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Preventative Care and Culture

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SIT Study Abroad

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Preventative Care and Culture
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Abstract

This paper explores the intersection between culture and health. The similarities and differences between methods for preventative medicine employed by traditional and allopathic systems are discussed. These ostensibly disparate systems, in reality, display many parallels in regards to their delivery. The effects of industrial progress, and therefore cultural change, on the health of the inhabitants of rapidly urbanizing African cities are examined. Historical information from studies of Great Britain, the first area to undergo a full industrial revolution is also drawn on. These analyses essentially predict the societal issues that come with urbanization, such as the amalgamation of preexisting pollutants (i.e. human waste) with new problems that accompany industrialization, like the contamination of air and water from chemical waste. At the same time, these studies suggest solutions based on what proved effective in the past. Discussions on the threat of increased sexually transmitted infection rates due to urbanization, as well as the dangers of poor water quality and time increases between the production and consumption of food are undertaken. Finally specific discussions of malaria, filtering into a discussion of culture as a tool for imparting healthy living habits on a population are done.

Introduction

Much of medicine focuses on breakthroughs in cures, healings, and fixes. Doctors become famous for operating on ostensibly terminal conditions, or curing a disease previously thought to be incurable. However, a society’s health, in truth, revolves around their methods of preventing illness. By promoting and supporting wholesome living, they realistically ensure the wellbeing of the population. Amazing capabilities for cures and fixes, while inarguably advantageous, do not benefit the entire population nearly as much as preventative medicine does. In addition to the health benefits of precautionary care, it is also much cheaper and time-efficient
to provide as opposed to cure-focused medicine. Therefore, the question becomes, with the extreme variety in cultures and ways to approach healthcare, is there one ultimately best way to provide the highest number of citizens with the greatest potential for overall wellbeing without compromising human and societal diversity?

Methodology

To complete my research, many primary sources were used supplemented by a few secondary sources. PowerPoint-oriented or interview-based personal communications were the main types of primary sources. Each source was helpful in disparate ways. The slide shows offered broad explanations of topics such as maternal mortality and the history of healthcare in Madagascar, allowing the experts to fully describe their research, findings, and opinions on their chosen subjects. The interviews, then, permitted students to inquire about more specific aspects of the professionals’ work, whether they were traditional or allopathic experts. Though question-based interviews theoretically cater more to narrowed research topics, the PowerPoints were found to be more beneficial during this research. Rather than giving a precise answer to a posed and purposeful question, these presentations allow the experts to impart in their own words what they see to be the most pertinent aspects of their work. Similarly interviews were found to be very tedious, as there were many common questions repeated at each healer. The secondary sources were mostly used for supplemental technical information. The journals of the World Health Organization proved very beneficial, as they contributed study-based statistics and findings. Through these various techniques, information were compounded from diverse sources to create this comprehensive research paper.
Preventative Strategies in Allopathic and Traditional Healing

The history of traditional medicine includes methods for preventative care. As the healer in Ambatomirahavavy explained, when people come to him with problems, he often also prescribes them precautionary medicines (Pers. comm., June 24, 2013). This method is similar to that of the allopathic system. People do not make trips to the doctor solely for cautionary reasons if they do not show any symptoms. However, doctors and many other health workers and facilities promote and advise methods like proper hygiene for the benefit of their patients, just as traditional healers do. Also, these types of general health tips are considered common knowledge in any culture, whether included in the traditional or modern system. In fact, the World Health Organization encourages healers to advise hygiene (Dr. Tolotra, Pers. comm., June 19, 2013). Such cooperation between the two systems is beneficial and essential to maintaining global health no matter what system people follow. One major difference between the two systems of healthcare is the use of injectables (Dr. Tolotra, Pers. comm., June 19, 2013). Although improved traditional remedies bare many similarities to allopathic medicine - tested in labs and on subjects - injectable medicines only exist in modern medical practice. This severely hinders the capabilities of traditional medicine, as much of allopathic preventative medicine relies on the effectiveness and benefits of vaccines. As a result, despite many similarities, allopathic medicine holds a significant advantage in the realm of preventative care. Vaccines are proven to greatly reduce suffering from avoidable diseases, and there is no legitimate equivalent available in the realm of homeopathic medicine.

Effects of Rapid Urbanization

While Africa exists as the least urbanized major region in the world currently, the rate by which it is urbanizing is the highest in the world (McMichael 2000:6). In other words, despite its
predominantly rural population at present, Africa will soon consist of densely populated cities and sparsely inhabited pastoral lands. This, though indicating the promise of globalization and increased African integration into world trade, presents many issues new to the most of the continent, yet widely experienced in areas such as the BRICS countries. These countries, previously considered irrelevant to global industry, have suddenly become major sources of exports and, consequently, world trade hubs. With this extraordinarily fast turnaround come an economic influx, but also many internal problems due to urbanization and external influence. Common difficulties in major cities in Brazil, Russia, India, China, and South Africa include overcrowding, food shortages, and improper waste management. Many of these newfound issues spawn from the urgent and improper creation and expansion of cities.

A. Historical Context

Though unseen before in the region, these consequences have often been experienced and resolved in other parts of the world. For example, Great Britain—considered the very first country to become urbanized due to the Industrial Revolution—was a pioneer both in implementing mechanized technology and handling the complications that arise. Infectious disease was the leading cause of death in Great Britain until the 1970s, but fatal cases had been on the decline for over a century. This gradual waning is attributed to efforts to improve nutrition, drinking water and housing quality, literacy rates, and domestic hygiene (McMichael 2000:7). Through these methods, the United Kingdom broke the infections’ stranglehold on the populations. This historical example—among others—is essential to consider when combatting the general unhealthiness of countries undergoing a contemporary industrial revolution.

The increase of industrial “megacities” in the developing world, while presumably beneficial from an economic perspective by opening cash flow and international trade options,
poses a looming threat for these rapidly modernizing centers. Such cities already present the pollution faced by many impoverished countries: unsanitary drinking water and improper human waste disposal. Industrialization, then, only adds to this problem (McMichael 2000:7). The combination of both organic and chemical waste (including smog) creates a uniquely hostile environment seen only in these transitioning urban sprawls.

B. Food Production and Environmental Responsibility

As pastoral cultures disintegrate to allow for geographically large and heavily populated cities, the process of producing and consuming food undergoes significant changes. Namely, the time gap between the harvest or slaughter of agricultural products and the consumption of these products increases (McMichael 2000:9). This enhances the chances of food poisoning and other food-born illnesses. Not only does the food endure a long journey from production to consumption, allowing time for rot or contact with insects or animals, but it also eliminates the relationship between the people and what they consume.

This disassociation affects urban populations’ attitude towards their environment. The influx of migration into cities decreases humans’ perceived dependency on agriculture and environment. (N. Quansah, Pers. comm., June 23, 2013). In other words, because peoples’ careers no longer necessitate any interaction with nature, many do not comprehend or consider the importance of responsible use and conservation. Also, the reliance on allopathic medicine deemphasizes the relationship between environmental and human health. Traditional medicine calls for careful symbiosis between healers, users, and the treatments, but increased reliance on allopathic cures frees people from any such responsibility. For this reason, littering and other improper disposal methods are abundant in Antananarivo. Because individuals do not seek any personal connection to the land, they do not make an effort to protect it. As a result, water
supplies become contaminated and the population is regularly exposed to the negative effects of improper waste disposal. Though 80% of Africa and China benefit from traditional medicine (Dr. Tolotra, Pers. comm., June 19, 2013), there is still a meaningful disconnect between this use and individuals’ personal dedication to the environment. There exist various reasons for this detachment despite the widespread use of homeopathic remedies; minimal use, distant connections between production and consumption, or ignorance to the importance of environmental health on faunal and mineral availability. All of these are viable reasons, and a combination of these factors is most likely the cause for the general ambivalence towards conservation despite the widespread use of traditional medicine.

C. Benefits of Water Quality Control

Many infectious diseases in developing countries are water-born. The most widespread and devastating include diarrheal diseases, schistosomiasis, ascariasis, dracunculiasis, hookworm, and trachoma. When considering aspects of water and health, experts divide the subject into four sections. The first is sanitation, which involves the disposal of human waste. Second, it is important to consider the quality of drinking water. Personal hygiene (the upkeep of bodily cleanliness including hands, teeth, and eyes) and domestic hygiene (cleaning household items such as utensils, toilets, clothes, and floors) are also essential in considering the spread of water-borne infections (Esrey et al. 1991:610). Through a comprehensive study of all afflictions mentioned previously, along with these water-improvement techniques published in the World Health Organization Bulletin, Esrey et al. (1991:617) presents evidence that any one or combination of these efforts has the ability to reduce the risk of any of these diseases. This suggests that almost any effort to implement sanitation facilities, hygiene education programs, or increased water availability would significantly aid the community. The government of
Madagascar funds services such as waste disposal in its provinces, but little is known about the real effects or benefits of this money (Fengler 2003:1). With such blind funding, it is difficult to ascertain the progress of disease in relation to water quality.

**D. Sexually Transmitted Infections**

City sprawl is also blamed for allowing and encouraging the spread of sexually transmitted infections, specifically HIV/AIDS. Though the virus boasts a comparatively low possibility of transmission through contact (unlike viruses such as the common cold that can be spread through such unavoidable circumstances as inhalation), it spreads rapidly in urban areas due to the density of population and the decrease in traditional morals (McMichael 2000:9). Most anthropologists, sociologists, and other such cultural analysts concur that one of the most major negative impacts of globalization is the decadence and dissipation of territorially specific culture in lieu of a more general amalgamation of world cultures. This promotes the degradation of cultural strictness, therefore diluting the previously clear boundaries (sexual and otherwise) enforced within societies dependent on the local religion or other institutionalized belief systems. Consequently, restrictive norms—such as refraining from sexual activity until marriage - become increasingly less common or binding. This intensifies the need for strategies oriented towards impeding the spread of HIV/AIDS and other sexually transmitted infections in cities. If societal expectations for celibacy fail or disintegrate, urbanizing areas need to adopt modernized tactics for preventing the rapid spread of infection.

As sexual education becomes a universally practiced preventative health measure, it is essential to analyze and compare the delivery of such information. In the United States, many public schools - along with some private schools - instill policies promoting mandatory sex education classes in middle school and early in high school. This is a continuing process, as the
candor and frankness of the educational sessions increases as the youths grow older. The peak of this openness occurs at colleges and universities, where programs like “Take Back the Night” and other national organizations - as well as campus-wide clubs - intend to educate and instruct the students on appropriate sexual conduct. In Madagascar, the sexual education session put on by a national organization and presented to college students proved an interesting contrast. The methodology was similar to that which would be taught in the United States (explanations of various birth control techniques to prevent pregnancy and/or STIs), and the facts matched those given in the US. Despite this, the stark contrast came when considering the age group targeted by the presentation and their previous exposure to such information. This lecture was given to a large group of college students, so mostly early 20s. For many, this was the first experience they had in terms of sexual education. When considering the likelihood of many of these young adults being sexually active already, this delayed education is alarming. In the United States, such a lecture could be presented to freshmen in high school. These 15 year-olds, though unlikely to be having sex at that age, would be armed with this information in order to make constructive and responsible decisions when they become sexually active. The Malagasy strategy, then, seems futile due to the likelihood that many of those students sitting in the lecture have already made such preventable mistakes. Also, it is essential to consider the young adults who could not attend the University and therefore the lecture because their lack of preventative sexual education had resulted in their having a child, acquiring HIV, or undergoing any other serious consequence of unsafe sex. Sexual education, despite many culture’s habits of neglecting or avoiding it due to the idea that it will encourage people considered too young to have such relations, exists as an essential facet in the realm of preventative health. However, this method, while proven effective, does not come without drawbacks. From an anthropological
standpoint, the implementation of early sexual education could pose threats to the remaining indigenous culture in Madagascar by forcing Western ideals and assimilation.

**Malaria**

Malaria in Madagascar represents a truly tragic pattern of death from highly preventable conditions not only in the country, but also globally. This disease, carried through infected mosquitoes, is the leading cause of death in Madagascar (Dr. Rakotondrasana, Pers. comm., July 7, 2013). Despite the prevention posters (Fig. 1) in the lobby of the Andasibe hospital and in other common locations as well as the president’s global fund for prevention, this infection is rampant. According to Dr. Rakotondrasana, the solution is generally improved living conditions, including insecticide spraying and insecticide laced mosquito nets. Though these strategies would certainly prove beneficial, the difficulty of widespread implementation eliminates this option from being reasonable. It would require an immense amount of manpower to organize, fund, and distribute these tools, along with providing the necessary supplemental education to encourage people to use them both frequently and properly.

![Fig. 1: Poster in Andasibe hospital advocating the use of insecticide laced mosquito nets](image-url)
Culture’s Role in Prevention

With these dismal circumstances due to unsanitary environments and a lack of proper preventative supplies, it is essential to determine what method would prove the most effective. This effectiveness, however, depends on various aspects; namely, the number of lives impacted by the movement, the potency of the message, and the ability for individual and collective retention. In other words, preventative methods need to be taught to a large audience who will understand both the concept and the urgency of such measures not just for the moment, but for their lifetime and their children’s lifetimes. The sole way to guarantee this efficacy is through the embedment of preventative methods in culture. While a daunting task, this method has proved incredibly successful in the past. In the U.S., for example, tobacco smoking, though not eradicated, has become increasingly taboo. The facts regarding health risks to smokers and those surrounding smokers were found through scientific methods, but the diffusion of this information is due to a
cultural movement aimed to depict smoking as an unsanitary habit rather than a statement of independence, as it was in the past (Figs. 2 & 3). Once culture becomes involved in promoting health, the ailment or danger in question can be eradicated based on this theory of societal autopilot: “When cultural change succeeds, it succeeds because it's so embedded in what we do that we don't have to think about it” (Fineberg as quoted in Shute 2013: 2). Therefore, once a campaign for health gains popularity and begins spreading in a social context, it becomes exponentially easier to eradicate preventable disease.

The most significant battle to be won in terms of preventative care is that of “the norm” (Fig. 4). To use a dual comparison, deaths and injuries from car accidents in the United States are considered normal: teenagers drink and drive, elderly people do not check their blind spot, and everyone gets distracted by their cell phone. In Madagascar, mosquitoes bite people all the time, and sometimes this results in malaria, which often leads to death. Both of these tragedies are so commonplace that they are considered inevitable. But, in reality, they are completely avoidable with simple precautionary measures. So, by changing “the norm” from the occurrence of accidental or preventable death to the consistent use of precautionary measures—attentive driving or insecticide-laced mosquito
nets - it is completely possible to alter the mindset of culture, and therefore significantly increase the potential for widespread healthy living strategies in any country. Essentially, if mosquito repellent strategies (or drivers’ education) become wholly commonplace, it will eliminate deaths by these avoidable tragedies from the realm of normality.

Conclusion

In all, the combination of traditional and modern ways of living (including medicine) presents various benefits and problems. The positive aspects include the integration of sanitation and hygiene strategies in the world of traditional healers. Conversely, urbanization adds new types of pollution to already unsanitary conditions, and the absence of vaccines in the traditional pharmacopeia drastically reduces the capabilities of the system in preventing disease. Culture is the best vehicle for instigating beneficial change. Culture serves as the most basic determinant of individual, social, and collective life in any setting, so altering this foundation ever so slightly can prompt rapid and expansive modifications to human health. In response to the question posed at the start of this paper—is there one ultimately best way to provide the highest number of citizens with the greatest potential for overall wellbeing without compromising human or societal diversity?—cultural alteration is the solution. This is not to say that all diverse ways of living and thinking should be assimilated to optimize equitable healthcare globally. Rather, it is critical to analyze the specific health threats in each area—such as malaria in Madagascar—and build cultural resistance to these ailments.

This could include methods like product marketing, which has the potential to integrate wellness-promoting habits into daily life (Fineberg as quoted. in Shute 2013:2). In addition to informational posters, as seen in the Andasibe hospital, it would greatly benefit the country to have posters, billboards, and other ads displaying various and competing mosquito net
manufacturers. This economic competition would not only gather excitement in the business
world, but also among consumers. Therefore, mosquito nets would become a much sought-after
commodity, and malaria rates would decrease as a secondary result. Also, product marketing has
served its purpose in preventative health in the US. Items like Trojan condoms, Brita water
filters, and Nicorette anti-smoking gum all exist as viable enterprises, but the advertising and
competition of them and their rivals transform these precautionary methods into commodities.
Along with continuing the promotion of healthy living through methods like sexual education
and cautionary posters and beginning to utilize commercial industry, Madagascar could also
adopt legal policies regarding preventative care. Global examples of these policies would
include American restrictions on tobacco advertisements, as well as pollution-monitoring and
management strategies that include fines for improper smog control or sanitation in factories.

Though this immense change in mentality seems difficult to attain, Madagascar would
benefit from the use of proven strategies from other countries, such as the tactical improvement
of hygiene in Great Britain during the Industrial Revolution, or

the numerous campaigns against smoking in the United States in

Fig. 5: Decrease in cigarette smoking in US adults from 1944-2013
the late 1990s. As proven in Fig. 5., the spreading of scientific findings regarding the dangers of tobacco use through media outlets and health organizations, as well as the government’s restrictions on where companies could advertise, the percentage of American adults who smoke decreased significantly in a comparatively short period of time. It is important to exercise caution when altering any aspect of culture in order to avoid further dilution of regionally specific custom. However, despite this potential danger, influencing a society’s general opinion of threats to health has historically proven to be the most effective method to improve the overall wellbeing of the population.
Works Cited


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