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Medical anthropology and health; the conceptual, theoretical and methodological contributions

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Abstract
Medical anthropology is a sub discipline of cultural anthropology which deals with the description and analysis of cultures, the socially learned traditions of past and present ages. Though the health and health related aspects of human life has been subjected to the anthropological studies and analysis the term 'medical anthropology' as discipline is been known only for recent time. Since its roots lie deep within medicine and other natural sciences, it is said to be a "A bio-cultural discipline concerned with both the biological and sociocultural aspects of human behaviour, and particularly with the ways in which the two interacted throughout human history to influence health and disease" (Helman 2001). Medical anthropology concerns with many factors that contribute to disease or illness and with the ways that various human populations respond to it. This paper tries to delineate various factors of health with which the Medical anthropology concerns and examine its conceptual, theoretical and methodological contributions towards health.

Keywords: medical anthropology, health behaviour, medical system, medical pluralism

1. Introduction

Anthropology is the study of human kind of ancient and modern people and their ways of living. Etiologically the term derived from Greek words *anthropos*, which means 'human', and *logia* which means 'discourse' and The first use of the term "anthropology" in English to refer to a natural science of humankind was apparently in 1593. Emergence of anthropology as a academic discipline and a subject of natural or human science is of recent centuries. Though the anthropology has been labeled as 'a child of imperialism' it has been agreed widely that it is not a bastard of imperialism but a legitimate child of enlightenment. Since this subject is very large and complex, different branches of anthropology focus on different aspects of the human experience some branches focus on how our species known scientifically as Homo sapiens, evolved from earlier species. Others focus on how Homo sapiens came to possess the uniquely human facility for language how languages evolved and diversified, and how modern languages serve the needs of human communication. Still others focus on the learned traditions of human thought and behaviour known as cultures. They study how ancient cultures evolved and diversified, and how and why modern cultures change or stay the same. Thus anthropology divides into major branches like Socio-cultural Anthropology, Biological or Physical Anthropology, Archaeology and Anthropological linguistics. Many disciplines other than anthropology are concerned with the study of human beings. Be it natural sciences, physical sciences or social sciences. The distinction of anthropology among other sciences is that it is global and comparative while other disciplines are more or less concerned with only a particular segment of human experience or a particular time or phase of our cultural or biological development. Anthropologists believe that a sound knowledge of humankind can be achieved only by studying distant as well as near lands and ancient as well as modern times.

2. Medical anthropology

Medical anthropology is a sub discipline of cultural anthropology; cultural anthropology deals with the description and analysis of cultures, the socially learned traditions of past and present ages. Though the health and health related aspects of human life has been subjected to the anthropological studies and analysis the term 'medical anthropology' as discipline or a branch of natural science is been known only for recent time. It could be traced back to the 1960s from the contributions of Steven Polgar (1962) and Norman Scotch (1963)in association with American Anthropological Association (AAA) and the Society for Applied Anthropology (SfAA). Medical anthropology is generally understood to refer to the study of social and cultural dimensions of health, ill health and medicine. Since its roots lie deep within medicine and other natural sciences, it is said to be a conglomeration of both natural and social sciences. Foster and Anderson's definition explicitly describes this dual nature of the discipline. To them it is "A bio-cultural discipline concerned with both the biological and sociocultural aspects of human behaviour, and particularly with the ways in which the two interacted throughout human history to influence health and disease (C G Helman 2001) [5]. Medical anthropology concerns with the many factor that contribute to disease or illness and with the ways that various human populations respond to disease or illness. For Hans A *et al.* although the human body is the complex product of at least five million years of a dialectical relationship between biological and socio cultural evolution, it is a system subject of a multiplicity of environmental assaults as well as to the deterioration that inevitably accompanies aging. Its process are

not only shaped by physiological variables but also mediated by culture and by emotional states. In attempting to understand and analyze health and illness in any society, individual behaviours, interactions and social structures must be placed within a cultural context. This observation is the prime underlying concern of medical anthropology which makes study of culture and its relation to health and health related states.

3. Culture

Culture as it encompasses all that human life entail to irrespective of time space and other constraints, cultural anthropology deals with all aspects of human life. The observation that in all human societies, beliefs and practices relating to ill health are central to the culture gives impetus to the salient nature of medical anthropology. When anthropologist speaks of culture, they mean the total socially acquired life style of a group of people including patterned, repetitive ways of thinking, feeling and acting. To E B Tylor culture is that complex whole which includes knowledge, belief, art morals, law, custom, and any other capabilities and habits acquired by man as a member of society. The condition of culture among the various societies of mankind, in so far as it is capable of being investigated on general principles, is a subject apt for the study of laws of human thought and action. Considering this definition rules out the individuals' personal behaviour acquired away from the society. Then society is that refers to an organized group of people who share a habitat ad who depend on each other for their survival and well-being. Culture though it is explained in societal terms is not uniform for all its members. Thus culture is divided into an *Overall culture/dominant culture* which represent the society as whole and the *sub- culture* which refers to the cultural sub divisions and variations within a society.

The cultural traits of a society are being transmitted and passed from one generation to the next so that cultures of generations tend to be similar in many aspects. This continuity in life ways is maintained by the process of '*enculturation*' which refers to 'a partially conscious and partially unconscious learning experience where by the older generation invites, induces, and compels the younger generation to adopt traditional ways of thinking and behaving(Harris 1991) [4]. It is primarily based on the control that the older generation exercises over the means of rewarding and punishing children. The concept of enculturation occupies a central position in the distinctive outlook of cultural anthropology. The thrust of maintaining enculturation by controlling and its failure to comprehend the role of enculturation in the maintenance of each group's patterns of behaviour and thought lies upon the phenomenon called '*ethnocentrism*'. It is the belief that one's own patterns of behaviour are always natural, good, beautiful, or important and that strangers, to the extent that they live differently, live by savage, inhuman, disgusting, or irrational standards. In medical anthropology '*medicocentrism*' conceived primarily in this way where proponents and practitioners of biomedicine who molded in the cast of biomedicine see it as dominant and superior, more over scientific rational and efficacious and put other systems as inferior, unscientific, irrational and inefficacious. The notion of positioning western medical system as modern medicine and other medical system as alternative and complementary stems from this medicocentric approach. Medical anthropology seeks to define and describe health and illness from sufferers' or experienced view point independent of medicocentrism viewing through trained medical professionalism. Recognizing the fallacy of ethnocentrism leads to tolerance for and curiosity about cultural differences which could be referred in anthropological terms as '*cultural relativism*'. Medical anthropologists particularly and anthropologists generally are committed to trying to understand how the world looks to people in different cultures without letting their own preferences and beliefs get I the way. Even though cultural relativism does not mean that anthropologists are equally tolerant of all cultures as it evident from that 'scientific objectivity' does not arise from having no biases, but from taking care not to let one's biases influence the result of research (Harris 1991) [4].

Anthropologists make use of two strategies to look at a particular culture of a society; one is that how a participant of a certain culture looks at it as an actor which is known as 'emic' perspective while the other is how an observer or an outsider looks at that particular culture which is known as 'etic' perspective. Medical anthropologist advocates both the emic and etic perspectives in order to look at health culture as it endorse sufferers' experiences as well as experts' assessments.

Very often the term culture is used in a very narrow and limited meaning that denotes the tradition, folkways, heritage, art etc. This mistake reflect in many other aspects dealt under medical anthropology; as it used as parallel and 'other' to concepts like social, economical and political aspects. The holistic nature of anthropology refutes this categorization as it presents culture as an entity that encompasses all that mentioned as different aspect of human life. From this point of view heath system entails to treat individual from multicultural background devoid of cultural variations and differences.

4. Key concepts in Medical Anthropology

Medical anthropology as it attempts to advocate 'Interactionism' which asserts that the world consists of phenomena of different levels that are neither entirely determined by or entirely autonomous of each other and refute 'reductionism' which asserts that every phenomenon is entirely explained by another; and 'emergentism' which asserts the autonomous nature of phenomena, tries to define or redefine certain concepts related to health and heath culture.

4.1 Health

Health is the central concept in medical anthropology. From the very beginning of human life man used to be conscious and cautious about state which is said to be health. None of the sciences so far could accurately define health. WHO defines health as "complete physical, mental and social wellbeing and not merely the absence of disease or infirmity" (WHO 1978). For many medical anthropologists health as it refers to the wellbeing which is an abstract entity which depends upon individual attitudes and perception and varies from individual to individual, community to community and society to society, is a cultural construction. For Neo-Marxians health is related with the system of production as they distinguish between 'functional health' which refers to 'a state of optimum capacity to perform roles within society, particularly within the context of capitalism, to carry out productive work that contributes to profit-making; and 'experiential health' which entails freedom from illness and alienation and the capacity for human development, including

self-discovery, self-actualization, and transcendence from alienating social circumstances. They observe that the former is a component of capitalism while the latter is found in simple egalitarian social system. In critical medical Anthropological view health is "access to and control over the basic material and non-material resources that sustain and promote life at a high level of satisfaction. Any way health is better defined in anthropological terms of 'Being' rather than 'Having'.

4.2 Disease

In every society and every time human being has been compelled to faces or encounter certain state called diseases or illness. To biomedicine if the disease is state of physiological or biological symptoms caused by pathogenesis or micro organisms, to medical anthropologist it is state resulted from different unsatisfactory life components. Medical anthropology looks at the disease in a holistic way that includes all human activities and different aspect of life while biomedicine restrain it in the constraints of biology and pathophysiology. Critical medical Anthropology attempts to understand disease as being as social as it is biological. It strives to comprehend the nature of the relationship between 'microparasitism'-proximate causes of disease like microorganisms, and 'macroparasitism'- ultimate causes of disease like socio cultural factors (Hans *et al*.2003).

4.3 Sufferer Experience

Unlike the natural science which claims the absolute objectivity, social sciences concerns with the sufferers experience. Medical anthropology rejects the 'Cartesian dualism' which bifurcate and separate mind from body as it seeks to define and describe health and illness from sufferers' or experienced view point independent of medicocentrism viewing through trained medical professionalism. Here medical anthropology tries to cast out the notion of 'our knowledge and their belief' resulted from the cultural superiorism or ethnocentrism. This concept stems from the idea that one who suffers or experiences has to contribute a lot towards it rather than one who examine or observe it with the lens of professional knowledge and expertise he trained.

4.4 Medical system

To defend the disease encounter each and every society creates medical systems. It is evident that all medical systems are constitute of certain believes and practices. In all previous societies it was prevailed and as relevant as other social institutions which is not easily separable from one another. Medical anthropology in it critical perspective neither refute nor admit any medical system as dominant or rational. It accesses all the system in an integrative way in which each one have their part to share. CMA observes the medical system as a sort of power relation. To Foster and Anderson every medical system embraces a 'disease theory system' and 'health care system'. Former includes conception of health and the cause of diseases while the latter refers to the social relationships that revolve around the healer and his patient supplemented by auxiliaries.

4.5 Medical pluralism

The very basis of every medical system found on the 'dyadic core' which constitutes the healer and patient. Literally no medical system is superior to other and inferior to other. In many societies especially preindustrial society there was prevailed array of medical system contributing to the medical or health need of human being. It is seen widely even among postindustrial western society. This coexistence and mutual symbiotic existence of different medical system refers to the medical pluralism. Medical anthropology advocates medical pluralism and reconciliation and integration of various medical systems and rejects the medical superiority or hegemony of any particular medical system.

4.6 Biomedicine

The term biomedicine brings to the mind the picture of western medicine. This medical system often interchangeably used with modern medicine, scientific medicine, allopathic medicine. To medical anthropologist western medicine as it is a cultural construct like any other systems is one among different medical systems. Medical anthropologists as they reject reductionism and Cartesian dualism on which the biomedicine pervaded, they reject the theoretical foundation of biomedicine. The holistic nature of medical anthropology refuses the biomedicine on the account of its focus on biological and pathophysiological basis. Biomedicine achieved its dominant position in the west and beyond with the emergence of industrialization and thereby the growth of capitalism. Developmental notion based on technocratic health system gave impetus to the growth and spread of western medicine.

4.7. Medicalization and medical hegemony

By the growth of biomedicine or western medical system sociologists concerned with a new process that is medicalization. This process entails the absorption of ever-widening social arenas and behaviours into the jurisdiction of biomedical treatment through a constant extension of pathological terminology to cover new conditions and behaviours. Many natural processes like child birth, menopause, death etc. have been caught in the hands of meicalization. The medicalization is observed as the product of capitalism and market economy. When the state based health services replaced with market driven health facilities there emerged new processes like medicalization and pharmacuticalization. This process promotes all the aspects of human life are decided and determined by medicine and medical technology which resulted in medical hegemony.

5. Theoretical perspectives in medical anthropology

5. 1. Medical Ecological Theory

Anthropologists using an ecological perspective to understand disease patterns view human populations as biological as well as cultural entities. Culture is seen as one resource for responding to environmental problems, but genetic and physiological processes carry equal weight. The evolution, demography, and epidemiology of humans are subject to ecological forces, as are other species. A key concept in medical ecology is "adaptation," the behavioural or biological changes, modifications, and variations that increase the chances of survival, reproductive success, and general wellbeing in an environment. Alexander Alland, Jr. (1970) is attributed as the first to use the term. In this perspective health is seen as a measure of environmental adaptation. Medical ecologists point environmental adaptation as well as behavioral adaptation. By explanations ecologists try to answer two broad questions usually arise in relation with health and disease; ie. How cultural variables relate to disease processes

and to specific diseases, and how disease is distributed throughout culturally and socially defined human groups. Ecologists have been criticized by that the ecological approach sees disease as a separate object apart from human consciousness and medical systems are seen as utilitarian social responses to intrusive natural conditions. Medical ecology, believes on universality of diseases. It assumes that disease rates can be measured, compared through time and across geographic space, and correlated with changes in settlement patterns and subsistence. The frequencies of hemoglobin types can be measured and mapped geographically in relation to the incidence of infectious diseases such as malaria. The impact of diseases of contact, such as malaria, smallpox, and tuberculosis, on the native populations of the New World can be studied historically.

5. 2. The cultural interpretive theory

The cultural interpretative perspective focuses on health beliefs and practices, cultural values, and social roles. Originally limited to study of primitive or folk medicine, ethnomedicine has come to mean the health maintenance system of any society. Health ethnographies encompass beliefs, knowledge, and values of specialists and lay people; the roles of healers, patients or clients, and family members; the implements, techniques, and pharmacopoeias of specialists; legal and economic aspects of health practices; and symbolic and interpersonal components of the experience of illness. 'Explanatory model' introduced by Arthur Kleinman is a central concept in interpretive perspective. Explanatory models (EMs) are notions about the causes of illness, diagnostic criteria, and treatment options. In a clinical encounter, the EMs held by practitioners, patients, and families often differ. The ensuing communication and negotiation of decisions for managing illness lead to the cultural "construction' of illness. To the extent that disparity among EMs continues because of cultural, ethnic, or class differences, communication remains problematic. From the cultural interpretative view point disease is knowable, by both sufferers and healers alike, only through a set of interpretive activities. This perspective limits the domain of culture into its narrower and limited areas related to folk, tradition, heritage etc. This perspective does not see the role of asymmetrical power relations in the construction of clinical reality and the social utility of such construction for maintaining social dominance.

5. 3. Political economy theory /Critical medical Anthropology

Critical medical anthropology is an adjunct of political economy. This approach analyses biomedical practice and the differentials in power and authoritative knowledge of practitioner and patient. It advocates that the disease and treatment occur within the context of the capitalist world system. Clinical anthropology has been influenced by Michel Foucault's writings on the historical production of medical knowledge and the notion that the body can become an arena in which social control issues are played out. Critical Medical anthropologists as they reject reductionism and Cartesian dualism on which the biomedicine pervaded, they reject the theoretical foundation of biomedicine. CMA observes the medical system as a sort of power relation. CMA understands health issues within the contest of encompassing political and economic forces that pattern human relationships, shape social behaviour, condition collective experiences, reorder local ecologies, and situate cultural meanings. CMA recognizes the role of capitalism in shaping and reshaping relationships in Macrosocial level- global economic and political system, Intermediate level- health care system, and Micro level – physician –patient relationship.

6. Contributions to Public Health

Public health is often described as having the population or community as its patient, in contrast to the individual-level focus of clinical medicine. In the wake of its focus on community anthropology become contributory to public health. Anthropology has much to contribute to the achievement of public health objectives. The most important for public health is medical anthropology, a field that first emerged as a coherent subdiscipline in the 1950s and has rapidly grown to become one of the largest areas of research and practice within anthropology. The richness of this subdiscipline is apparent in the range of theoretical perspectives encompassed by it.

Very important contribution of anthropology like other social sciences is that the key concepts in anthropology that is concepts of 'felt need' and 'health culture' answers many questions arise in planning, policy, research, intervention and implementation phases of public health *viz*. What should be the priority in health services? Why a given technology is offered and why not others? How relevant is the given technology in terms of health problems and social and cultural conditions? How accessible is the technology to different segments of the community? Etc.

Anthropology has also made important methodological contributions to public health, especially with regard to the use of ethnography for the systematic collection of field data; qualitative methods for the collection and analysis of descriptive, interpretative, and formative data; and the integration of qualitative and quantitative approaches. The ability to translate scientific knowledge into effective practice at the community level is a third area where anthropological approaches have much to offer public health.

Theoretical Contributions: Each of three main theoretical perspectives has to contribute to the public health. Ecological perspective and a major thrust of public health is often the population. The medical-ecological approach links biomedicine with biological and cultural anthropology, resulting in important contributions to understanding health and disease as dynamic, adaptive, population-based processes. The ecological model builds on three key assumptions:

There is no single cause of disease; rather, disease is ultimately due to a chain of factors related to ecosystem imbalances.

Health and disease are part of a set of physical, biological, and cultural subsystems that continually affect one another.

The ecological model provides a framework for the study of health in an environmental context.

Critical medical anthropology raises important questions about the impact of global political and economic structures and processes on health and disease. It expands the context within which medical anthropology operates and brings it closer to the perspective of public health practice by explicitly seeking to contribute to the creation of global health systems that "serve the people." Critical medical anthropology focuses on health care systems and how they function at multiple levels, including the microlevel of physician-patient relationships, the intermediate level of local health care systems, particularly hospitals and clinics, and the macrosocial level of global political-economic

systems. At each of these levels, the goal is to understand how existing social relations structure the relationships among the participants in the systems. In particular, critical medical anthropologists study the way health care is embedded within dominant relations such as those of class, race, and gender.

The individual level of patient experience has been the focus of interpretative anthropology approaches. The cultural interpretative model provides a means of balancing the externalized, objective view of disease with the subjective experience of illness. M. Lock and N. Scheper-Hughes' (1990), concept of "sufferer experience" is an important dimension to the study of health. They developed a framework of "the three bodies" to facilitate understanding of the multiple layers of health and illness. The individual body constitutes the layer of lived experience, with an explicit rejection of Cartesian mind-body dualism. The social body encompasses the way in which the individual body represents nature, society, and culture. The body politic refers to "the regulation, surveillance, and control of bodies (individual and collective) in reproduction and sexuality, work, leisure, and sickness" (Lock and Scheper-Hughes 1990, p.51). Sickness, in this framework, is understood as a "form of communication" among all three levels, a kind of individual-level expression of social truths and social contradictions. It then follows that, in order to effectively treat the individual expression of sickness, the role of social and political factors in generating sickness must also be considered.

M. Singer (1994) [2]. proposed a synthesis of two key concepts from the ecological model—that health and disease are ultimately due to a chain of factors, and that they are part of a set of interacting subsystems—with the broader global perspective of critical medical anthropology to describe and explain the dynamics of the AIDS pandemic. 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. The syndemic model provides an important intermediate model that frames the investigation of community-level outcomes in terms of individual behavior, local processes, and higher level processes. This model raises difficult questions, and it 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 systems- and community-level interventions that target linked processes.

Methodological Contributions: The application of anthropological methods to public health problems has been another important area of contribution. The use of systematic, descriptive, and qualitative methods has proven effective in identifying context-specific factors that contribute to health and disease outcomes. Another important methodological contribution is the use of triangulation, or the systematic application of multiple methods in order to reduce bias in situations where controlled comparison is not feasible. For example, anthropologists typically use natural observation of behavior along with self-report data and descriptions of normative expectations to obtain highly accurate descriptions of events and social relationships.

The development of rapid assessment techniques, variously called rapid appraisal, rapid assessment, and rapid rural appraisal, is a prime example of anthropological contributions to the public health methodological toolkit. As described by J. Beebe (1995) this is a multidisciplinary team-based approach designed to generate reasonably valid, reliable, and qualitative results within a short time frame. Rapid assessments can provide the contextual information needed to design in-depth community-level and community-based public health research and to guide decisions about implementing programs in local settings.

J. A. Trostle and J. Sommerfeld (1996) [11]. describe a number of mutual methodological benefits to be gained from combining anthropological and epidemiological approaches, including:

Anthropological knowledge of cross-cultural variability can be used to improve the development and measurement of epidemiologic variables.

Research results can be communicated more effectively to policymakers and to a public audience when both anthropological and epidemiological descriptions are employed.

Conceptual and experimental work can be undertaken to determine the best measures of complex cultural and behavioral variables.

Ethnographic and epidemiological information can be used to design health surveillance systems that return data to communities in more comprehensible forms, creating new meanings for the social epidemiology.

7. Conclusion

The health, though it has been defined literally in different ways through different perspectives it touches all the aspect of human life; physical, biological, mental, social, economical, political and geographical, all that constitute 'culture'. In other words more specifically about the other side of health that is ill health, it is observed that in all human societies, beliefs and practices relating to ill health are central to the culture. The undeniable role of culture to the health thus becomes central to the role and importance of anthropology in health. The special focus of anthropology on health resulted in the emergence of the sub discipline of 'medical anthropology'. Right from the late 20th century the role of medical anthropology got wide acceptance among medical professionals, public health functionaries, epidemiologists as well as it marked its position in academia and medical education. The contribution of anthropology to the public health from all its aspects *viz.* conceptual, theoretical and methodological aspects is thus undeniable and very crucial in terms of health research, planning, policy making and implementing the health measures in population. Analyzing any individual cases or issues regarding health proves the importance and need to look into the social economical and political aspects of community through an anthropological overview.

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