can only be achieved by following ethnographic procedures, and are both especially crucial in aiding the success of an intervention or other program cross-culturally.

Ethnographic methods have many different approaches and priorities in the research process all of which seek to distinguish the emic perspective. One possible application of the ethnographic method in an international health setting might be to analyze healing practices. Three such analysis emphases in that case might be looking at healing from a structural, clinical, or persuasive perspective (Csordas 1996). The structural perspective is concerned with the decision-making process in healing, and hypothesizes the presence of many interrelated logical levels, such as culture-society-person or cognition-emotion-body (pp. 12). Data is mostly collected using specialist interviews and observation. This type of analysis is useful in highlighting these structures, but does not guess at the causality of the progression within these decision-making structures. A second emphasis analyzes healing from the clinical perspective based on a comparison of the traditional healer and a doctor's methods. The traditional healer's more holistic approach to health issues is taken into account in this way. The third emphasis according to Csordas is the so-called persuasive angle. This approach is specifically concerned with healing rituals as performances with particular concern about use of language where the content is analyzed as symbol or image(pp. 14). In an international health study this might be useful to help understand local conceptualizations of healing and explanatory models of sickness so that adequate translation of interventions will be easier to achieve.

This populist approach could be termed methodological populism and accentuates the anthropological philosophy of looking at the issues from a local point of view to uncover the thinking behind local actions such as health and healing practices as part of a bottom-up method. A methodological populist approach must be distinguished from “ideological populism” which values local tradition and knowledge above all else with little reasoning as to why (Mosse and Lewis 2006, pp. 3). This is a very important distinction of analysis track because the aim is to find the most appropriate intervention response, which is more often a combination of the emic and etic perspectives. It is not the role of the anthropologist to simply champion and not question local beliefs and practices in this context, and that is what ideological populism does. The populist approach, when used in ethnographic method brings the emic perspective but not the entire picture.

It is the big picture that is the most specific benefit of using ethnographic analysis in international health projects. One highlight of looking at issues with this view is that it is possible to explore many rationalities from both the top-down and bottom-up standpoints. Ethnography might also new insights into the community processes of policy, and might spotlight the nature of policy language through methodological deconstructivism (Mosse and Lewis 2006, pp. 15). By using ethnographic methods the undercurrent of the decision making process and cultural assumptions used in that process should be discernable at the highest and lowest levels, being that they might be so ingrained that awareness of them from the inside is too difficult.

International health agencies want research leading to practical results that can be included in program planning and operation (Foster 1982, pp. 194). Ethnography is most

useful in revealing the local populations health beliefs and practices (pp. 194). If used in planning, this advice will most likely increase the efficacy and sustainability of international health implementation in that local context. General theory has mainly contributed to international health research in the ideation of social and cultural change, and specifically the factors that encourage and dampen transformation (pp. 194). This brings to mind role of the anthropologist in figuring out the obstacles to change and the ways around them. However, there are situations that call for this type of help; one example might be a polio vaccination intervention.

When brought in to analyze an intervention, many times anthropologists find that orders from the top down are absolutely inappropriate in specific contexts. One such example is in Harper's analysis of the directly observed therapy (DOT) attempt to control tuberculosis in Nepal (2005). The language of the development intervention revolved around discussions of good governance and reform (pp. 144). This was in contrast to the chaotic but more effective system that was previously in place for TB control there, and when this plan was implemented it marginalized many patients. Priorities were shifted such that the issue was not as effectively treated within the population because of the DOT's restriction on resources. This type of top-down issue is also exemplified in Coelho's analysis of water resources in India, where it the World Bank emphasis on managing infrastructure like you would a business, instead of a bureaucracy (pp. 191) going against the ingrained view of negotiation within the notoriously bureaucratic Indian system. This was best evidenced in the competing views of the public: the state elites viewed the public as immature and in need of help and entitled to it, while the engineers

on the project viewed the people as nonpaying customers who only knew how to complain when they had no “right” to do so (pp. 192).

Another example of what anthropology might offer health interventions comes from McMillan in Burkina Faso (1995). There Onchocerciasis was controlled by using biodegradable pesticides to kill the black fly larvae in the river valleys and then a resettlement pattern was put in place to encourage people to stay in one place. The lack of flexibility in the planning process and rules for the resettlement was an impediment because of the confliction with traditional cultural practices of land ownership, use, and perceived needs. An anthropologist might have been able to play the role of cultural broker in negotiation for resettlement stipulations, in the hopes of coming up with a plan that would actually be followed instead of mostly ignored by the population.

This type of flexibility in methods allowed for addressing a wider range of problems in the mosquito net intervention in Tanzania described by Winch (1999) where success could be attributed to the incorporation of the emic perspective there regarding perceptions of susceptibility and local terminology. Mull (1999) compares the implementation of a national public health intervention ignorant of local conceptions to driving across a country without a map (pp. 106). She also notes the importance of incorporating ethnographic data into public health interventions because of the tendency to reveal important demographic differences that can be obscured by the epidemiological conglomeration of data (pp. 109).

The numerous advantages for appropriate intervention implementation that anthropology might accord public health and the research opportunities that public health offers anthropology makes the union of the two priceless. The incorporation of

anthropologists, along with the discipline's theories and methods is an imperative key in the confrontation of contemporary international health issues. As the simple problems are solved, the more complicated will take a broader approach than public health can offer alone. The anthropological connection is essential in the process of achieving international health goals that are locally acceptable and sustainable.

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<http://www.aaanet.org/aa/>

- American Ethnologist
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- Annual Review of Anthropology
<http://arjournals.annualreviews.org/loi/anthro>
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- Medical Anthropology Quarterly
<http://www.medanthro.net/maq/index.html>
- Ethos
<http://www.anthro.uiuc.edu/ethos/>

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Australian journal of anthropology
Austrian studies in social anthropology
Biennial review of anthropology
Canadian review of sociology and anthropology
Chinese sociology and anthropology
Council on Anthropology and Education newsletter
Council on Anthropology and Education quarterly
Critique of anthropology
Cultural anthropology
Consumption, markets and culture
Crime, media, culture
Culture and organization
Culture & psychology
Culture, health & sexuality
Culture, medicine and psychiatry
Culture, society & praxis
Culture, sport, society
Culture, theory and critique
Dialectical anthropology
Ecological and environmental anthropology-
History and anthropology
Journal of anthropology
Journal of physiological anthropology and applied human science
Medical anthropology
Medical anthropology newsletter
Mental health, religion & culture
Music & anthropology

Papers on anthropology
 Reviews in anthropology
 Signs: Journal of Women in Culture and Society
 Social anthropology
 Southwestern journal of anthropology
 Theory, culture & society
 Visual anthropology
 Yearbook of anthropology

On the internet—by no means an exhaustive list, but some good places to start:

- American Anthropological Association: <http://www.aaanet.org/>
 -the premier anthropological group with loads of information (general and specific) on their website
- Anthropology Newspaper: <http://www.antropologi.info/blog/>
 -a very nice collection of blogs and anthropology in the news connections
- e-Cultural Resources: <http://www.eculturalresources.com/>
 -bulletins, jobs, notices, consultants, and resources
- Medical Anthropology Web: <http://www.medanth.org/>
 -event announcements, calls for papers, notices of publications, and many helpful links
- Radical Anthropology: <http://www.radicalanthropology.com/>
 -starting place for research and resources
- Society for Medical Anthropology: <http://www.medanthro.net/>
 -information by and also for medical anthropologists and students
- Society for Applied Anthropology: <http://www.sfaa.net/>
 -group which promotes anthropological research and work that is both useful and insightful to the study population and those trying to help them
- Virtual Library for Anthropology: <http://vlib.anthro.tech.com/>
 -Links to many online anthropology sources

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