

SOCIAL STUDIES OF
HEALTH AND HEALTH CARE

SOCIAL STUDIES OF HEALTH
AND
HEALTH CARE

Research in
Medical Anthropology
Medical Sociology
&
Science and Technology Dynamics
University of Amsterdam

An Overview of Projects and Publications
(1997-2002)



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Illustration cover: The illustration is taken from a flipbook used for educating people in Bangladesh on essential drugs. The flipbook was prepared by PIACT/PATH Bangladesh and funded by the WHO Action Programme on Essential Drugs. The illustration is made by Kamrun Nahar Rashid.

TABLE OF CONTENTS

Preface vii

Members and Affiliated Researchers of the Medical Anthropology
and Sociology Unit (1997-2003) viii

List of Research Projects in Medical Anthropology and Sociology ix

Introduction i

- Major themes i
- Theoretical concepts 3
- Conferences and capacity-building 10

Projects in Medical Anthropology, Science and Technology Dynamics,
and Medical Sociology (1997-2002) 12

List of Publications (1997-2002) 73

Appendix:

Master Theses in Medical Anthropology and Sociology,
University of Amsterdam 96

PREFACE

This booklet presents the research programme of the Medical Anthropology/Sociology Unit of the University of Amsterdam, The Netherlands. It describes the broad range of research in which the Unit has been involved during the period 1997-2002 and provides an overview of publications by its members over the same period. The overview also contains some research projects and publications by colleagues and former PhD students who are closely associated with the Unit.

If you want information about the Unit's former, current or future research work, or on its educational programmes, do not hesitate to contact us. We would be pleased to respond to your inquiry. You may also consult our website: <http://www2.fmg.uva.nl/sma/>

Sjaak van der Geest,
July 2003

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LIST OF RESEARCH PROJECTS IN MEDICAL ANTHROPOLOGY AND SOCIOLOGY

- 1 *Perception and Practices concerning Health and Illness* p. 12
- 1.1 Cultural Concepts of Epilepsy among Health Workers, Patients and their Relatives in the Netherlands
 - 1.2 Cultural Concepts of Epilepsy among Teachers, Employers, Nurses and the General Public
 - 1.3 Applied Research in the Field of AIDS (Zimbabwe)
 - 1.4 Malaria in the Household (The Philippines)
 - 1.5 Malnutrition of Children in Zambia
 - 1.6 Utilisation of Indigenous knowledge in Community Nutrition Education and Health Education: A Case Study of Community Participation from Northern Zambia
 - 1.7 In the Spirit of Uganga; an Explorative Study about Vocation and Affliction in the Practice of Traditional Healers in Southwest Tanzania
 - 1.8 Therapy Management among Asylum-Seekers, Migrants, and Nationals with Tuberculosis in the Netherlands
 - 1.9 Dirt and Sanitation in Ghana: Concepts and Practices
 - 1.10 Lying and Secrecy in Health and Illness. Towards an Anthropology of the Lie
 - 1.11 Articulating the Patient Perspective
 - 1.12 A World of Silence: Living with HIV in Matabeleland, Zimbabwe
 - 1.13 Gender, Leprosy and Leprosy Control; Four Case Studies in Aceh, Indonesia; Plateau State, Nigeria; Far West and Eastern Nepal, and Rio de Janeiro State, Brazil
 - 1.14 Modes of Research on Autism
 - 1.15 Film as Ethnography
 - 1.16 The Same Care for All? An Explorative Study on 'Alloctones' and 'Autoctones' with Chronic Abdominal Complaints

2 *Medical Knowledge and Technology including Pharmaceuticals and Immunisation*

p. 22

- 2.1 Community Drug Use Intervention Study in Uganda
- 2.2 Sequential Formats in Doctor-Patient Interaction
- 2.3 Community Drug Use Intervention Study in the Northern Areas of Pakistan
- 2.4 Social and Cultural Aspects of Community Drug use in Thailand
- 2.5 Research Project on Social Science and Immunisation (Bangladesh, Ethiopia, India, Malawi, The Netherlands, The Philippines, Thailand, USA)
- 2.6 Perceptions and Acceptance of Childhood Vaccination among Immigrant Populations in The Netherlands
- 2.7 Indigenous Medicines in India: An Anthropological Inquiry into Medical Knowledge and Social Change
- 2.8 Estimated Life Chances: Deciding about the Lives of Extremely Premature Babies in the Neonatal Intensive Care Units
- 2.9 Hospital Ethnography: Cross-Cultural Perspectives
- 2.10 Ethnography of a Hospital Ward in Bangladesh
- 2.11 Technologies of Similarities and Differences: On the Interdependence of Nature and Technology in the Human Genome Diversity Project
- 2.12 User Perspectives on Medication: A Comparative Study of Women's and Men's Patterns of Use
- 2.13 Naturalization in Health Care
- 2.14 Development and Deployment of Vaccines Against Poliomyelitis, 1950 to 2002
- 2.15 The Cochlear Implant: Deafness as Pathology and Deafness as Culture
- 2.16 European User's Perspective on Mood Modifying Medicines. Developing an Innovative Method to Understand and Inform Citizens
- 2.17 Hormone Replacement Therapy: Women's Motives to Use HRT Longer than 3 Years
- 2.18 Comparison of Dutch and English General Practitioner – Patient Consultations
- 2.19 History of Epidemiology
- 2.20 Between the Clinic and the Laboratory
- 2.21 History of Microbiology

- 2.22 Medical History: the Stories and their Meanings
- 2.23 Construction of Notions of Normality in Medicine and their Cultural Meanings
- 2.24 Whooping Cough Vaccine and Vaccination in the Netherlands, 1950-2002
- 2.25 Patterns of Vaccination Acceptance in the Context of National and International Immunization Programming
- 2.26 Forensic DNA

3 *Gender, Reproductive and Sexual Health and Population Policies* p. 38

- 3.1 Abortion Among Yoruba Women in Nigeria
- 3.2 Bartering Sex, Condoms and HIV/AIDS in Urban Malawi
- 3.3 Nutrition, Health and Care of Young Children in Northeastern Brazil
- 3.4 Working with Young People, a Study on Adolescents' Sexual and Reproductive Health Needs
- 3.5 Gender, Reproductive Health and Population Policies (GRHPP): A Networking and Research Project on User Perspectives of Fertility Regulating Technologies and Services
- 3.6 Reconsidering Male-Female Involvement in Fertility Regulation and Reproductive Health in Uganda: Users' Perspectives
- 3.7 Understanding Increased HIV-Transmission Risk in Homosexually Active Men in Amsterdam: Beliefs about Transmission Risks and Safer Sex in Relation to Demographic, Social and Cultural Characteristics
- 3.8 Rapid Appraisal of the Quality of Care and Adherence to Reproductive Rights in Family Planning Programmes
- 3.9 Biography of the Pill: The Contraceptive Pill in Daily Practice in The Netherlands
- 3.10 Gender Violence in Rural Java: Women's Perceptions and Responses
- 3.11 Pioneers or Pawns? Yemeni Women in Health Care Development
- 3.12 Ethnography of Sex: An Exploration of the Socio-Economic and Cultural Context of Sexuality and HIV/AIDS among Ethiopian Youth

- 3.13 The Female Condom: A Literature Research on its Acceptability, Use and Promotion
- 3.14 New Approaches for Quality of Care in Reproductive Health
- 3.15 Optimising the Use of the Syndromic Approach for STI Management and Prevention in Resource Poor Settings
- 3.16 An Ethnographic Study of Infertility Treatment in an IVF-Clinic in the Netherlands
- 3.17 Gender, Violence and Reproductive Health in Three Disadvantaged Areas in the City of Cape Town
- 3.18 Towards Safer Adolescent Sex; Education with and for School Youth in Nepal
- 3.19 Reproductive Encounters between Arab and Jewish women in Israeli hospitals
- 3.20 Women's Sexual and Reproductive Practices and Health Care in the Greater Cape Town Area
- 3.21 Concerted Action: Optimising the Use of the Syndromic Approach for STI Management and Prevention in Resource-poor Settings
- 3.22 Crossing the Research-Policy-Action Abyss: towards a more Effective Strategy for HIV Control in Africa

4 Long-Term Care: Ageing and Chronic Illness

p. 52

- 4.1 Ageing and Care in a Rural Community of Ghana
- 4.2 Successful Ageing among the Oldest Old of a Dutch City
- 4.3 Chronicity and Care in Zambia
- 4.4 Women as Home Care Providers for the Chronically Sick in their Families: Case Studies in a Community in the Central Region of Thailand
- 4.5 Chronic Illness as Naturality-Problem
- 4.6 Chronic Illness as a Legitimacy Problem
- 4.7 Methodological Problems in Qualitative Research of Chronic Illness
- 4.8 Perceptions of 'Good Death' and 'Bad Death': a Cross-Cultural View
- 4.9 Illness Experience of Chronically Ill Moroccans and Moral Dilemma's in Care Delivery
- 4.10 Children Speaking about Diabetes Mellitus

- 5.12 Health Management Information Systems
in Lower Income Countries: an Analysis of System Design,
Implementation and Utilization in Ghana and Nepal
- 5.13 Public Health and Policy in Europe
- 5.14 Evaluation of the Cooperation of General Practitioners, Social
Workers and Mental Health Workers for Complex Problems
of Health Problems
- 5.15 Evaluation of New Communication Methods to Improve the
Mutual Understanding and herewith Related Behaviour of
Primary Care Providers and Clients
- 5.16 Modernizing Social Work as an Discipline Specialized in
Improving the Reciprocal Interaction between Individuals
and their Social Environment
- 5.17 Modernizing Primary Health and Social Care in District-based
Comprehensive Centres for Health and Social Welfare

6 *Mental Health*

p. 69

- 6.1 Research on the Role of Explanatory models,
Health Seeking Behaviour and Family members
in the Non-Residential Treatment of Allochtonous
and Authotochnous Psychotic Patients
- 6.2 Making Sense of Experience. Asylum Seekers
in the Netherlands
- 6.3 Sexual Violence in the Context of Armed Conflict and
Post-Conflict Situations. Meanings and Health Strategies
among Refugee Women in the Netherlands
- 6.4 Care for Older Persons with Long-Standing Mental Illness
(The Netherlands)
- 6.5 Victim Support Compared. The Dutch and South African Case
- 6.6 Evaluation of the Function of Key Persons for Mental Health
in Immigrant Communities
- 6.7 Evaluation of Promotion, Prevention and Care of Psycho-social
Health Problems and Suicide Attempts of Migrant Youngsters

INTRODUCTION

The Medical Anthropology and Sociology Unit is part of the Department of Sociology and Anthropology, which comes under the Faculty of Social and Behavioural Sciences of the University of Amsterdam. The Unit consists of 18 staff members and 21 Ph.D. students. The Unit's general area of research is health and health care and how these are related to social, cultural and political circumstances. Its research includes general questions such as: how do people define and experience health problems; how do they work towards an improvement of their health; and what are their responses to health care interventions? The research carried out by the Unit is generally conducted in settings where people are confronted by health care interventions designed to improve their general state of health or to influence patterns of behaviour which may be detrimental to their well-being. Consequently such research is dynamic in nature. The Medical Anthropology and Sociology Unit attempts to strike a balance between applied research and research of a more reflective and theoretical nature. The Unit regards these two types of research as complementary.

Major themes

Many projects conducted by the Unit are comparative in nature. The results of research in Asian, American, African and European settings are placed side by side to reach a deeper understanding of the social and cultural 'operatives' of illness, health and health care. Research is principally empirical with an emphasis on methods and techniques designed to generate qualitative data, preferably with due attention to historical circumstances and processes. There are six main research areas or themes:

1 *Perceptions and Practices concerning Health and Illness*

That health and illness and people's responses to them are social phenomena embedded in cultural conventions and socio-economic and

political conditions has been the outset of a wide variety of explorations in medical anthropology and sociology. This perspective on health and illness continues to inspire research in the Unit that deals with cultural variations in the conception and treatment of specific diseases such as malaria, tuberculosis, HIV/AIDS, nutritional disorders and chronic diseases such as epilepsy and diabetes. Other projects focus on therapeutic traditions, and concepts of sanitation and prevention.

2 *Medical Knowledge and Technology, including Pharmaceuticals and Immunisation*

For more than twenty years, the Unit has played a pioneering role in the anthropological study of pharmaceuticals. It has organised an international conference on pharmaceutical anthropology and supervised several large comparative research projects on medicines. Over the years it has published ten books on the subject. Another facet of medical technology that has been studied by the Unit is the social, cultural and historical context of immunisation. This comparative research project has been carried out in seven different countries. Most recently the history of the production of medical science and technology has been added to the Unit's research programme.

3 *Gender, Reproductive and Sexual Health and Population Policies*

These projects aim to gain an understanding of the way in which men and women regulate their fertility and how they experience and handle their reproductive health. They take into consideration women and men's and their own problems, choices and desires, as well as the broader social, economic and political conditions under which they live. The projects intend to contribute to gender-aware and culturally acceptable reproductive health interventions. Through these studies women and men themselves have been given a voice on this issue. The research, which is carried out in several countries, is centred on the development and functioning of reproductive health care programmes as well as the advances in fertility regulating technologies.

4 *Long-Term Care: Ageing and Chronic Illness*

The anthropological and sociological study of chronic illness, the life of the elderly and long-term care arrangements reflects both changing trends in morbidity and mortality and a current concern in health care policy at large. Care for the chronically ill and the aged, which often takes

place in the home, requires a growing amount of effort and financial investment. The Unit explores the social and cultural variations of this type of care but also focuses on how older, chronically ill and disabled people 'care' for themselves and present themselves in public life. 'Public appearance' of older and chronically ill people is another research theme of the Unit. The research aims at the formulation of suggestions for adequate policy in this field.

5 *Policy and Management of Health Care*

Primary Health Care holds a special attraction for anthropologists as it is – or should be – a consistent attempt to put health care into the hands of those to whom it matters most. With its focus on the layperson's perspective, anthropology has a logical interest in how Primary Health Care functions at the community level as well as at other levels of socio-medical organisation. Special attention is given to the way it endures the pressures of structural adjustment. The social implications of policies of health reform, e.g. through cost sharing, are also a matter of interest.

6 *Mental Health*

The burden of mental health problems is likely to become heavier in the coming decades and will raise obstacles to global development and human emancipation. Substantial research is necessary in order to obtain an understanding of the perceptions, beliefs and actions with regard to mental health. Interventions must be grounded in the life worlds and culture of people. Research is also needed on the conditions and processes in societies that cause constraints and challenges to mental health. Important issues in this area are migration and mental health, violence and trauma, the 'greying' of society, substance abuse, oppression, poverty, identity formation, and social memory. Medical anthropology and sociology explore the social and cultural variations of dealing with mental health and try to formulate suggestions for action. They also contribute to the development of theories that can enable cross-cultural comparison.

Theoretical concepts

Medical anthropology/sociology studies health perceptions and practices in the context of social relations and cultural traditions. It tries to understand

what people 'normally' think, say and do about health and illness preferably in combination with a historical perspective. Anthropologists and sociologists declare respect for other cultures. Their favourite research approaches include participant observation and in-depth interviewing, endorsed by quantitative methods.

From a medical-anthropological/sociological perspective, health is at the centre of social and cultural practices. Hardly any topic has been entwined in culture more completely and tied to collective interests more thoroughly than illness and health. Health, says Byron Good, constitutes the metropolis of a culture, a junction of communication on desires, meanings, and power. Ideas and interventions on illness and health reveal, more than anything else, what really moves people and what lies at the core of their beliefs. It is in health threatening situations that people demonstrate most explicitly how they explain the world, what they consider to be at stake for them, and how they relate to each other. In health matters, too, it becomes apparent who holds power.

Caring for and taking care of health involves multinational industries, insurance companies, governments, hospitals, research institutes, social organizations, families, religious bodies and artists (to mention only a few). In short, medical anthropology/sociology engages issues that are eminently social and cultural.

The theoretical climate in the Medical Anthropology and Sociology Unit is strongly influenced by the idea of the socio-cultural construction of reality. Experiencing and defining illness and health, attaching meaning to and manifesting the body, and creating medical knowledge and practices are the outcome of social transactions and cultural transmissions. The interconnectedness of biology, culture and power is demonstrated in the Unit's work. The configurations of these core concepts are apparent in virtually every research project.

While the Unit's field of research is wide, and the approaches used are many and various, a number of theoretical perspectives are common to most of its research projects. In this regard, six theoretical concepts deserve special mention: the symbolic potential of medical phenomena, globalisation and localisation of medical knowledge and practice, the relationship between biology and culture, the power aspect of medical thinking, acting and technology, the agency of patients and the applicability of research.

Symbols and the social experience of health and illness

Symbols are the 'stuff' of human thinking and acting. Culture is increasingly regarded as a universe of shared symbols. Through symbols people communicate social relations and cultural experiences. If illness and health are at the centre of culture and society, it is not surprising that the domain of ill health and wellness and fortune and misfortune is one of the most important providers of metaphors and metonyms that people use to order and attach meaning to their existence and to communicate with each other. In this connection the body as primary experience stands out. Thus, the sick body becomes the 'topos' of vulnerability in a hostile or indifferent environment, the body afflicted by chronic illness represents the chronic ailments of society and the ageing body becomes a metaphor for a world that has lost its appeal. The AIDS epidemic worldwide is perhaps the most defeating example of this symbolism of destructiveness.

The able as well as the sick or disabled body is the intimate point of reference from which and through which people explore the world. The immediacy of the bodily experience infuses bodily symbols with special rhetorical force. These symbols enable people to lend 'self-evidence' to what is contingent and to render diffuse experiences concrete. Medicalisation and somatisation are not only part and parcel of professional medical practices, they are also constituents of the everyday life of ordinary citizens.

The anthropological/sociological approach to illness and health illuminates the way people produce culture and society and, in their turn, are 'products' of social and cultural processes. Medical phenomena as carriers of connotations ('good to think with') constitute a fascinating study area for sociologists and anthropologists.

Medical hegemony: acceptance and resistance

If medical phenomena occupy such a central place in the production of symbols and the maintenance of social relations, then it is also understandable that it lends itself easily to the exercise of power. Medical discourses contribute to the construction of others as beings who need help and control; medical services are political means by which that control is realised. Introducing the concept of 'bio-power' (the power to heal in stead of the power to kill) Foucault was one of many to draw attention to the political dimension of medical phenomena. Several members of the Unit apply an-

other concept, 'naturalisation' to this dimension of medicine. In medical practice the social is declared 'nature' and presented as self-evident.

Medical knowledge and health care are not only the products of a state authority that takes care of its civilians. They also give that state the right to exist and facilitate the exercise of political power. Tropical medicine, for instance, made an essential contribution to the realisation of colonial regimes and was used to legitimate these regimes. Public health in our own society has the same effect. Conversely, failures in the provision of health care bring governments into great political jeopardy.

Power and politics are connected to the 'medical' in still many other ways. Epidemiological research shows that social and economical inequality is the best predictors of health and access to health care. Poverty in an economic sense usually implies a lack of control about one's own body and health. Professionalisation of health care and monopolisation of control over medical technology are yet other examples of the interweaving of power and the medical.

Research on the configuration of psychiatric care and power, finally, shows that culture is not only a binding force but also a manipulative system that marginalises, excludes, labels and punishes people. The marginalisation of older people in our society demonstrates how closely physical and social 'weakness' are related. Researchers of the Unit are involved in research on people's heterogeneous experiences with medical technology and health care needs. Methodological innovations in the production of medical knowledge are being proposed aimed at giving people's views and experiences more authority.

Globalisation and localisation of health care arrangements

The force of medical symbolism expresses itself vividly in processes of globalisation and localisation, that is, in the diffusion of bioscientific medicine and in local resistance against this encroachment. The research of the Medical Anthropology and Sociology Unit on the execution of vaccination campaigns and the distribution, perception and use of pharmaceutical products, including contraceptives, puts this global development into sharp focus. Worldwide processes of expansion and adaptation are also exemplified by the Unit's research placing the production of medical knowledge and technology into an historical perspective. The scientific research that (for over a century) has provided medicine with new tools, as

well as a legitimacy discourse, is produced in laboratories, hospitals, and field trials. As the results of research are gathered, analysed, and disseminated, most traces of these discrete sites of knowledge-production are eliminated. The question of how this is achieved, of how modern biomedicine justifies its claims to global applicability, is an important and intriguing one. So too is the matter of the 'relocalisation' of knowledge, as medical scientists and practitioners look to deploy new knowledge in sites very different from the sites of origin. At the same time these processes are themselves changing under the influence of the processes commonly known as globalisation. Biomedical knowledge is increasingly seen, and treated as a commodity. Current discussions of genomics are a good example. And at the same time, as can be documented in vaccinology and in many other areas, the influence of global industry over knowledge production is also growing.

In the context of an international policy to reduce population growth, contraceptives are disseminated even to the most remote corners of the world. The 'life cycle' of contraceptive technologies, from inception through production to application, demonstrates clearly the tension between globalisation and localisation. Research on contraceptive practices addresses this issue both at the global as well as at the local level and shows how consumers and producers of these techniques influence each other.

The ambiguity of globalisation vis-à-vis localisation presents itself in the uneasy encounter between imported and indigenous medical traditions. In India, for example, the hegemony of Western pharmaceuticals meets Ayurveda's opposition. Ayurvedic pharmaceuticals provide Indian cultures with a concrete and evocative symbol for expressing their own identity in contrast with Western images.

The study of perception and actual use of pharmaceuticals shows how the globalisation effect of the dissemination of pharmaceuticals is mitigated by the cultural reinterpretation that these products undergo. They acquire new local meanings that may deviate drastically from their 'global' biomedical definition.

Globalisation plays a role also in the research on perceptions and practices concerning vaccination, for example with respect to prevailing views about the prevention of illness and the protection of health. The Unit studies how international goals translate into national and local programs and practices from a multi-level perspective. These often substantial shifts in the contents of goals show how global processes are related through multifarious links to local practices of meaning construction.

The co-production of biology and culture

The social sciences have had a lifelong fascination and feud with biology. They arose partly as critique against biologism and scientism and were shaped to a considerable degree by that circumstance. Unfortunately, the discussions have led often to irreconcilable viewpoints that are both deterministic in nature: cultural against biological reductionism.

In the research of the Medical Anthropology and Sociology Unit, these fallacies of exclusive thinking are avoided and the cultural character of biology and the biological features of culture are thematised. The repeal of dualistic thinking is the main issue and aim of medical anthropology and sociology.

The inseparable unity of the 'body-subject' (Merleau-Ponty's term) can hardly be observed and described better than in the experience of being ill and becoming well. At the level of the body, the physical implications of meaning making are undeniable and illness and well being show themselves as 'co-productions' of nature and culture. It is impossible to make sense of the cause, the aetiology, the expression and the experience of health complaints without placing these in a social and cultural perspective.

In anthropology and sociology the body is not only seen as the arena where meanings of 'nature' and 'culture' are battled over but also as the place where reconciliation is possible. The human body itself is the most convincing demonstration of the untenability of the Cartesian dichotomy.

Agency of patients

In sociological and anthropological studies of health and illness patients are often portrayed as 'patient' and 'passive' recipients of care designed and executed by others, such as professionals and relatives. Publications discuss institutions and arrangements of care and medical intervention but pay little attention to the "never-ending work" (to paraphrase Strauss) that patients carry out themselves. Health care does not simply exist of institutions and professional expertise, but is a continuous process of 'being done' and 'being made'. Health care activities to be studied are *interactional* (what patients do in reaction to what others do to them, and vice-versa) and *transformational* (how do health arrangements and patients change as a result of that interactional process). The Unit wants to focus more on patients as central actors in and around the provision of health care, but also

in and around the production of new biomedical knowledge and new diagnostic and therapeutic tools. Under certain circumstances patient groups succeed in influencing the development of biomedical science. But when and how? In addition, it promotes a greater influence of patients on what and how sociological and anthropological (and other) health research should be conducted.

Applicability

For the Unit the application of its research is a constant challenge and, in a sense, another theoretical assignment. At the same time, as the dictum goes, a good theory is the best guarantee for good practice. Nevertheless, how to put anthropological research results to use proves a thorny question.

Often the improvement in understanding how and why certain phenomena operate paralyses rather than invites the search for concrete solutions. If everything relates to everything, as social scientists, and anthropologists in particular, seem to claim, then how can one come into action? The result is often that practically inclined disciplines hardly wish to engage themselves in social science research and that sociologists and anthropologists hardly bother to ask what is or could be done with their research.

The Medical Anthropology and Sociology Unit wants to bridge this gap and let its research result in practical conclusions. It considers the application of its research as an essential part of its quest. The practical application of the insights gained, implies seriously considering the ideas and interests of 'others'. Moreover, focusing on applicability implies a victory over academic ethnocentrism and widespread disciplinary encasing. An added challenge in that respect is the development of cooperation at the level of research and application with partners in developing countries.

One of the main problems of applied research is that its results are often least accessible to those who are most entitled to it. It happens many times that the outcome of research that is carried out as a service to the least privileged, is presented to the most privileged, who have a vested interest in everything remaining the same.

The focus on applicability is an objective and theoretical challenge that can be traced in almost all research of the Unit. The studies of 'community drug use' try, on the one hand, to formulate recommendations for the improvement of medicine use, and, on the other, to take seriously the ideas of those who use these medicines 'wrongly'. A similar task is confronted in the

research on various aspects of reproductive health that reveals notions and practices that may be harmful from a biomedical point of view but are of great value in the local culture. The ways in which people deal with diseases such as tuberculosis and HIV/AIDS confront the anthropologist with a similar problem and require a great deal of creativity on her/his part to formulate respectful and culture-sensitive recommendations for change. Research carried out in clinical settings contributes to a reflection on what is at stake for the different actors (patients, professionals, policymakers) and how these different interests should be dealt with in actual medical practice.

Cultural respect should not, however, be a blind kind of respect devoid of criticism. In the final instance, respect for culture must be rooted in respect for *people*, the ones who live in that culture. Defending cultural traditions, which the members of that culture experience as oppressive would become a new form of cultural imperialism, a reversed ethnocentrism. Taking that into consideration, the Medical Anthropology and Sociology Unit looks for respectful solutions that receive the approval and support of those who are immediately touched by them.

Engagement in efforts to change health care arrangements provides medical anthropologists and sociologists with valuable insights in social and cultural dimensions of health, by providing knowledge on people's acceptance of and resistance against hegemonic medical regimes. Medical development projects can be conceptualised as sites for contestations.

Conferences and capacity-building

Theories and ethnographic insights basic to the research efforts of the Unit are also influential to a number of other activities of the team. In the educational programme of the University, ideas are presented and discussed with students, particularly those in the Master's programme *Medical Anthropology/Sociology* and in the international *Amsterdam Master's in Medical Anthropology*. Master's students often address research themes central to Medical Anthropology and Sociology during their fieldwork. This is also the case with Ph.D.-candidates within the doctoral research programme.

The Unit actively encourages academic debate. Ph.D.-candidates regularly meet to present and discuss their work. At tutorials staff members and students read publications in medical anthropology and sociology and discuss them in the light of their own work. The Unit has organised numerable meetings, workshops and conferences providing platforms for national and

international debates on health, culture and society. Recent examples of these meetings include three international conferences on 'Medical Anthropology at home' and annual symposia under the auspices of the journal *Medische Antropologie*. The last five of these symposia were on 'Culture, defecation and well-being', 'Medical anthropology of children', 'Literary imaginations of illness', 'Medical technology and the body', and 'Vulnerability'. Other conferences dealt with 'Representations of contraception', 'Social science research on childlessness in a global perspective' and other themes related to gender and reproductive health.

The Unit publishes a Dutch/English journal *Medische Antropologie*, a journal on health and culture, and three book series: *Health, Culture and Society*, *Current Reproductive Health Matters*, and *Community Drug Use Studies*.

On the international level, the Unit offers short (six weeks) courses in Medical Anthropology, a Master's course and a Ph.D. Programme. A course manual developed by members of the Unit (Hardon et al. 2000) and a collection of readings (Van der Geest & Rienks 1998) are now used worldwide.

More information about courses and programmes can be found on the following websites: <http://www2.fmg.uva.nl/sma> and <http://www2.fmg.uva.nl/amma>

PROJECTS IN MEDICAL ANTHROPOLOGY, SCIENCE AND TECHNOLOGY DYNAMICS, AND MEDICAL SOCIOLOGY (1997-2002)

I Perception and Practices concerning Health and Illness

1.1 *Cultural Concepts of Epilepsy among Health Workers, Patients and their Relatives in the Netherlands*

This research examines the cultural construction of epilepsy among patients, their immediate kin and medical personnel. It makes use of a multi-level approach (in investigating how problems are perceived and policies implemented at different levels of social organisation) and focuses on communication problems in the treatment of epilepsy and how this can affect both therapy choice and lead to stigmatisation. The research is based upon a pilot study (1993-1994; financed by the Dutch Epilepsy Fund), which identified three problematic themes in coping with epilepsy in The Netherlands, namely openness, autonomy and the tracing of accountability. The research focuses on these themes.

Research by: Ria Reis
Supervision: S. van der Geest, H. Meinardi (Catholic University of Nijmegen)
Duration: 1996-1998
Phase: Completed
Financing by: De Christelijke Vereniging voor de Verpleging van Lijders aan Epilepsie (The Christian Foundation for the Care of People with Epilepsy)
Publications: – R. Reis, Cultuur als Factor in de Behandeling van Nederlanders met Epilepsie (Culture as Factor in the Treatment of People in The Netherlands with Epilepsy). *Epilepsie Bulletin* 1996, 24(2): 44-9. Also see Reis 1998, 1999.

1.2 *Cultural Concepts of Epilepsy among Teachers, Employers, Nurses and the General Public*

This research is an elaboration of project I.I. Questionnaires on perceptions of epilepsy were developed for representative samples of the Dutch population and three professional categories: employers, teachers and health professionals. Concepts among the Dutch population were investigated with the assistance of the bureau *CentERdata* and its telepanel of approximately 2000 households. Among employers and teachers local contact persons of the Epilepsie Vereniging Nederland distributed questionnaires. The University of Amsterdam distributed questionnaires for health professionals. The results offer insight into the ideas of the Dutch (and specific categories among them) concerning the phenomenology and aetiology of epilepsy and epileptic seizures; the accountability for seizures and responsibility for decisions concerning epilepsy; the relation between epilepsy and character traits; the advisability of openness; the influence of epilepsy upon daily life; and the social treatment of (people with) epilepsy.

Research by: Ruth van Zorge
Supervision: Ria Reis
Duration: 1998-99
Phase: Completed
Financing by: De Christelijke Vereniging voor de Verpleging van Lijders aan Epilepsie (The Christian Foundation for the Care of People with Epilepsy)
Publications: – R. Reis, Epilepsy and Self-identity among the Dutch. *Medical Anthropology* 2001; 19(4): 355-82.

1.3 *Applied Research in the field of AIDS (Zimbabwe)*

At the request of the Ministry of Health (Zimbabwe) and the National AIDS Control Programme, an interdisciplinary group of staff members from the University of Zimbabwe has developed three research protocols on (1) the cost and quality of hospital care of AIDS patients with prospects to the year 2000; (2) the cost and quality of home-based care of AIDS patients; and (3) confidentiality in counselling of AIDS patients and its consequences for AIDS prevention and care.

Research by: Health Systems Research (HSR) Core Group of the University of Zimbabwe, consisting of three teams of 4-6 researchers each, attached to different faculties and research institutions

Supervision: C. Varkevisser

Organisation: Joint Health Systems Research Project for the Southern African Region

Duration: 1993-1997

Financing by: National AIDS Control Programme, Zimbabwe; GPA, WHO, Geneva and others

Publications: – C. Varkevisser, I. Pathamanathan & A. Brownlee, *Designing and Conducting Health Systems Research Projects: Proposal Development and Fieldwork*. Ottawa: IDRC/WHO, 1991.

1.4 Malaria in the Household (The Philippines)

This research is on health-seeking and decision-making concerning malaria by women in a Philippine village. The focus is on ideas and practices within the household. The implications of household decision-making for malaria control are studied as well.

Researcher: Nina Castillo

Supervision: P. Streefland

Duration: 1994-2002

Financing by: World Health Organization.

1.5 Malnutrition of Children in Zambia

The first objective of the study is to identify people's perceptions, beliefs and practices that contribute to malnutrition of children under age five in Kasama district in the Northern Province of Zambia. Secondly, the study wants to contribute to a more culturally sensitive Primary Health Care approach by developing relevant interventions against malnutrition in this age group. The study approach is highly participatory, involving personnel at all levels of the health care system in the development of tools, data collection and analysis. Members of the target group are also involved in the elaboration and execution of more appropriate interventions that aim to reduce the nutritional problems in the district.

Research by: Eli Nangawe (Local research team)
Supervision: A. Hardon, S. van der Geest, P. Streefland, C. Varkevisser,
J. Kusun (Royal Tropical Institute), T. Gerrits
Duration: 1995-1998
Phase: Completed
Financing by: Dutch Ministry of Foreign Affairs (DGIS).

1.6 *Utilisation of Indigenous Knowledge in Community Nutrition Education and Health Education: A Case Study of Community Participation from Northern Zambia*

A mixed qualitative and quantitative research that set out to investigate people's perceptions, beliefs and practices contributing to under fives malnutrition was carried out in Northern Zambia between 1995 and 1997. The intervention phase of the research developed into a community based health promotion programme using Bemba indigenous knowledge as an entry point. The field research, its context, and subsequent intervention phase utilized as case study material facilitate an investigation into how participation in PHC works using a multilevel perspective in analysis. The study seeks to generate an understanding of the nature of interaction between biomedical and local knowledge and how this effects community participation. The case study presents some features of interest to micro/macro level analysts.

Research by: Eli Nangawe
Supervision: S. van der Geest (University of Amsterdam)
Duration: 1995 –
Phase: Analysing data and writing up
Financing by: Dutch Ministry of Foreign Affairs (DGIS) for the field phase.
Now self-financing.

1.7 *In the Spirit of Uganga; an Explorative Study about Vocation and Affliction in the Practice of Traditional Healers in Southwest Tanzania*

By ethnographic research, the practices of two female traditional healers who run a traditional clinic in Southwest Tanzania are studied in depth. The history of a calling by both healers will lie at the bases to understand the

daily practice, the regular interventions as well as the experiences of clients. To what extent spirit forces determine the skills and abilities of traditional healers and how this relates to the complaints and reactions of patients is central to the study. The results show that spirits exert a more positive role in illness, medicine and healing than is often believed. On the other hand, spirits differ in strength and skills as they do in gender and character. To help widen the scope of cultural and historical roles by spirit forces and the way they affect personal lives and healing practices, the researcher elaborates on the history of traditional health care and the role of spirituality in Tanzania. The findings will be evaluated within a broader framework of spirit healing in Southwest Tanzania, followed by recommendations for further research and policy making.

Research by: Jessica Erdtsieck
Supervision: Prof. Dr J. Schrijvers and Prof. Dr. C. Varkevisser
Cooperation: AGIDS/HEDRA
Duration: 1995-2002
Financing by: Private funds / AGIDS, University of Amsterdam
Publications: – Erdtsieck, J, 1997, Pepo as an inner healing force: Practices of a female healer in Tanzania, KIT-Bulletin nr. 343, KIT-Press. See also Erdtsieck 1997 onwards.

1.8 *Therapy Management among Asylum-seekers, Migrants and Nationals with Tuberculosis in The Netherlands*

This is a longitudinal study of more than one hundred, newly diagnosed tuberculosis patients (distributed almost equally among three groups of asylum-seekers, migrants and nationals) – and their therapy management group – during their TB treatment. Through participant observations in relevant settings and in-depth interviews with (medical and social) service providers and patients, the research aims to identify perspectives and therapy choices of participants, and place those in the context of family, refugee centre, workplace, medical system and society at large. It ultimately aims at the improvement of services for TB patients in The Netherlands.

Research by: Miriam van Ewijk, Paul Grifhorst
Supervision: C. Varkevisser, C. Lambregts-Van Wezenbeek (KNCV: Koninklijke Ned. Centrale Vereniging tot Bestrijding der

Tuberculose, M. Verkuyten (ERCOMER: European Research Centre on Migration and Ethnic Relations)
Duration: 1996-1998
Phase: Completed
Financing by: Nationaal Preventie Fonds
Publication: – Grifhorst, P. & M. van Ewijk, 'Controlling and Disciplining the Foreign Body: The Problem of Compliance with TB Treatment among Asylum Seekers and the Construction of the "Deviant" Other'. In: K. Koser & H. Lutz (eds), *New Migration in Europe: Social Construction and Social Realities*. London: Macmillan Publishers.

1.9 *Dirt and Sanitation in Ghana: Concepts and Practices*

The project explores social and cultural aspects of waste management and its implications for sanitation in urban and rural Ghana. Special attention is given to the public and private character of toilets and to the process of privatisation of public toilets.

Research by: S. van der Geest
Cooperation: Dept of Human Geography, University of Amsterdam;
University of Ghana, Council for Scientific and Industrial Research (CSIR), Ghana
Duration: 2000-present
Phase: Field research
Financing: University of Amsterdam
Publications: – Geest, S. van der. (1998). Akan shit: Getting rid of dirt in Ghana. *Anthropology Today* 14 (3): 8-12.
– Geest, S. van der, & Obirih-Opareh, N. (eds). (2002) *Toilets and sanitation in Ghana: An urgent matter*. Accra: Institute of Scientific and Technological Institute (INSTI), CSIR.

1.10 *Lying and Secrecy in Health and Illness. Towards an Anthropology of the Lie.*

This research explores lying and the lie in different situations of illness. The researchers start from the postulate that the fact that a given behaviour can

be described as a lie informs us on the society, the group, or the situation in which it occurs. There are many questions to be asked in a 'medical anthropology of the lie': Is there a specific type of lying in the world of sickness? What is the function but also the meaning of lying in the context of suffering and illness? Why do people lie, when, how, to whom? On what occasion who tells a lie, to what aim? What truth lies beyond the lie? What are the cultural, social and personal reasons to lie? Generally affected by a negative moral value in social life, does lying refer to a different ethics in the context of sickness? Do the lies made by patients and those made by doctors have the same status? Does lying have the same finality in diverse pathological contexts (cancer, chronic illness, mental illness, etc.)? When does who consider as a lie and a lie? What can be said about a culture when we study this specific topic? To answer these questions, the researchers will approach the theme from different angles and through different topics. The aim is to highlight the complexity of lying through contributions that describe and analyse various situations. The idea is to show that there is more than only straightforward lying. The researchers will show that lying is connected to many other activities, emotions, power and knowledge. By taking lying as a starting point, the researchers hope to shed new light on problems, hidden meanings and health seeking behaviour of people.

Research by: Els van Dongen, Sylvie Fainzang, Nancy Scheper-Hughes, Margaret Lock, et al.
Duration: 2000-2002
Phase: Completed
Financing by: University of Amsterdam and others
Publication: – E. van Dongen & S. Fainzang (eds) *Towards a medical anthropology of lying*. Special issue of *Anthropology & Medicine* 9 (2) (2002).

1.11 *Articulating the Patient Perspective*

The aim of the project was to develop a strategy by means of which the further development of research from a patient perspective could be stimulated in the Netherlands.

Research by: S. Blume, G. Catshoek
Duration: until 2001

Financing: Patiënten Praktijk
Publications: – (with G. Catshoek) Patiëntenperspectief in Onderzoek.
Mogelijke strategieën. 65 pp, Utrecht, Stichting
Patiëntenpraktijk, 2001
– (with G. Catshoek) Articulating the Patient Perspective:
Strategic Options for Research 57 pp. Utrecht. Stichting
Patiëntenpraktijk 2001.

1.12 *A World of Silence: Living with HIV in Matabeleland, Zimbabwe*

This study intends to identify the needs and coping strategies of people living with HIV/AIDS. The investigator worked as a clinical psychologist and counsellor in Buluwayo. From the many patients she saw, she interviewed 72 adolescents, adult men and women in-depth over several years, resulting in elaborate, longitudinal case studies. The data were analysed in the context of socio-economic and cultural background and the community reaction to the growing threat of AIDS. Four coping strategies were distinguished: coping with the symptoms (health behaviour), economic coping, social coping (in relation to partner/husband, blood relatives as well as wider community) and emotional coping. The study not only adapted the current coping models but also resulted in recommendations in the field of AIDS prevention and support for people living with HIV/AIDS.

Researcher: Karla Meursing
Promotor Corlien M. Varkevisser
Duration: 1990-1997
Phase: Completed with a PhD
Financing: Ford Foundation.

1.13 *Gender, Leprosy and Leprosy Control; Four Case Studies in Aceh, Indonesia; Plateau State, Nigeria; Far West and Eastern Nepal, and Rio de Janeiro State, Brazil*

This comparative study was carried out in four countries to identify to what extent biological, sociocultural/economic and health service played a role in the gender differences in case detection of leprosy patients. In Indonesia and Nepal, the M/F ratio was 1,5 and 1,7, respectively, but it was 1 or less in

Nigeria and Brazil. All studies consisted of two parts: a quantitative analysis of a cohort of at least 500 patients who registered for treatment in 1994, followed up till, ultimately in 1998, they were declared cured, and a variety of qualitative techniques (in-depth interviews, focus group discussions and observations) addressing patients, ex-patients, their relatives, community leaders and leprosy staff.

Research by: Four local interdisciplinary teams
Supervision: Corlien M. Varkevisser and Peter Lever (Royal Tropical Institute, Amsterdam)
Duration: 1997-2002
Phase: Being published
Financing: Netherlands Leprosy Relief.

1.14 Modes of Research on Autism

This new project will trace the development of various kinds of scientific research on autism. We are particularly interested in the interaction between the psychological and the organic (neurological, genetic, etc.) understanding of the disorder, in the epidemiological studies indicating a large increase in the incidence of the disorder, in the definitions and classification of autistic syndromes, and in relationships between the various clinical treatments of autism and research strategies.

Research by: Anja Hiddinga and Olga Amsterdamska
Duration: 2002-present
Phase: Initial orientation in the field
Funding: University of Amsterdam.

1.15 Film as ethnography

A number of film projects have been realized, picturing deaf people in their daily lives, through 'direct cinema' style observations. In 'Just Deaf' (research and production, first showing International Documentary Festival Amsterdam, November 2000, direction: Leendert Pot), the integration process of a deaf boy in regular education is documented. In the short film 'Lost' characteristic postures and expressions of deaf spectators are shown

(production and direction together with Leendert Pot, first showing Nederlands Filmfestival Utrecht). In addition to these projects, 'Zwanger!!' an information film about pregnancy and delivery in Dutch sign language, has been realized (research, production and direction, first showing December 2002). 'Just deaf' and 'Zwanger!!' are both also distributed on videotape. Showings of 'Just Deaf' are organized both in discussions on education or government policy on integration in various contexts (schools, organizations of the deaf, policy makers) and in academic discussions about culture and identity. New film projects are being developed. For 2003 a film on visual, spatial aspects and movement in sign language is in preparation (in cooperation with a deaf poet).

Research by: Anja Hiddinga

Financing: Nationaal Revalidatie Fonds, vsb Fonds, Ministerie van ocw, Ministerie van vws, Fonds Kinderpostzegels Nederland, Familie Fonds van Dusseldorp, Thuiskopie Fonds, Amsterdams Fonds voor de Kunst, Fonds voor de Letteren.

1.16 *The same care for all? An explorative study on 'allochtones' and 'autochtones' with chronic abdominal complaints*

This pilot study explores the problems gastro-enterologists encounter in the health care management of migrant and Dutch patients with chronic abdominal complaints in an outpatient clinic of a hospital in Amsterdam. Conversations with health care personnel, 138 consultations in the outpatient clinic and in-depth interviews with a small sample of patients were analysed. The research identified 5 problematic themes in the health care management of patients with chronic abdominal complaints in general. Furthermore, the problematic use of the terms 'allochtones' and 'autochtones' is addressed as well as the way in which doctors use stereotype interpretation repertoires to define the perceived problems of both 'allochtonous' and 'autochtonous' patients.

Research by: Nicolette van Duursen

Supervision: R. Reis & H. ten Brummelhuis

Duration: 2000-2001

Phase: Completed

Financing by: Slotervaartziekenhuis, Amsterdam

Publication: – N. van Duursen, R. Reis & H. ten Brummelhuis *Dezelfde zorg voor iedereen? Een explorerende studie naar 'allochtonen' en 'autochtonen' met chronische buikklachten*. (The same care for all? An explorative study on 'allochtones' and 'autochtones' with chronic abdominal complaints). Amsterdam: Slotervaart-ziekenhuis / University of Amsterdam.

2 Medical Knowledge and Technology including Pharmaceuticals and Immunization

2.1 Community Drug use Intervention Study in Uganda

This action research project draws on results from the Community Drug Use Project in Uganda. Problems of drug misuse were identified in the communities studied that have consequences for the health of individuals, for the household economy, and for the development of drug resistance in the long run. After working with specific local communities for two years and reporting back results of the study to its members, the need was expressed by all parties involved to follow up the inventory of problems with action research that experiments with selected rational drug use interventions. The objective of the latter is to enhance effective drug use by addressing the practices of users and community providers, especially drug retailers. The intervention will produce educational material and methodological contributions to the design of action research and is conducted in collaboration with the Ugandan Red Cross.

Research by: Richard O. Adome, Lisbeth Ørtenblad, Enoch Ezati, Xavier Nsabagasani, Asaph K. Turinde, Joseph Owor (Makerere Institute of Social Research, Uganda)

Supervision: A. Hardon, S.R. Whyte (University of Copenhagen), B. Harriet (Makerere Institute of Social Research)

Duration: 1996-1998

Phase: Completed

Financing by: Danish Ministry of Foreign Affairs (DANIDA)

Publications: – R.O. Adome, S. Reynolds Whyte & A. Hardon, *Popular Pills: Community Drug Use in Uganda*. Amsterdam: Het Spinhuis, 1996.

2.2 *Sequential Formats in Doctor-Patient Interaction*

This ongoing project uses a conversation-analytic approach to investigate the detailed ways in which doctors and patients organize their encounters. Themes: questioning/answering and more or less covert ways in which patients voice their concerns and initiate issues. Method: inspection of transcribed audio or video recorded 'real' encounters.

Research by: Paul ten Have
Duration: 1977–
Phase: Ongoing
Publication: – P. ten Have, *Lay Diagnosis in Interaction*. Text 21: 251–260, 2001.

2.3 *Community Drug use Intervention Study in the Northern areas of Pakistan*

This action research builds on results of a previous Community Drug Use study by an NGO Primary Health Care Programme (the Aga Khan Health Services/Northern Areas) in the Karakoram Mountains of Pakistan. The project focused on the treatment of acute respiratory infections and diarrhoea in pre-schoolers. It documented existing drug use patterns with respect to these disorders and measured the effectiveness of specific interventions (training of health workers, health education sessions in communities) in terms of improved use of drugs by consumers. Its results were discussed in feedback sessions with community health workers, (non-)governmental health centre staff, and with women and men in the communities. The improved interventions that are proposed to be field-tested in the present study are the result of this consultation process. Methods and materials will be developed with wider relevance in mind.

Research by: Musa Rahim, Zeba Rasmussen.
Supervision: A.P. Hardon, P.H. Streefland.
Partner: The Aga Khan Health Services/Northern Areas.
Duration: 1997-1999.
Phase: Completed
Publications: – Z.A. Rasmussen, M. Rahim, P. Streefland & A. Hardon, *Enhancing Appropriate Medicine Use in the Karakoram Mountains*. Community Drug Use Studies. Amsterdam: Het Spinhuis, 1996.

2.4 Social and Cultural Aspects of Community Drug use in Thailand

The study analyses various situations of community drug use, e.g. in case of work-related illness, reproductive health problems and childhood diseases. The final report will be a dissertation presented at the University of Amsterdam.

Research by: Luechai Sri-Ngernyuang
Supervision: P. Streefland
Duration: 1994-1998
Phase: Completed
Financing by: World Health Organisation (WHO), Ministry of Public Health (Bangkok)
Publication: – L. Sri-Ngernyuang, Availability and use of medicines in rural Thailand. Dissertation, University of Amsterdam, 2000.

2.5 Research Project on Social Science and Immunisation (Bangladesh, Ethiopia, India, Malawi, The Netherlands, The Philippines, Thailand, USA)

The comparative study aims to provide a greater understanding of the social and cultural aspects of the sustainability and coverage of immunisation programmes in both the developed and the developing world. The project is a joint research programme involving the Royal Tropical Institute (Amsterdam) and partners in the countries involved (see below). Several major themes will be pursued: globalisation and vaccine development; social demand in relation to the quality of service provision; the role of the immunising state. The study includes historical, sociological and medical anthropological research perspectives and will include a wide range of quantitative and qualitative methods.

Supervision: P.H. Streefland
Coordinating
Organisation: Royal Tropical Institute (The Netherlands)
Partners: University of Addis Ababa, University of Amsterdam (Medical Anthropology Unit), BRAC (Bangladesh), Delhi School of Economics, ICDDR (Bangladesh), University of Iowa (USA), Mahidol University (Bangkok), De La Salle University (The Philippines)

Duration: 1993-1999
Phase: Completed
Publications: – Streefland, Enhancing Coverage and Sustainability of Vaccination Programmes: An Explanatory Framework with Special Reference to India. *Social Science & Medicine* 1995, 41(5):647-56. See also Streefland et al. 1999a en 1999b en Streefland 2001.

2.6 Perceptions and Acceptance of Childhood Vaccination among Immigrant Populations in The Netherlands

This study is part of the International Research Project “Social Science and Immunisation” that aims at enhancing coverage and sustainability of vaccination programmes in the North and the South through a better understanding of their socio-cultural aspects. The main question of the present research is: which social and cultural factors contribute to low coverage of and non-compliance with childhood vaccinations among immigrant populations in The Netherlands. It seeks to explain variations in vaccination coverage by conducting a combination of quantitative and qualitative research in a number of neighbourhoods with sizeable immigrant populations in Amsterdam and Arnhem. Interviews will be held with parents/caretakers of children under age four and personnel of the child health clinics. In addition, observations will be made of the interactions between parents/caretakers and health staff in the child health clinic. During the interview with the parents/caretakers a questionnaire will be used on ideas about vaccination, knowledge about and experiences with vaccination services, information sources on vaccination, the actual vaccination status of the children, length of stay in The Netherlands, experiences with vaccination in the country of origin, and educational status. Research results will be discussed in feedback sessions with members of the groups studied.

Research by: Trudie Gerrits, Ilse Egers (KIT)
Supervision: P. Streefland, A. Hardon
Coordinating
Organisation: Medical Anthropology Unit, Royal Tropical Institute (KIT)
Duration: 1996-1997
Phase: Completed
Financed by: Dutch Ministry of Public Health, Welfare and Sports (vws).

2.7 *Indigenous Medicines in India: An Anthropological Inquiry into Medical Knowledge and Social Change*

In India Ayurvedic and Unani medicines are produced and consumed on a large scale. Their acquisition is responsible for about a fifth of the money spent on health care. The technology of production and marketing is based on indigenous as well as Western knowledge and the medicines express ambivalent cognitions and feelings. The aim of the research is to study indigenous medicines in their historical, social and cultural context. The target is to analyse the meanings of these medicines for consumers, healers and producers. Special attention will be given to the way in which the use of these Ayurvedic medicines can be read as a political and cultural comment on the inroads of Western culture in India. The research will also focus on the way the Indian indigenous pharmaceutical industry influences developments within indigenous medicine.

Research by: Maarten Bode
Supervision: S. van der Geest, Ch. Leslie (University of Delaware, USA)
Duration: 1996-2003
Phase: To be completed
Publications: – Bode, M. (1998). On the consumption of Ayurvedic pharmaceuticals in India: Extracting the poison of modernization. In *Uit de Zevende Hemel: Vijftig jaar politieke en sociaal-culturele wetenschappen aan de Universiteit van Amsterdam* (ed.) A. Gevers. Amsterdam: Het Spinhuis. See also Bode 1999, 2001.

2.8 *Estimated Life Chances; Deciding about the Lives of Extremely Premature Babies in two Neonatal Intensive Care Units*

Decision processes taking place in two neonatal wards are studied through participant observation and interview in a Dutch and Belgian hospital. The decisions will be studied in the context of the intensive care unit and broader society. The focus will be on staff-staff and staff-parent conversations about the very premature babies and how reservations about life chances and quality-of-life are communicated and play a role in deciding if treatment should be started, continued or stopped. The comparison is made to elicit the use of concepts and to investigate how solutions to problems in one field of knowledge, neonatology, are found in differing practices.

Research by: Eric Vermeulen (Amsterdam School for Social Research)
Supervision: S. van der Geest, C. Schuyt, R. de Leeuw (University of Amsterdam)
Duration: 1996-2001
Phase: Completed
Financing by: Amsterdam School for Social Research
Publication: – Eric Vermeulen. *Een proeve van leven. Praten en beslissen over extreem te vroeg geboren kinderen* (A trial of life. Talking and deciding about extreme premature born children). Amsterdam: Aksant. 2001.

2.9 Hospital Ethnography: Cross-Cultural Perspectives

Contrary to the opinion that hospitals are nearly identical clones of a global biomedical model, anthropologists are beginning to describe and interpret the variety of hospital cultures in different countries and social settings. Medical views and technical facilities may vary considerably leading to different diagnostic and therapeutic traditions. In addition, hospitals are more than places of therapeutic intervention. They may be religious institutions aimed at making converts, political tools to establish control and reward followers, places of emotion and family solidarity, workshops of science and technology, and centres of commercial activity. Hospitals are also the domain where the core values and beliefs of a culture make their presence most explicitly. What really counts, what people believe most deeply and who are truly 'related' shows itself unambiguously in periods of crisis, such as those occurring in the hospital. Hospital wards provide miniature representations of dominant social and cultural phenomena of a given society. Various authors participate in a cross-cultural project and will contribute to a collection that demonstrates this perspective. They will pay special attention to the link between the cultures within and outside the hospital. The two leading themes of the project are: the diversity of biomedical institutions in different social, cultural and political settings (in contrast to the supposed cosmopolitan uniformity of biomedicine) and the 'link' between medical practices in hospital and important features of society at large.

Research by: Sjaak van der Geest
Cooperation: Researchers in Bangladesh, Denmark, Ghana, Great Britain, Italy, The Netherlands, South Africa, and the United States of America

Duration: 1998-2003
Phase: Continuing
Financing by: University of Amsterdam and others
Publications: – *Hospital ethnography*. Special issue *Social Science & Medicine*.
Forthcoming.

2.10 *Ethnography of a Hospital Ward in Bangladesh*

This study seeks to investigate the social and cultural dynamics of a hospital ward in Bangladesh. Cultural analysis of biomedical practice is a neglected area in medical anthropology. However, there is a growing awareness in the recent years about the fact that biomedical practice is not universal but a product of particular social, political and cultural conditions. The culture of biomedicine is most visibly manifested in the medical setting of a hospital. Through an ethnographic exploration in the orthopaedic ward of a Bangladeshi hospital this study shows how medical practice takes shape in an under-staffed, under-resourced and under-financed hospital of a low-income country.

Research by: Shahaduz Zaman
Supervision: Sjaak van der Geest, Pieter Streefland
Duration: 1999-2002
Phase: Dissertation-writing
Financing by: WOTRO.

2.11 *Technologies of Similarities and Differences: On the interdependence of nature and technology in the Human Genome Diversity Project*

The project is a collective effort of population geneticists to map genetic similarities and differences between populations all over the world. To do so blood and other tissue was collected from various different populations. A special emphasis however was put on collecting material from 'isolated populations' and 'indigenous people'. The project thus became a controversy and was accused of racism. Studying the Diversity Project, the researcher conducted participant observation in laboratories, especially focussing on technologies and laboratory routines in the production of knowledge about populations and their genetic diversity. The analysis shows that normative

issues such as race or sexual differences are embodied in technologies and daily practices (see also 2.25).

Research by: Amade M'Charek, P. De Knijff
Supervision: Prof. G.J. van Ommen (Klin. Genetica, LUMC) en Prof. S. Paabo (LHGE, Munich)
Duration: 1996 –
Financing: NWO, DAAD
Publications: – A. M'charek, "Technologies of Population: Forensic DNA Testing Practices and the Making of Differences and Similarities" *Configurations*, Vol. 8 (2000): 121-158.
– A. M'charek, *Technologies of Similarities and Differences: On the Interdependence of Nature and Technology in the Human Genome Diversity Project* (Amsterdam: Proefschrift 2000).
– A. M'charek, "Populatie: Over het maken van gelijkheid en verschil tussen Turkse en Nederlandse mannen", in M. Berg & A. Mol, *Ingebouwde Normen: Medische technieken doorgelicht* (Van der Wees: Utrecht, 2001): 94-113.

**2.12 User Perspectives on Medication:
*A Comparative Study of Women's and Men's Patterns of Use***

The project investigates patterns of utilization of medications at the level of the population, by collecting systematic information on individual use of medications through household surveys in eight countries. The goal is to measure the utilization of various categories of medications by different age groups, assess differences in the use of drugs by men and women, examine the factors that account for these differentials, and ascertain the extent of problematic drug use. The evidence will complement that available from drug utilization databases and market surveys, by carrying out studies formulated to elicit the perspectives of the men and women who are the users of medications. The proposed project seeks to combine quantification and depth, and to provide representative data on utilization, and insights about the reasons for observed patterns of use in different parts of the world.

Researcher: Anita Hardon
Duration: 2001 –
Financing: WHO

Cooperation: Makarere Institute of Social Research (MISR), Uganda and Health Action International (HAIN) Phillipines
Publications: – (originating from the research so far): Women in distress: medicines for control. Chapter 4. In: S. Reynolds Whyte, S. van der Geest and A. Hardon, *Social Lives of Medicines*. Forthcoming Medical Anthropology Series, Cambridge University Press, 2002.

2.13 *Naturalization in Health Care*

In processes of naturalization social phenomena are constructed as evident facts, as if they were facts of nature, and social behaviour is constructed as self-evident, as if it were natural behaviour. The research is focused on the construction of illnesses as natural facts and on the construction of health care as self-evident behaviour.

Research by: Gerhard Nijhof
Duration: 1995-2003
Phase: Analysis of life-story data and data on doctor-patient interactions
Publications: – G. Nijhof, Naming as naturalization in the medical encounter. *Journal of Pragmatics*, 1998, 30, 735-753.

2.14 *Development and Deployment of Vaccines Against Poliomyelitis, 1950 to 2002*

With support from the Wellcome Trust programme in the History of Medicine, this study focussed on development and use of the two vaccines against polio. In the case of the 1PV, the Dutch state institute RIVM played a major role, in the 1970s, in enhancing its effectiveness. One question posed concerned the rationale for this, given that the 1PV was scarcely used outside the Netherlands. This case is used to raise the more general issue of the role of the public sector in vaccine development and production. A second question concerns the reasons for choosing one vaccine or the other, and how this is influenced by epidemiological and other factors. As polio nears eradication, this is becoming a matter of debate at the WHO. Some of these issues will be pursued further, in relation to pertussis, in a project recently submit-

ted for funding. A second question concerns the reasons for choosing one vaccine or the other, and how this is influenced by epidemiological and other factors.

Researchers: Stuart Blume and Ingrid Geesink

Financing: (partial) Wellcome Trust.

2.15 The Cochlear Implant: Deafness as Pathology and Deafness as Culture

The cochlear implant, or 'bionic ear' was developed in the 1970s and 1980s as a means of providing wholly deaf people with a form of hearing. However, since its emergence coincided with an emancipation movement in the Deaf community, which sought recognition of that community as a cultural minority, this medical technology became controversial. This 10 year personal research study has explored the dynamics of this controversy in a number of countries. Results emerging from this work have been fed into a number of official inquiries in the area of cochlear implants, including by the European Union of the Deaf and the Health Council of the Netherlands.

Researcher: Stuart Blume

Financing: (partial) Wellcome Trust, CNRS (Paris).

2.16 European Users' Perspective on Mood Modifying Medicines.

Developing an Innovative Method to Understand and Inform Citizens

It has been shown that the use of mood modifying drugs varies greatly across countries and between regions. Cultural factors appear to be important in explaining these differences. Research that uncovers the reasons for such disparity is scant and lacks including the perspective of the users of these medicines. Since 1998 this project brought together a multi-disciplinary group of researchers to explore the user's perspectives on these medicines. The group has representatives from 12 centres in 10 European countries, namely Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Spain, The Netherlands and the United Kingdom and includes representatives from the disciplines of anthropology, education, general practice, pharmacology, pharmacy psychology and sociology. Each study centre has interviewed at least 20 users using qualitative research methods with a

common protocol. To be able to compare the results from the different countries, without the translations of entire interviews into a common language, we will use a prospective meta-ethnography which involves the comparison of concepts developed in one study team with those developed in other teams on an ongoing basis. The project is in collaboration with WHO EURO Pharmaceuticals Unit. The project is started by members of EURO DURG.

Research by: P.M.Verbeek-Heida in collaboration with interviewers
Supervision: P.M. Verbeek-Heida
Duration: 1998-2006
Financing: University of Amsterdam, applied for Accompanying Measure European Commission Research 5th framework.

**2.17 *Hormone Replacement Therapy:
Women's Motives to use HRT Longer than 3 Years***

An exploratory study contrasting current users (for at least 3 years) and ex-users (recently stopped after a period of 2 to 3 years of use). Information is collected in semi-structured interviews. Its aim is to identify important issues in the decision to continue or stop long-term HRT. The results will be important to disseminate to general practitioners policies for more adequate support for HRT users and for minimising prospective health risks for them.

Research by: Two interviewers from Dept of sociology/anthropology in collaboration with General practice AMC
Supervision: P.M. Verbeek-Heida and C. Moerman
Duration: 2001-2002
Financing: University of Amsterdam
Publications: forthcoming.

2.18 *Comparison of Dutch and English General Practitioner – Patient Consultations*

Aim of the study is to give insight in the format of general practitioner consultations in England and The Netherlands. Twenty audio- and videotapes of common cold and coughs consultation were analysed.

Researcher: Justa Bos
Supervision: P.M. Verbeek-Heida
Collaboration: Dept of sociology/anthropology, General practice AMC,
University of Amsterdam and General Practice University of
London
Duration: 2001-2002
Financing: University of Amsterdam
Publication: Forthcoming.

2.19 *History of Epidemiology*

Focusing on a field that appears not to fit the reductionist patterns of twentieth century biomedicine, this project explores the intellectual and institutional development of epidemiology as an academic discipline in the UK and the US. The project asks how epidemiologists made epidemiology a science, how they reacted to changes in their environment and how they maintained their professional position in various institutional contexts.

Research by: Olga Amsterdamska
Duration: 1998-present
Phase: Long term project, archival research and writing up
Financing by: University of Amsterdam; travel grant from the Wellcome Fund (1998)
Publications: – Olga Amsterdamska, “Standardizing Epidemics: Infection, Inheritance and Environment in Prewar Experimental Epidemiology.” In *Heredity and Infection: The History of Diseases Transmission*, edited by Jean-Paul Gaudillière and Ilana Löwy (London: Routledge, 2001), 135-179.
– Olga Amsterdamska, “Demarcating Epidemiology,” special issue on “*Demarcation Socialized*,” *Science, Technology and Human Values* (submitted for publication, 2001).

2.20 *Between the Clinic and the Laboratory*

Reliance on laboratories both for research and for routine clinical testing is one of the hallmarks of twentieth century biomedicine. This project examines the relations between the laboratory and the clinic, focusing par-

ticularly on the various ways in which research is shaped by clinical considerations and transformed by laboratory methodologies. Part of the project traces the development of research at the Rockefeller Institute Hospital where during the first half of the 20th century, the attempts to combine clinical and laboratory methods were a matter of explicit research policies.

Research by: Olga Amsterdamska
Duration: Long term
Phase: Writing, some additional archival work
Financing: University of Amsterdam, grant from the Rockefeller Archives Center
Publications: – Olga Amsterdamska, “Research in the Hospital of the Rockefeller Institute for Medical Research,” in *Creating A Tradition of Biomedical Research: Studies in the History of the Rockefeller University*, ed. by Darwin H. Stapleton (New York: Rockefeller University Press, 2002).
– Olga Amsterdamska, “Chemistry in the Clinic: The Research Career of D. D. Van Slyke,” in *Molecularising Biology and Medicine: New Practices and Alliances, 1910s-1970s*, edited by Harmke Kamminga and Soraya de Chaderevian (London: Harwood Academic Publishers, 1998), 47-82.
– Olga Amsterdamska and Anja Hiddinga “The Analyzed Body,” In *Medicine in the Twentieth Century*, edited by John Pickstone and Roger Cooter (London: Harwood Publishers, 2000).

2.21 History of Microbiology

This project examines the development of microbiology as a laboratory science pursued in a variety of disciplinary and institutional settings: hospitals, universities, clinical and public health laboratories. The enormous influence on medicine of the bacteriological revolution is being examined from a variety of different vantage points.

Research by: Olga Amsterdamska
Duration: Long term
Phase: Largely completed
Financing: University of Amsterdam

Publications: – “Microbiology” in *Earth, Life, and the Biomedical Sciences*, vol. 6 of *Cambridge History of Science*, edited by Peter Bowler and John V. Pickstone (Cambridge: Cambridge University Press, in press).

2.22 *Medical History: the Stories and their Meanings*

The project explored the development of the history of medicine in the 19th and 20th centuries and examined various issues in the current historiography of medicine.

Research by: Olga Amsterdamska and Anja Hiddinga (contributing to a project coordinated by Frank Huisman, Universiteit Maastricht and John Warner, Yale University)
Duration: 2001-02
Phase: Contribution is currently under review
Financing: University of Amsterdam
Publications: – Olga Amsterdamska and Anja Hiddinga, “Trading Zones or Citadels: Professionalization and Intellectual Change in the History of Medicine,” in *Medical History: The Stories and Their Meanings*, edited by Frank Huisman and John H. Warner (Baltimore: Johns Hopkins University Press, forthcoming).

2.23 *Construction of Notions of Normality in Medicine and their Cultural Meanings*

Study of clinical practices can reveal some of the complex interactions involved in the development, the construction of medical knowledge. Various specialists, professionals and lay groups are cooperating, communicating and competing with one another in this construction process, establishing notions of disease and deciding on limits to normalcy. Especially interesting are cases in which these groups are negotiating the meaning of the ‘same’ clinical problem (like obstetricians and consultant radiologists on the concept of disproportion or gynaecologists, midwives and women’s groups on the concept of a normal birth, obstetricians and neurologists on the concept of eclampsia, neurologists, obstetricians and lay groups on the notion of labour pain). How does each of them translate clinical problems into research problems? How does research feed back into practice and how

are problems defined and redefined in the laboratory? How do clinical and laboratory practices interact? And how do concepts of disease acquire cultural meanings outside the clinic? Both case study research (e.g. labour pain, autism) and studies on a meta level (the treatment of 'the body' in medical science over the last 150 years or the development of medical historical writing in relation to the 'constructivist turn' in the sociology of science) are carried out. Special attention goes to the interaction between laboratory and the clinic in projects together with Dr. Olga Amsterdamska.

Research: Anja Hiddinga
Financing: University of Amsterdam
Publication: – 'The analysed body'. In: R. Cooter and J. Pickstone (eds.), *Medicine in the 20th Century*, Harwood, Australia, 2000. pp. 417-435 (together with O. Amsterdamska).

2.24 Whooping Cough Vaccine and Vaccination in the Netherlands, 1950-2002

An historical study of whooping cough vaccination provides an 'historical model' for a number of issues central to current discussion of vaccines and vaccination: (1) the dynamics and consequences of popular concern regarding the safety of paediatric vaccines; (2) vaccine innovation and the choice between alternative vaccines to which this can lead; (3) uncertainty regarding the decline of immunity, possibly as a result of mutation in the pathogen. The study will provide insights into the complex interplay between microbiological research, epidemiology, and political judgement on which progress in vaccinology continues to depend.

Research: Mariska Zanders and Stuart Blume
Supervision: S. Blume
Phase: Starting in 2003
Financing: Wellcome Trust.

2.25 *Patterns of Vaccination Acceptance in the Context of National and International Immunization Programming and against the Background of Technological Development, Infectious Disease Epidemics and Bio-terrorist Threat*

Building on results of the multi-country research project “Social Science and Immunization” this project further explores: (a) social acceptance of vaccination and resistance against it; (b) the evolution of national immunization programs and campaigns against the background of technological developments, outbreaks of infectious disease and bio-terrorist threat; (c) the evolution and policy implications of global policies and organizational immunization programming (WHO, GAVI, UNICEF) for national vaccination programmes and the immunization of individuals.

Research: P. Streefland

Publications: – P. Streefland (2001) Public doubts about vaccination safety and resistance against vaccination. *Health Policy* 55 (3): 159-172.
– (2002) Vaccineren in een veranderende samenleving. (Vaccinating in a changing society). *Tijdschrift voor Gezondheidswetenschappen*. 80 (8): 540-542.
– (2003) The introduction of a HIV vaccine in developing countries: Social and cultural dimensions. *Vaccine* 21 (13-14): 1304-1309.

2.26 *Forensic DNA*

A second research area in the Human Genome Diversity Project (see 2.11) is the use of DNA fingerprinting in law practices. Whereas DNA fingerprints are known as highly individual matters, forensic scientists are dependent on a practice of population to know an individual. A second study, conducted together with Rob Hagendijk en Wiebe de Vries, focuses on the standardisation of technology and the harmonisation of the law within Europe. In this study the interference between law and science in the production of evidence that passes in court is traced.

Research: Amade M'Charek

Duration: 1996-1999.

3 Gender, Reproductive and Sexual Health and Population Policies

3.1 *Abortion Among Yoruba Women in Nigeria*

This applied anthropological study explores the motivations of single and married Yoruba women to abort unwanted pregnancies. Abortion is situated in the socio-cultural, economic and legal context and is studied in relation to other fertility regulation practices including contraception and infertility treatment. The study combined qualitative and quantitative research methodologies, which provided data on the nature of the problems related to abortion as well as on the extent of these problems. Various stakeholders, including community members, traditional birth attendants, youths, and biomedical health staff participated in the formulation of recommendations how to reduce the high incidence of unsafe abortion and abortion mortality.

Research by: Winny Koster in cooperation with the Women's Health and Action Research Centre, Benin City, Nigeria
Supervision: C. Varkevisser, S. van der Geest
Duration: 1996-2002.
Phase: Ph.D. manuscript completed
Financing by: Ford Foundation, AGIDS, Stichting Graag Gedaan
Publications: – Winny Koster, Infertility among Yoruba women: Perceptions on causes, treatments and consequences. *African Journal of Reproductive Health* 3(1): 13-26. 1999.
– Winny Koster, *Secret strategies. Women and induced abortion in Yoruba society, Nigeria*. Amsterdam: Aksant.
See also Koster 1998.

3.2 *Bartering Sex, Condoms and HIV/AIDS In Urban Malawi*

This ethnographic study aims at gaining a comprehensive understanding of the dynamics, ambiguities and fluidities of bartering sex in urban Malawi. The study looks into the whom, why, how, when and where of this social phenomenon in an HIV/AIDS era. It also uses a historical perspective. The study was conducted on behalf of the National AIDS Control Programme and the EC AIDS Project in Lilongwe. Public health programmes in urban Malawi have been focusing their HIV/AIDS interventions on so called high-risk

groups, including bar girls and freelancers. However, the study demonstrates that especially IEC interventions do not reach the growing groups of vulnerable young girls and women who expose themselves and their sex partners to sexual health risks and do not perceive themselves as a 'prostitutes'.

Research by: Francine van den Borne
Supervision: S. van der Geest and C. Varkevisser
Duration: 1998-2003
Phase: Writing dissertation
Financing by: EU Brussels (AIDS Task Force); Takemi Fellowship Program in International Health, Harvard School of Public Health, Boston, USA and private funds
Publications: – Borne, F. van den. (1998). Final report: *Dynamics of bartering sex for subsistence. An exploratory study in Urban Malawi*. Brussels: EC. Unpublished.

3.3 *Nutrition, Health and Care of Young Children in Northeastern Brazil*

This project is a prospective study of childcare in Northeastern Brazil. A birth cohort of 87 children was followed at intervals of six months for a period of two years. Caretakers were interviewed and observations were carried out on care, nutrition, health status, psycho-motoric development and health seeking practices. The perceived etiology of sickness was also studied. The research demonstrates the importance of combining epidemiological and anthropological approaches.

Research by: Marijke Stegeman
Supervision: S. van der Geest, A. Muller (Academic Medical Centre, Amsterdam)
Duration: 1993-1997
Phase: Completed
Publication: – M. Stegeman, *Viva Criança. Health, Nutrition and Care of Young Children in Northeastern Brazil*. Amsterdam: Het Spinhuis, 1997.

3.4 *Working with Young People, a Study on Adolescents Sexual and Reproductive Health Needs*

This action research has been carried out for the project “Working with young people on Sexual Reproductive Health” implemented by the Family Planning Association Nepal. The aim of the project is to empower young people to adopt safe sexual reproductive health behaviour and practices in five districts in Nepal. In order to start and facilitate the implementation of the project, this study has been carried out in Kalaili and Kanchanpur district in West-Nepal. A trained male and female research team gathered data on knowledge, attitudes and practices of adolescent girls and boys’ sexual reproductive health needs. A locally appropriate methodology was designed making use of participatory methods during two-day workshops. Beside this, data about reproductive health was collected from parents, service providers and teachers. The research revealed differences in knowledge and behaviour between the girls and boys and between the school going and out of school groups. The school going boys and girls were better informed but lacked detailed information and actual understanding about reproduction and the use of contraception. In contrast the out of schoolboys lacked information but were more sexually active and knew better what they were talking about. Based on this data a set of recommendations were formulated and followed up for the content and implementation of the project.

Research by: Jeanet van de Korput
Supervision: A. Hardon and C. Varkevisser
Duration: Sept. – Nov. 1999
Phase: Completed
Financed by: World Population Foundation in cooperation with International Planned Parenthood Federation.

3.5 *Gender, Reproductive Health and Population Policies (GRHPP): A Networking and Research Project on User Perspectives of Fertility Regulating Technologies and Services*

The most important research objective of this project is to gain a clear understanding of the way on which men and women regulate their fertility, and how they experience their reproductive health. This project aims to make a contribution towards an improvement of reproductive health and

family planning services. Explicit attention is paid to the influence of population policy on the quality of family planning services. Much has already been written on the violation of reproductive rights of women in developing countries, however little research has been directed towards how women themselves can be given a voice on this issue. Research projects are currently going on in Bolivia, Brazil, India, Mexico, The Netherlands, Peru, The Philippines, Tajikistan, Thailand and Zimbabwe.

Research by: Anita Hardon, Joke Schrijvers (INOM), Trudie Gerrits
Supervision: A. Hardon
Duration: 1992-2002
Phase: Completed
Financing by: Dutch Ministry of Foreign Affairs (DGIS), the European Union
Publication: – Gender, Reproductive Health and Population Policies, *Proceedings from the Networking Workshops in The Philippines, Mexico, Zimbabwe and South Africa. Current Reproductive Health Concerns Series.* (See Gerrits 1999a, Hardon 1998a, Van de Korput 2001a).

3.6 *Reconsidering Male-Female Involvement in Fertility Regulation and Reproductive Health in Uganda: Users' Perspectives*

This study focuses on users' perspectives concerning fertility regulation, reproductive health, existing family planning services and population regulation programmes. Perceptions and understanding of contraceptive status, efficacy, acceptability and availability will be studied. The effects of the AIDS epidemic on sexual and reproductive health and fertility regulation service provision and acceptance – for both men and women – will be taken into account. In the study proposal it is recognised that fertility decisions are not taken by the woman and / or the couple, but take place within the context of the household, the extended family and other social networks. Women and men are seen as constant negotiators and interpreters of the interactive context in which they find themselves. Providers' points of views will also be taken into account, as being one of the actors in the field. A combination of quantitative and qualitative methods will be used. The study aims at examining more user-friendly approaches geared toward meeting unmet need for effective and individually responsive fertility regulation technologies, and reproductive health services.

Research by: Edward K. Kirumira, Stella Neema (Makerere Institute of Social Research, Makerere University Uganda)
Supervision: A. Hardon
Duration: 1997-2000
Phase: Proposal submitted for funding
Financing by: Preparatory activities financed by GRHPP Project (Dutch Ministry of Foreign Affairs, DGIS).

3.7 *Understanding increased HIV-Transmission Risk in Homosexually Active Men in Amsterdam: Beliefs about Transmission Risks and Safer Sex in Relation to Demographic, Social and Cultural Characteristics.*

This multidisciplinary project is designed to provide a broader assessment of sexual risk-taking in the era of HAART (Highly Active Anti-Retroviral Therapy) by critically studying the hypothesis that optimistic beliefs about treatment efficacy may reduce the threat of HIV infection and undermine the perceived necessity to engage in protective sexual behaviour. In particular, a wider range of beliefs and attitudes about therapy-effectiveness and safer sex in a diverse sample of homosexually active men in Amsterdam are assessed, and combine qualitative and quantitative research methods. The main aim of the study is to provide a better understanding of the nature of beliefs that men hold about therapy-effectiveness, the level of threat they now experience from HIV, and the impact of these beliefs on attitudes regarding safer sex, and risk-taking behaviour.

Research by: Philippe Adam and Nicolette van Duursen
Supervision: John de Wit (GG&GD Amsterdam; quantitative study) and Nicolette van Duursen (qualitative study)
Duration: 2002-2004
Financing by: AIDS Fonds, The Netherlands

3.8 *Rapid Appraisal of the Quality of Care and Adherence to Reproductive Rights in Family Planning Programmes*

The project concerns a rapid appraisal on the quality of care and adherence to reproductive rights in family planning programmes. The main objectives of the rapid assessment are: (1) to assess the standard of quality of care and

the adherence to reproductive rights in family planning programmes in selected countries (e.g., Bangladesh, Bolivia, Finland, Kenya, Mexico, The Netherlands, Nigeria, Thailand), specifically paying attention to: a) the range of methods provided, b) the provision of balanced, objective information, c) the quality of client counselling, d) the avoidance of incentives and disincentives, and e) the quality of the healthcare infrastructure; and, (2) to determine the extent to which family planning policies of governments that state people's rights to access to information and advice on family planning and people's rights to decide freely on the spacing of their children – are adhered to in practice.

Research by: Anita Hardon
Coordinating
Organisation: The Women's Health Action Foundation (WHAF), (Gender, Reproductive Health and Population Project)
Partner: Medical Anthropology Unit, University of Amsterdam
Duration: 1994-1997
Financing by: Dutch Ministry of Foreign Affairs (DGIS)
Publications: – A.P. Hardon & E. Hayes (eds.), *A Feminist Report on the Quality of Care*. London: Zed Press. 1997. See also Hardon 1997b.

3.9 *Biography of the Pill: The Contraceptive Pill in Daily Practice in The Netherlands*

This study describes the biography of the contraceptive pill in The Netherlands, tracing the manufacturers that introduced the pill in The Netherlands, reactions of users and providers, and subsequent changes in the nature of the technology. An important element will be to document how the contraceptive pill affects gender structures and identities in The Netherlands. Various methods are used to conduct the study, including literature study, review of documents, and in-depth interviews with manufacturers, general practitioners, and young girls.

Research by: Anita Hardon
Duration: 1995-1997
Phase: Completed
Financing by: Amsterdam School for Social Research (ASSR)

Publications: – A.P. Hardon, User-Studies on Hormonal Contraceptives: Toward Experience-Near Approaches. *Reproductive Health Matters* (1997).

3.10 Gender Violence in Rural Java: Women's Perceptions and Responses

Gender violence has proven to be an international issue related to health and human rights. This phenomenon calls for scientific study to understand as well as to solve the problem. In order to gain an understanding of gender violence, it is important to draw analysis within the social and cultural context of society. Factors affecting gender violence are not only those originated in the local community but also the influential factors from a broader political system of the community. The central question of this study is how discursive practices construct as well as provide understanding of gender violence and creates a response to it. To generate answers to the central proposition, this study aims at description and analyses of: 1) the existing gender power relations and their construction within the community; 2) the role of the social-cultural system in constructing and conditioning gender violence both in public and private spheres; 3) the existing social, cultural, and political factors both at micro and macro levels which affect the way people understand and respond to gender violence; 4) gender power relations as well as social-political relations within and among different social classes which affect violence against women; 5) awareness in society towards the problem of violence against women as well as opportunities and constraints for policies and actions for solving the problem.

Research by: Anna Marie Wattie
Supervision: S. van der Geest, A. Richters (Leiden) and A. Hardon
Duration: 1998-2004
Financing by: Ford Foundation.

3.11 Pioneers or Pawns? Yemeni Women in Health care Development

This research focuses on the training and employment of female primary health care workers (*murshidaat*) in a development project in Yemen. Based on life stories, project documents and policy papers the research aims to unravel to what extent the *murshidaat* can be considered agents of change.

Research by: Marina de Regt
Supervision: Annelies Moors and Sjaak van der Geest
Duration: 1998-2002
Phase: Dissertation completed
Financing by: Amsterdam School for Social science Research
Publication: – M. de Regt, *Pioneers or pawns? Women health workers and the politics of development in Yemen*. Amsterdam, Dissertation, 2003.

3.12 *Ethnography of Sex: An Exploration of the Socio-Economic and Cultural Context of Sexuality and HIV/AIDS among Ethiopian Youth*

This is a study of sexuality and HIV/AIDS among young people in relation to their broader socio-economic and cultural context. It explores patterns of understanding and adaptation to sexuality and HIV/AIDS and the ways in which these issues shape every day life of different groups of young people in Ethiopia. The study also analyses knowledge, attitude and practice related to sexuality and HIV/AIDS to identify deficiencies and problem areas in each component (i.e. knowledge, attitude and practice) of the preventive framework. The proposed research will be conducted by employing a number of qualitative methods such as focus group discussions, in-depth interviews (life/sexual stories and key-informant interviews), and observation with four groups of youth (school population, school-leavers/drop-outs, street children and employed youth who presumably have different degrees of knowledge and exposure to sexuality and HIV/AIDS) as well as key informants (HIV/AIDS educators, researchers, teachers, politicians and community leaders etc.). It is hoped that the study will provide information for culturally compelling intervention programs for “healthy sexuality” to reduce risk of exposure to HIV/AIDS.

Research by: Getnet Tadele
Supervision: Sjaak van der Geest, Gert Hekma
Duration: 2000-2003
Financing by: Christian Michlesen Institute of Norway, Amsterdam School for Social Science Research.

3.13 *The Female Condom: A Literature Research on its Acceptability, Use and Promotion*

Almost ten years after introduction, the female condom is virtually unknown to most health care providers and to potential users. Only in a few countries such as Zimbabwe, Zambia and South Africa, has the female condom been introduced on a wider scale. While there have been numerous pilot projects, experience has shown that donor commitment to the female condom has been very limited. Increased use and appropriate service delivery of a relatively unknown method such as the female condom requires advocacy and effective planning and programming with regard to the availability, affordability and access. This means that information must be made available both to decision makers, service programme managers and community leaders, groups as well as to potential users. The current literature research aims to answer some vital questions: Is the female condom acceptable? What are current strategies for introducing and obtaining the product, making it available at an affordable price and motivating the use of the product? Do social marketing strategies with regard to the female condom exist? Which (N)GOS or other government organisations are involved in the promotion, introduction, pricing and distribution of the female condom?

Research by: Jeanet van de Korput
Duration: May – November 2001
Financing by: NOVIB/Oxfam, The Netherlands
Publication: – Jeanet van de Korput, *The Female Condom, a literature review on its acceptability, use and promotion: the progress made so far*. The Current Reproductive Health Concerns. Uitgeverij Aksant 2001.

3.14 *New Approaches for Quality of care in Reproductive Health*

The project is an EU-Concerted Action, aiming at improving quality of care by implementation of innovative and cost-effective approaches to the prevention and control of Sexually Transmitted Infections (STI) and HIV transmission in existing MCH and FP programs. A critical appraisal of existing STI/HIV prevention and control programs in four African countries was carried out, and proposals developed for testing the cost-effectiveness of selected interventions in pilot projects which involve the integration of STI/HIV prevention and control in existing MCH/FP services

Researcher: Anita Hardon
Financing: EU (concerted action)
Cooperation: with (other institutes): ICRH, University of Gent, Belgium, University of Nairobi, Makerere University (Uganda), University of Malawi and University of Zimbabwe.

3.15 *Optimising the Use of the Syndromic Approach for STI Management and Prevention in Resource Poor Settings*

More efficient and effective health care systems in reproductive health care will be promoted through improvements of the use of the Syndromic Approach for STI management and prevention in resource poor settings with high STI and HIV incidence. Locally relevant systems that will optimise field performance of the Syndromic Approach for STI management, in particular for STI in women, will be obtained through reconsideration of existing tools and systems and this at different levels of the health delivery system. The acceptability of the Syndromic Approach for STI management for health providers and users will be improved through a concerted action in 4 sub Saharan countries. Cooperation with scientists and policy makers from 4 European Institutions involved in health systems development and development of diagnostic tools will continue to enhance effectiveness, coverage and quality of existing primary health care services.

Researchers: Anita Hardon and Jeanet van de Korput
Duration: 2000
Financing: EU
Cooperation: with (other institutes) ICRH Gent, Universiteit van Amsterdam, The Victoria University Of Manchester, University Of Nairobi, Makerere University, University of Malawi, Ministry of Health Mozambique
Publications: *Critical Appraisal on the Integration of STI/HIV prevention and control in FP/MCH*. Methodology paper for the EC-concerted action Quality of Care in Reproductive Health, 1999.

3.16 *An Ethnographic Study on Infertility Treatment in an IVF-Clinic in The Netherlands*

The aim of the research is to get insight in the way medical doctors and infertile couples and individuals negotiate about the use of reproductive technology and how this leads to changes in the implementation of this technology in the clinical practice. The study will focus on the description and analysis of cases in which medical doctors and users have conflicting opinions about the (further) use of reproductive technology. The tension between the *authority* of the medical doctor and the *autonomy* of the users of reproductive technology will get special attention.

Research by: Trudie Gerrits
Supervision: Anita Hardon and Sjaak van der Geest
Duration: 2002 – 2006
Phase: Starting
Financing: AIO-fellowship ASSR.

3.17 *Gender, Violence and Reproductive Health in three Disadvantaged areas in the City of Cape Town*

The research aims to enhance understanding of violence in adolescent sexual encounters, including insight in the prevalence and nature of the violence and its consequences, within the wider historical, social and cultural context in South Africa, particularly the Western Cape. Research methods will consist of a short survey amongst adolescents at selected schools, observation and in-depth interviews in facilities providing services for adolescents, with adolescents on constructions of gender, sexuality and violence, and with healers on topics concerning ideas on adolescent sexuality, the relationship between sexuality, violence and 'culture', and the role that healers (may) play in finding solutions for the problems concerned. All the researchers will be trained as sexual assault response initiators. The knowledge generated will contribute to a more effective implementation of newly developed intervention programs in the City of Cape Town.

Research by: 2 PhD students, 1 master student, 1 honours student
Supervision: Diana Gibson, Anita Hardon and Ria Reis
Duration: 2002-2005

Phase: Initiated
Financing by: SANPAD.

3.18 *Towards Safer Adolescent Sex; Education with and for School Youth in Nepal*

Unsafe sex and the inherent risks on STDS, HIV/AIDS and unwanted pregnancy among adolescents present a problem that is difficult to discuss in Nepal. Therefore the present action-research proposes a very flexible, open research method using story lines, videotaped role-plays followed by discussion, to shed more light on the sexual and RH problems youth experience. Ultimately the students themselves, supported by the research team, will develop materials for peer educators (one boy and one girl per class) on these problems, which should cover their needs and at the same time be acceptable to parents and teachers. The target group is Junior Secondary School (13-19 years). A female guardian (young teacher, as close as possible to the students) will in some schools support the peer educators and function as resource persons in case of serious problems (sexual abuse etc). It is planned to select 10 schools in a rural area (Morang district) and ten in and around Kathmandu. Of each group of ten, three will have peer educators only, four will have peer educators as well as female guardians, and the three remaining will initially serve as a control group. In Morang, a national NGO for women will participate, in Kathmandu the Nepal Medical College that is planning to start a sex/AIDS education programme in schools.

Researcher: Karuna Thapa, MD, MPH
Supervisors: Corlien M. Varkevisser en N.P Senha (Professor in Community Health, NMC)
Duration: 2002-2006
Phase: Fundraising.

3.19 *Reproductive encounters between Arab and Jewish women in Israeli hospitals*

This project explores Bedouin women's experiences and strategies concerning reproductive health and the inter-cultural encounters they involve. Not solely medical staff and encounters convey the cultural and political constit-

uents of biomedicine; social policy, popular culture and lay interaction often convey various translations of biomedical assumptions and constructs. Anthropological fieldwork will be conducted among Bedouin communities in the Negev (southern Israel), focusing on encounters between Arab and Jewish women in Israeli hospitals.

Research by: Shifra Kisch, ASSR/UvA
Supervision: Annelies Moors, Anita Hardon
Duration: 2002-2006
Financing by: Amsterdam School of Social Science Research, University of Amsterdam.

3.20 *Women's Sexual and Reproductive Practices and Health Care in the Greater Cape Town Area*

This study investigated women's reproductive health at selected sites in the greater Cape Town area. Attention was given to historical shifts that occurred in the meanings attached to women's sexuality and reproduction as well as men's perceptions of women's sexuality and reproduction. In terms of the advancement of knowledge of reproductive health the study focused on sexual relations, reproductive choices and health, STDS, including HIV. Students attended the AMMA Reproductive Health Module in Amsterdam.

Research by: B. Makhubele, H.Sauls, M. Mfecane, M.Tuba, L. Africa
Supervision: Diana Gibson, Anita Hardon, Ria Reis, Els van Dongen
Duration: 1998-2001
Phase: Dissertations completed
Financing by: SANPAD
Publication: – B. Makhubele, *Perceptions of adolescents in Khayelitsha, Cape Town: On sexual and reproductive health*. Dissertation, University of the Western Cape.
– H. Sauls, *Live fast, die young and leave a good-looking corpse – constructions of masculinity in Manenberg*. Dissertation, University of the Western Cape.
– M. Mfecane, *Xhosa Youth constructions of masculinity and their impact on the spread of HIV/AIDS*. Dissertation, University of the Western Cape.

– M. Tuba, *Use patterns of therapeutic support systems by rape survivors 15-19 years old in Khayelitsha, South Africa*. Dissertation, University of the Western Cape.

– L. Africa, *Termination of pregnancy: Choices made and problems encountered by women using TOP facilities*. Thesis being examined. University of the Western Cape.

All dissertations have been co-supervised by University of Amsterdam.

3.21 *Concerted Action: Optimising the Use of the Syndromic Approach for STI Management and Prevention in Resource-poor Settings*

The study created a framework for review of the International and National literature justifying the introduction of the syndromic approach for STI management in resource poor settings in Malawi, Uganda, Kenya and Mozambique. The current status of the syndromic management of STI in the 4 countries was reviewed. An expert meeting was organised to discuss the findings of the reviews and research priorities were identified. Two proposals were identified: 1) To study the factors contributing to the low success of partner notification. 2) To investigate the patient history of STI prevention and treatment in women presenting with PID. Researching treatment failures. The research proposals were prepared in joint collaboration with several partners and will be implemented in year 2002/3.

Researchers: Anita Hardon

Duration: 2000-2002

Financing: EU

Cooperation: with (other institutes) ICRC Gent, Universiteit van Amsterdam, University of Manchester, University of Nairobi, Makerere University, University of Malawi, Ministry of Health Mozambique.

3.22 *Crossing the research-policy-action abyss: towards a more effective strategy for HIV control in Africa*

This study will build on research conducted in Uganda between 1996 and 2001 which was funded and supported by the Medical Research Council Programme on AIDS. Two large randomised controlled trials were con-

ducted in rural south western Uganda to evaluate HIV behavioural interventions, targeting school pupils and the wider community respectively. Both of the interventions adopted widely used strategies, so the findings would be generalisable; but neither intervention demonstrated any effect. These findings go counter to the conventional wisdom held by many practitioners in Africa that the HIV behavioural interventions they implement achieve what they set out to do. The study will therefore include a critique of other African evaluations, which will place the MRC's findings into a wider research context; an examination of the policy process, and the extent to which it responds to unwelcome findings; and a discussion of how more effective and innovative strategies for HIV control in Africa might realistically be developed, evaluated and rolled out.

Research by: John Kinsman
Supervision: S. van der Geest, A. Hardon
Duration: 2003-2006
Financing: University of Amsterdam
Phase: Preliminary.

4 Long-Term Care: Ageing and Chronic Illness

4.1 *Ageing and Care in a Rural Community of Ghana*

This project focuses on the social position and (self) perception of elderly people in a Ghanaian rural community. Special attention is given to changes in the lives of old people during the last few decades, care activities, and concepts of respect, dependence, reciprocity, sexuality and witchcraft. The Ghanaian situation is compared with the position of the elderly in The Netherlands.

Research by: Sjaak van der Geest
Duration: 1994– present
Financing by: ASSR, University of Amsterdam.
Publications: – S. van der Geest, 1998, *Opanyin*: The ideal of elder in the Akan culture of Ghana. *Canadian Journal of African Studies* 32 (3): 449-93.
– S. van der Geest 2002, Respect and reciprocity: Care of elderly people in rural Ghana. *Journal of Cross-Cultural Gerontology* 17 (1): 3-31.
See further under publications.

4.2 *Successful Ageing among the Oldest Old of a Dutch City*

The study explores the process of successful ageing in the Dutch city of Leiden. All elderly citizens aged 85 will be enrolled and followed for four years. Determinants of successful and unsuccessful ageing will be evaluated through a combination of qualitative and quantitative methods and medical examinations. The study intends to provide tools for preventive measures for the elderly to maintain an optimal degree of independence in daily life and to improve their social participation. The Medical Anthropology Unit is especially involved in and responsible for the qualitative part of the investigation (ALERT-study).

- Research by: Margaret von Faber,
Supervision: S. van der Geest, E. van Dongen, R. Westendorp (Gerontology & Geriatrics Dept, Academic Hospital, University of Leiden), D.Knook (ibid)
Duration: 1997-2002.
Phase: Completed
Financing: Dutch Ministry of Public Health, Welfare and Sports (vws) and University of Leiden
Publications: – M. von Faber, A. Bootsma-van der Wiel et al) Successful ageing in the oldest old: Who can be characterized as successfully aged? *Archives of Internal Medicine* 161, Dec 10/24: 2694-2700 (2001).
– Von Faber, M. 2002 *Maten van success bij ouderen: Gezondheid, aanpassing en sociaal welbevinden. De Leiden 85-plus studie*. Rotterdam: Optima.

4.3 *Chronicity and Care in Zambia*

This study focuses on health complaints of long duration at household and community level in a poor area in a peripheral Zambian town. It explores what chronic health and concomitant social-economic problems prevail and how they are addressed among urban poor. Coping mechanisms and household and community levels are studied with attention for relations with relatives in the countryside as part of social capital. It is envisaged that the results will modestly contribute towards the improvement of policies and approaches in regard to chronicity problems in Africa.

Research by: Pieter Streefland et al.
Supervision: P.H. Streefland
Duration: 2001-2005
Financing: Danish Ministry of Foreign Affairs.

4.4 *Women as home care Providers for the Chronically Sick in their Families: Case Studies in a Community in the Central Region of Thailand*

The increasing prevalence of non-communicable chronic illnesses causes an urgent need in home care. As Thai women's workloads increase, such a care-giving role for women is being challenged in different ways. The main research question is: how does the non-communicable chronic illness of family members affect the lives of women who are the caretakers? The study will focus on the family level, more specifically on the women home care providers in an urbanising community in the Central Region of Thailand.

Research by: Pensri Kaweevongprasert
Supervision: P. Streefland
Duration: 1995-1998
Phase: Completed
Financing by: The Ministry of University Affairs, The Royal Government of Thailand.

4.5 *Chronic Illness as Naturality-Problem*

Chronic diseases often lead to rule-breaking behaviour. These forms of social deviancy are supposed to be interpreted as signs of irregularity in social 'naturality'. Chronic illness then is constructed as a 'naturality problem'. In the research the focus is on the specific discursive construction of chronic illness as a 'naturality-problem'.

Research by: Gerhard Nijhof
Duration: 1991-2003
Phase: Analysis life-story data
Publications: – G. Nijhof, Heterogeneity in the interpretation of epilepsy. *Qualitative Health Research*, 1998, 8, 1, 95-105.

4.6 *Chronic Illness as a Legitimacy Problem*

The hypothesis is that the social irregularity of the chronically ill causes social problems of legitimacy.

Research by: Gerhard Nijhof
Duration: 1991-2003
Phase: Analysis life-story data
Publications: – G. Nijhof, Über die autobiografischen Erklärungen des Stimmenhörens. In: M. Romme en S. Escher (red.), *Stimmen hören akzeptieren*. Bonn, Psychiatrie Verlag, 1998. pp. 188-195.
See also: G. Nijhof 1999 and 2001.

4.7 *Methodological Problems in Qualitative Research of Chronic Illness*

Research by: Gerhard Nijhof
Duration: 1995-2003
Phase: Analysis life stories and open interviews
Publications: G. Nijhof, *Levensverhalen; autobiografisch onderzoek in de sociologie*. Amsterdam: Boom, 2000. See also: G. Nijhof, 1997-1999.

4.8 *Perceptions of 'Good Death' and 'Bad Death': a Cross-Cultural View*

This project wants to explore the cross cultural variation in patterns of disease, demographic factors, and cultural norms that influence the experience of death, dying and grief, particularly with regard to the cultural construction of different forms of dying as either 'good' or 'bad'. Participants include medical and other health sector workers, sociologists, anthropologists, epidemiologists and others. The results will be published in a special issue of the journal *Social Science & Medicine* and will reflect a wide diversity of fieldwork experiences from different parts of the world, including Australia, Bolivia, China, Ghana, Ancient Israel, India (Kashmir), Indonesia (Nias), Japan, the Netherlands, Palestine, Papua New Guinea (Kaliai), the United Kingdom and United States.

Research by: Sjaak van der Geest, Clive Seale et al.
Supervision: Sjaak van der Geest and Clive Seal
Cooperation: Department of Sociology, Goldsmiths College, London (and others)
Duration: 2000-2003
Phase: Ongoing
Financing by: University of Amsterdam and others
Publications: – Special issue *Social Science & Medicine* (in press).

4.9 *Illness Experience of Chronically Ill Moroccans and Moral Dilemmas in Care Delivery*

Through empirical qualitative research among Moroccan chronically ill and general physicians in Amsterdam, the project aims to offer insight in ways in which moral dilemmas occur and cultural factors (in casu perceptions of responsibility for and causes of illness) play a role in these dilemmas. The research aims to contribute to the development of protocols for the general practice to improve physician sensitivity and practical skills for dealing with moral dilemmas in care delivery to chronically ill migrants.

Research by: Krista Coppoolse, PhD student.
Supervision: Arko Oderwald (Metamedica, VUA), Ria Reis, Martin de Haan (Huisartsgeneeskunde, VUA)
Duration: 2001-2004
Phase: Continuing
Financing by: Zorg Onderzoek Nederland (ZON).

4.10 *Children Speaking about Diabetes Mellitus*

This pilot study explores the perspectives of migrant and Dutch children with Diabetes Mellitus and their strategies to manage the disease in the context of their home situations.

Research by: Christine Dedding
Supervision: Ria Reis
Duration: (six months in) 2001-2002
Phase: Completed
Financing by: St Lucas Andreas Ziekenhuis.

4.11 Long-Term Restricting Health Conditions and Informal Care: Marginal Populations in Urban Environments

This is an international study into the perceptions of and experiences with care of chronically ill people, their family, and their relation with health care systems. The project takes place in metropolises of The Netherlands, France, Spain, Great Britain, Finland, Greece and Hungary. The project has two parts: 1) making an inventory of existing studies of the topic, resulting in an annotated bibliography, and 2) research development with a specific focus on health seeking behaviour in relation to the socio-economic situation of the chronically ill persons.

Research by: Els van Dongen, Renee Waissman, Josep Comelles, Marja-Liisa Honkasalo, and others
Duration: 2002-2005
Phase: start September 2002
Financing by: European Science Foundation.

4.12 AIDS and Elderly in Northern Tanzania

This project focuses on elderly persons in Northern Tanzania and the impact AIDS has on their lives. Elderly are in every way affected by the AIDS epidemic; as caretakers for their sick children, as providers for foster children and orphans and as elderly people in need of care themselves. This study explores how elderly are affected in these three intertwined areas of their lives, and how they are withstanding the changes in household, community and society at large. Methods used will be interviews, observations and longitudinal case studies.

Research by: Josien de Klerk
Supervision: Sjaak van der Geest, Els van Dongen, Corlien Varkevisser
Duration: 2002-2006
Phase: Starting
Financing by: Amsterdam School of Social Science Research, University of Amsterdam.

4.13 *Remembrance and Well-Being of Older People in the Western Cape Province, South Africa*

This project focuses on the life stories of older persons in the townships of Cape Town, older persons in the centre of Cape Town and older people on farms in the Western Cape Province in order to gain understanding of their lives during Apartheid and after and to obtain knowledge about their coping strategies and position in the “new” South African society. The relation between well being and the past/present situation of the elderly will be explored. The project also wants to explore the role of cultural factors, norms and values that influence the experiences, stories and lives of the different ethnic groups of older people. The results of the research will be made available to the older people and their community organisations.

Research by: Els van Dongen
Duration: 2000-2004
Phase: ongoing (fieldwork)
Financing by: The University of Amsterdam (ASSR) and others
Publication: – E. van Dongen, *Skeletons of the past, flesh and blood of the present: Remembrance and older people in a South African context*. In S. Makoni & K. Stroeken (eds), *Ageing in Africa. Sociolinguistic and anthropological approaches*. Aldershot: Ashgate, pp. 257-277.

4.14 *Giving Voice to the Lives of Older People in South Africa. The Value and Contribution of Older Persons in Cape Town to the “New Society”*

The aim of the project is to investigate the social and cultural identities of older people in the context of family and community, as well as their position within individual life cycles; the extent to which their life experience and knowledge contribute to the well-being and identity of family and community (within the context of changing South Africa) and to investigate how to strengthen their position in the community, to improve their integration in society and to empower them.

Researcher: Phd student, master students and honour students of the University of Cape Town
Supervision: Els van Dongen, Monica Ferreira, Katherine Nadasen

Phase: started February 2002
Financing by: Sanpad.

4.15 *A Child-to-Child Approach to Encourage Healthy Living Among Moroccan and Dutch Children with Diabetes*

The aims of this study are to gain insight in how Moroccan and Dutch children with diabetes experience their condition and its regimens, and to develop an intervention with these children that may lead to healthier living. A total of twenty Dutch and twenty Moroccan children between 6 and 12 years old are followed in their contacts with child diabetes teams in three hospitals in Amsterdam, and in their home environment. Methods used are in-depth interviews and questionnaires on quality of life with diabetes, and focus group discussions making use of child-centred participatory research techniques. The children will be partners in the development of a new intervention based on the research findings to encourage healthy living among their peers with diabetes. This intervention will be implemented and evaluated in three hospitals in another region.

Research by: Christine Dedding
Supervision: Bart Wolf (St. Lucas Andreas Hospital), Ria Reis, Anita Hardon
Duration: 2003-2006
Phase: preparatory
Financing by: ZON/NWO, Program Healthy Living.

4.16 *Meanings of Death and Dying in Soweto in the Era of HIV/AIDS*

The purpose of the study is to find out what meanings and beliefs people in Soweto have about death and dying. Whether they are changing in the age of AIDS and which forces are driving that change. We want to know if and how these beliefs affect their interactions with and expectations of the clinical services and home based care organisations (“health seeking behaviours”).

Research by: Nokuthula Skhosana (University of Witwatersrand, South Africa)
Supervision: Els Van Dongen, Robert Thornton (University of Witwatersrand), Natalya Dinat (Witwatersrand), Kate Wood (London School of Hygiene and Tropical Medicine)

Funding: USAID
Duration: 6 months (2002).

5 Policy and Management of Health Care

5.1 *Basic Health Services and Community Health Care in Uganda*

During the past five years governments have endeavoured to revitalise Primary Health Care (PHC) in more than twenty African countries by promoting a combination of improved quality of care, the decentralisation of decision-making, cost-sharing and enhanced community participation. For this revitalisation endeavour to succeed it is crucial that the dynamics at the interface between the providers of health care (the basic health services) and the consumers (the community) are understood. Information is needed on the relevant activities of providers and consumers, how they relate to each other, and what socio-cultural contextual factors influence their interaction.

The study focuses on the interface, its context and the two parties who are jointly instrumental in the implementation of PHC. A comparative study is carried out in Zambia (5.2). New forms of community based health care are, in contrast to the earlier forms of PHC prevailing in the 1980's, more curatively oriented, focussing on home-based care and economic support. Civil society may play a crucial role in this, while the role of the state is often still puzzling.

Research by: Pieter Streefland
Partner: Makerere Institute for Social Research
Supervision: Steering committee involving senior researchers
Duration: 1994-1997
Phase: Completed
Financing by: Danish Ministry of Foreign Affairs (DANIDA).

5.2 *Health Reforms and the Quality of Health Care Services in Zambia*

This study examines the implementation of the Zambian Health Reforms and their impact on the delivery of health care services in urban and rural health centres throughout the country. Emphasis is placed on four elements of the Health Reforms: decentralisation, cost sharing, community

participation, and (perceived) quality of health care services. A comparative study is carried out in Uganda (5.1).

Research by: M. Macwan'gi, J. Kamwanga, D. Mulikelela
Supervision: S. van der Geest, C. Jonker, A. van Staa, Steering committee involving senior researchers
Duration: 1994-1998
Phase: Implementation
Financing: Danish Ministry of Foreign Affairs (DANIDA)
Publications: – J. Kamwanga et al., *Health Reforms and the Quality of Health Care in Zambia*. Amsterdam: Het Spinhuis. 1999.
See also: Van der Geest et al. 2001.

5.3 *Implications of Economic Crisis and Structural Adjustment for Health and Health Care in Zimbabwe*

Through a household survey in an urban (Chitungwiza) and rural (Murehwa) District of Zimbabwe, repeated during three successive years (1993, 1994, 1995), the effects of economic crisis on the household economy, nutritional status of children (aged 12-59, 12-71 and 12-83 months, respectively), and illness and health-seeking behaviour were measured in about six hundred households. Moreover, three monthly in-depth interviews took place with a sub-sample of sixty to seventy informants in the same fields over a period of fifteen months. These approaches were complemented by record analysis in health facilities in the same areas and focus group discussions with health staff and community members. The hypothesis central to the dissertation is that structural adjustment in Zimbabwe and the accompanying measures to cushion the possible negative short-term effects of adjustment, drought and HIV/AIDS on vulnerable groups have failed to avert a further aggravation of the scope and intensity of poverty.

Research by: L.A. Bijlmakers
Supervision: Ton Dietz (Geography, UvA) and Corlien Varkevisser
Coordinating
Organisation: Community Medicine Department, Faculty of Medicine, University of Zimbabwe
Duration: 1993-2002
Phase: Dissertation-completed

Financing by: Scandinavian Institute of African Studies and UNICEF
Publications: – Bijlmakers, L.A., Bassett, M.T., & Sanders, D.M. (1998)
Socio-economic stress, health and child nutritional status in Zimbabwe at a time of economic structural adjustment – a three year longitudinal study. Nordiska Afrikainstitutet, Uppsala, research report no. 105.

5.4 Social and Cultural Feasibility of Rural Health Insurance in Ghana

At the dawn of the introduction of national health insurance in Ghana, this research sets out to investigate an aspect that has received insufficient attention from planners: How do “the people” view a state-based health insurance? And how are they likely to participate in such a scheme? The research uses a combination of qualitative and quantitative methods to explore and explain the “missing links” between traditional support mechanisms and modern state-based health insurance. The objective is to critically assess the state’s plans in order to provide recommendations for a more culturally sensitive type of health insurance.

Research by: Daniel Kojo Arhinful
Supervision: S. van der Geest, Abram de Swaan (University of Amsterdam),
S. Ofori Amaah (University of Ghana) Bart Criel (Institute of Tropical Medicine, Antwerp)
Duration: 1999-2002
Phase: Dissertation completed
Financing by: WOTRO
Publication: – Arhinful D.K, “*We think of them*” *How Ghanaian migrants in Amsterdam assist relatives at home*. Leiden: African Studies Centre, 2001.

5.5 Evaluation of Dutch Health, Nutrition and Population Support in Burkina Faso, Mozambique and Yemen over the Period 1995-1999

The evaluation of Dutch health, nutrition and population support in Burkina Faso, Mozambique and Yemen over the period 1995-1999 was carried out in co-operation with the IOB. These countries were selected because of their long-standing co-operation with the Netherlands in the health sector, in-

volving a substantial Dutch financial contribution to a variety of programmes. The major objective of the evaluation was to determine how far health programmes have contributed, directly or indirectly, to the reduction of morbidity and mortality, especially among the poor. Therefore, a methodology was developed that emphasises access to and the quality and use of health services, assuming that good health care contributes to better health behaviour and to better health. These issues were addressed in a field study in the three countries, including both the health services and the household level. The evaluation results show a mixed picture. In all cases, positive effects have been achieved in the field of infrastructure and training. The quality of care improved in some settings, but in others much remains to be done. Among the negative findings are the neglect of the community level and the lack of affordable essential drugs in remote areas. The evaluation results will provide a basis for discussions on future health sector support.

Research by: Marijke Stegeman, Anita Hardon, Trudie Gerrits, Jeanet van de Korput, Elisabetta Al-Karimy
Funding: Ministry of Foreign Affairs, Policy and Operations Evaluation Department (IOB)
Duration: 2000-2001
Publications: – Hardon 2002, Gerrits 2002c, vd Korput 2001b, Stegeman 2002 Anita Hardon, Marijke Stegeman, Abdullah Saeed Hattab, Ali Mohamed Assabri, Elisabetta El-Karimy. Final Report. *Evaluation of Dutch Support to Health, Nutrition and Population Projects and Programs in Yemen*. The Hague, IOB 2002.

5.6 *Health for All, All in Health. European Experiences and Strategies against Social Exclusion of Immigrants by Health Care Services, I*

In the first part of the two-year project, the research is focused on health care professionals and their view on and explanations of accessibility of health care systems for immigrants. The study aims at understanding of the perceived problems, constraints and challenges in health care with immigrants. Best practices in health care are collected and described. The study also makes an inventory of all publications on immigrants and health care, which will be published on a website.

Duration: 2001
Research by: Els van Dongen, Marian Tankink and Rob van Dijk
Supervision: Pietro Vulpiani, Els van Dongen, Sjaak van der Geest, and others
Duration: 2001 (to be continued in 2002)
Financing by: European Commission Directorate-General Employment and Social Affairs
Publication: – P. Vulpiani, J. Comelles & E. van Dongen (eds), *Health for All, All in Health: European experiences on health care for migrants*. Rome: Cidis/Alisei, 2000.

5.7 *Health for All, All in Health. European Experiences and Strategies against Social Exclusion of Immigrants by Health Care Services, II*

In the second part of the two-year project, the research is focused on immigrants and their perceptions, experiences and explanations of accessibility of health care systems for immigrants. The objective of this project is to understand the mechanisms of social exclusion. A variety of immigrant groups are involved in order to get insight into the more general patterns of exclusion.

Duration: 2001/2002
Research by: Marian Tankink, Maud Radstake, Els van Dongen
Supervision: Pietro Vulpiani, Els van Dongen, Sjaak van der Geest and others
Financing by: European Commission Directorate-General Employment and Social Affairs.

5.8 *Partners for health. Building an Action Group against Discrimination by Health Care Services, Phase I*

This six months project focuses on processes of discrimination in communication between health systems/professionals and immigrants. The idea that communication problems exist behind unequal access of immigrants to services is widely accepted. During phase 1 of the European action to combat and prevent discrimination a social research will be carried out among institutions that are normally involved in increasing and improving information on health care for immigrants. The action group consists of the following European countries: The Netherlands, Italy, Spain, Sweden and

Belgium. In the first phase of the programme a two-year project on discrimination will be developed.

Duration: September 2001 – April 2002
Research by: (In the Netherlands) Els van Dongen, Rob van Dijk
Supervision: Marzia, Cassolari, Els van Dongen, Josep Comelles, Antoine Gailly, Ingela Kranz
Financing by: European Commission, Employment and Social Affairs DG
Publication: – Els van Dongen & Marzia Cassolari, Partners for Health.
Building an action group against discrimination by health care services. www.salutipertuti.org

5.9 *Partners for Health. Building and Action Group against Discrimination by Health Care Services, Phase II*

In this project the European partners aim at understanding the processes of discrimination between those who are actually involved in health interaction: health professionals, mediators and immigrants. The research will develop indicators for discrimination, but also for good practices. To this end, series of good practices in health care will be collected and analysed. They will be the basis for a “toolkit”, which can be used on a European level. The programme will establish a ‘learning community’ consisting of health professionals, (cultural) intermediators and immigrants. The research is participatory and action-oriented.

Duration: September 2002 – September 2004
Research by: Marzia Cassolari, Josep Comelles, Antoine Gailly, Ingela Krantz, and others
Supervision: Els van Dongen
Financing by: European Commission, Employment and Social Affairs DG.

5.10 *IDEAL. Interculturalisation: Diagnostic Evaluation of Allochtonous Patients with Low Backpain*

Moroccan and Turkish patients with back pain tend to have reduced access in revalidation. The first consult often does not result in the trajectory of care. It is assumed that a double perspective (professional and patient) is the cause

of the problem. The result is an insufficient therapy plan and treatment. Lack of basic knowledge hampers scientific research in order to obtain possibilities for solutions. The aim of the project is to obtain understanding and knowledge of the factors that hamper participation in revalidation for Moroccan and Turkish patients with low back pain. Based on the outcomes advice for clients, professionals and health system will be offered.

Duration: 2002-2006
Research by: Emanuel Scheppers, J. Dekker, R. van der Stadt and
P. Siemonsma (Jan van Bremen Instituut)
Supervision: L. Goeken (University of Groningen), Els van Dongen, J. Dekker
(Jan van Bremeninstituut).
Financing by: ZON/NWO-MW.

5.11 Rehabilitation of Victims of Torture

One of the activities is professional training for psychologists, doctors and specialised volunteers operating in the rehabilitation centres and research institutes.

Duration: 2002
Research by: Els van Dongen
Supervision: Italian Consortium of Solidarity and San Gallicano
Institute/Rome/Italy, Aldo Morrone
Financing by: European Commission.

5.12 Health Management Information Systems in Lower Income Countries: an Analysis of System Design, Implementation and Utilization in Ghana and Nepal

The present study describes and analyses the participative process of designing, implementing and utilizing a Health Management Information System (HMIS), with staff concerned, in Ghana and Nepal. In three regions of Ghana, managers and staff at district level designed the system in seven successive steps, bottom up, and implemented it, but the process confronted with differences of opinion amongst national managers at almost every step (1990-1993). In Nepal, system design took place with active

inputs from all levels, but central level was ultimately responsible for its nation-wide introduction (1994-1997). The present study systematically describes each step in HMIS design, and analyses evidence of HMIS use for selected management functions. Cost of implementation and use is evaluated as well. Relevant data were collected through baseline and follow up interviews, focus group discussions, peer review and keeping individual diaries by participants.

Researcher: Bruce Benner Campbell
Promotores: Lex Muller (Em. Professor Social Medicine, UvA) and
Corlien M. Varkevisser
Duration: 1990-1997
Phase: Completed with PhD in 1997.

5.13 Public Health and Policy in Europe

The project examined the relationships between health policies and the images of health and disease in Western Europe and the former communist countries of Western Europe.

Research by: Olga Amsterdamska (project directed by Ilana Lowy, CERMES, Paris)
Funding: European Union
Duration: 1996-2000
Publications: – Olga Amsterdamska, “Drinking as a Political Act: Images of Alcoholism in Polish Literature, 1956-1989,” *Images of Disease: Science, Public Policy and Health in Postwar Europe*, ed. by I. Löwy and John Krige (Luxemburg: Office for the Official Publications of the European Communities, 2001), p.309-325.

5.14 Evaluation of the Cooperation of General Practitioners, Social Workers and Mental Health Workers for Complex Problems of Health Problems

This project aims to improve the cooperation between general practitioner, social worker and mental health worker through various technical and communicative methods. The cooperation is described, evaluated and interpreted for involved processes, structures and results. The project further aims at improvement of the treatment of psychosocial problems.

Duration: August 2001–August 2003
Research: J. Meeuwissen (TRIMBOS Institute)
Supervision: H. Nijhuis
Financing: College van Zorgverzekeringen.

5.15 *Evaluation of New Communication Methods to Improve the Mutual Understanding and herewith Related Behaviour of Primary Care Providers and Clients*

In this project new methods to improve the communication between primary care providers and its clients are being developed, described, evaluated and interpreted for involved processes, structures and results. The project aims at bridging the increasing communicative gap between the life world of citizens/clients and the formal health care system.

Duration: January 2003–January 2005
Research: I. Van Bruggen
Supervision: B. Middelkoop, H. Nijhuis
Financing: Fonds Openbare Gezondheidszorg.

5.16 *Modernizing Social Work as a Discipline Specialized in Improving the Reciprocal Interaction between Individuals and their Social Environment*

Present day social work has evolved as an ordinary discipline of provision of social care to individuals. In this project the work of social workers is redefined and applied as the exclusive discipline operating with the interaction between individuals and their micro and meso social environment. The discipline is conceptualised in the fore mentioned sense and applied in practice. The new function is being described and evaluated for involved methods, processes and structures.

Duration: May 2003–May 2006
Research: B. Middelkoop
Supervision: University of Nijmegen, H. Nijhuis
Financing: Fonds 1818.

5.17 *Modernizing Primary Health and Social Care in District-based Comprehensive Centres for Health and Social Welfare*

Present day primary care is ineffective, inefficient, fragmented and not oriented anymore at situations of daily life. Integrated care and an (territorial) orientation towards health promotion are being lost. This project aims at the improvement and modernization of health and social care in primary care settings active in health care, social care, prevention and health promotion. This requires the redefinition of old and the introduction of new functions, and new orientations. The administrative, personnel and logistic functions will be concentrated in large-scale facility organisations. Four centres will be developed, described and evaluated for functions, processes, structures and results.

Duration: June 2003 – June 2006
Research: AMC, Dept. of Social Medicine
Supervision: AMC, Dept. of Social Medicine
Financing: ZON (applied for funds).

6 Mental Health

6.1 *Research on the Role of Explanatory Models, Health Seeking Behaviour and Family members in the Non-Residential treatment of Allochtonous and Authotochnous Psychotic Patients*

The project aims at understanding of the role of culture specific factors in psychosis, health seeking behaviour and treatment. In order to determine these factors immigrant groups and indigenous groups are compared.

Research by: Ferdinand Thung and Lisette Oliemeulen
Supervision: Els van Dongen, Joop de Jong, Rob van Dijk, David Ingleby, and others
Phase: analysis and description of data
Financing by: Delta Multi-functional Centre South, Rotterdam.

6.2 *Making Sense of Experience: Asylum Seekers in the Netherlands*

This research aims at understanding experiences of asylum seekers with their stay in the Dutch asylum seeker centres. The study uses the methodology of concept mapping in order to (re)construct the life world of asylum seekers. Although the aim of the research is to focus on the situation in general, one part of the research is focused on health and health care.

Research by: Rob van Dijk, Julia Bala and Sander Kramer
Supervision: Els van Dongen, David Ingleby, Arie de Ruijter, Mario Braakman, et al.
Duration: 2000-2002
Phase: report
Financing by: VGZA-zorgverzekeraars
Publication: – Rob van Dijk, et al., Now we have lost everything. Asylum seekers in the Netherlands and their experiences with health care. *Medische Antropologie* 2000, 13/2: 284-301.

6.3 *Sexual Violence in the Context of Armed Conflict and Post-Conflict Situations. Meanings and Health Strategies among Refugee Women in the Netherlands*

The main purpose of this research is to seek answers to the research questions listed below and to develop a theoretical perspective on how women (individually and as part of a group) negotiate in their meaning production and health care strategies within the complex and dynamic reality as described. A derivative goal is to contribute to the development of various kinds of more appropriate support for the women concerned (see societal relevance). The main research question is: How do women of different ethnic groups experience sexual violence committed in the context of different conflict situations and their aftermath and how do they experience the consequences; how do they give meaning to their experiences and how do they cope with the various consequences of sexual violence.

Research by: Marian T.A. Tankink,
Supervisors: J.M. Richters, B.J.N Schreuder, E. van Dongen, L.H.M. van Willigen
Duration: 2002-2007
Financing by: Netherlands Organisation for Scientific Research (NWO)

6.4 Care for Older Persons with Long-Standing Mental Illness (the Netherlands)

This project focuses on perceptions of care of elderly patients, their families and carers in a mental institution in the Netherlands. A contextual analysis of the situation for all participants and a narrative analysis of life stories and interactions will show how care is provided and experienced. Important notions of the study are dependence, infantilisation, need. Special attention is given to relationships.

Research by: Els van Dongen
Duration: 1996-2000
Phase: Completed
Publication: – E. van Dongen, Space and time in the lives of people with long-standing mental illness: An ethnographic account. *Anthropology & Medicine* 1997, 4/1: 89-103. See also other publications by Van Dongen.

6.5 Victim Support Compared. The Dutch and South African Case

The research focuses on victim support in the North West part of South Africa and how this support can be improved. A special focus is on domestic violence. The aim is to develop a model for improving the support, which reckons with cultural backgrounds of the population of the area, religion and available resources. A special part of the research will compare the situation in the Netherlands and in South Africa in order to find possibilities for improvement.

Duration: 2001-2002
Research by: Marie Steyn (University for Christian Higher Education, Potchefstroom, South Africa), Els van Dongen
Supervision: Part on comparison Els van Dongen
Phase: Writing thesis
Financing by: University for Christian Higher Education, Pretoria/South Africa.

6.6 *Evaluation of the Function of Key Persons for Mental Health in Immigrant Communities*

In this project key figures are recruited, trained and facilitated to strengthen their role as intermediaries, (informal) consultants and promoters of mental health in migrant communities. Their role is described, evaluated and interpreted for involved processes, structures and results. The project aims at empowerment for health of the autonomy of individuals and the communities to which they belong.

Duration: 2002–2005
Research: J. van Wieringen, R Thomas
Supervision: H. Nijhuis, B. Middelkoop
Financing: Ministry of vws, Fonds 1818, Fonds NFGV.

6.7 *Evaluation of Promotion, Prevention and Care of Psycho-social Health Problems and Suicide Attempts of Migrant Youngsters*

In this project new approaches and methods of health care and promotion are developed to care for and prevent psychosocial problems of migrant youngsters. This relates to new policies in the fields of education, cultural diversity/integration and health and social care. The methods and approaches are evaluated for involved processes, structures and results.

Duration: May 2003 – August 2007
Research: B. Middelkoop
Supervision: H. Nijhuis
Financing: Fonds Openbare Gezondheidszorg, rvvz-Fonds, Province of South Holland, Municipality of The Hague.

LIST OF PUBLICATIONS (1997-2002)

This list of publications is a follow-up of a similar overview, which covered the years 1993-1997. The authors are staff members of the Medical Anthropology Unit, colleagues in Medical Sociology and PhD candidates who are or were affiliated with the Medical Anthropology Unit. The list only contains scientific publications in the field of medical anthropology/sociology. For an overview of all activities, including popularising work, book reviews, conference papers and other unpublished work as well work outside the realm of medical anthropology/sociology, one should consult the website of the Amsterdam School of Social Science Research: <http://www2.fmg.uva.nl/assr/>

Amsterdamska, Olga

- 1998a (with A. Löhnberg) Van Slyke gasometric apparatus. In: R. Bud & D.J. Warner (eds), *Instruments of science: A historical encyclopedia*. New York: Garland Publishing, pp. 641-642.
- 1998b Chemistry in the clinic: The research career of D. Van Slyke. In: H. Kamminga & S. de Chaderevian (eds), *Molecularising biology and medicine: New practices and alliances, 1910s-1970s*. London: Harwood Academic Publishers, pp. 47-82.
- 2000 (with Anja Hiddinga) The analysed body. In: J. Pickstone & R. Cooter (eds), *Medicine in the twentieth century*. London: Harwood Publishers, pp. 417-433.
- 2001a Standardizing epidemics: Infection, inheritance and environment in prewar experimental epidemiology. In: J. P. Gaudillière & I. Löwy (eds), *Heredity and infection: The history of diseases transmission*. London: Routledge, pp. 135-179.
- 2001b Drinking as a political act: Images of alcoholism in Polish literature, 1956-1989. In: I. Lowy & J. Krige (eds), *Images of disease: Science, public policy and health in post war Europe*. Luxemburg: Office for the Official Publications of the European Communities, pp. 309-325.
- 2002a Research in the Hospital of the Rockefeller Institute for Medical Research. In: D. H. Stapleton (ed.), *Creating a tradition of biomedical research: Studies in the history of the Rockefeller University*. New York: Rockefeller University Press, in press.

- 2002b Microbiology In: P. Bowler & J.V. Pickstone (eds), *Earth, Life, and the Biomedical Sciences*, vol. 6 of *Cambridge History of Science* Cambridge: Cambridge University Press, in press.

Bijlmakers, Leon A.

- 1997 (with M.T. Bassett & D.M. Sanders) Professionalism, patient satisfaction and quality of health care: Experience during Zimbabwe's structural adjustment programme. *Social Science & Medicine* 45 (12): 1845-1852.
- 1998 (with M.T. Bassett, & D.M. Sanders) Socio-economic stress, health and child nutritional status in Zimbabwe at a time of economic structural adjustment – a three-year longitudinal study. Nordiska Afrikainstitutet, Uppsala, Research Report no. 105.
- 1998 (with L.C. Hanmer, M.T. Bassett, D. Sanders & G. Chapman) Human capital, targeting and social safety nets: an analysis of household data from Zimbabwe. *Oxford Development Studies* 26 (2): 245-265.
- 2000 (with M.T. Bassett & D.M. Sanders) Experiencing structural adjustment in Urban and rural households of Zimbabwe. In: M. Turshen (ed.), *African women's health*. Trenton, New Jersey: Africa World Press Inc, pp. 167-191.

Blume, Stuart

- 1997 The rhetoric and counter rhetoric of a 'bionic' technology. *Science Technology & Human Values* 22: 31-56.
- 1998a Early warning in the light of theories of technological change. *International Journal of Technology Assessment In Health Care* 14: 613-623.
- 1998b (with Barbara Regeer) The audiometer. In: R. Bud, S. Johnston & D. Warner (eds), *Instruments of science: A historical encyclopedia*. London: Garland Publishers, pp. 39-41.
- 1998c From bench to bush: Problems of vaccine development and their analysis. In: P. Streefland (ed.), *Problems and potential in international health*. Amsterdam: Het Spinhuis, pp. 169-182.
- 1999a Histories of cochlear implantation. *Social Science & Medicine* 49: 1257-1268.
- 1999b Dwalingen in de geneeskunde in de 20e eeuw: lessen voor de 21e? (Errors of medicine in the 20th century: Lessons for the 21st?) *Medisch Contact*, pp. 10-13
- 2000a Structures of innovation and their historic roots: the case of medicine. In: L. Guzzetti (ed.), *Science and power: The historical foundations of research policies in Europe*. Luxembourg: Commission of the European Communities, pp. 121-136.
- 2000b Medicine, technology and industry. In: J. Pickstone & R. Cooter (eds), *Medicine in the twentieth century*. Harwood Academic Publishers, pp. 171-185
- 2000c Land of hope and glory: Exploring cochlear implantation in the Netherlands. *Science Technology & Human Values* 25: 139-166.

- 2000d (with Ingrid Geesink) Vaccinology: an industrial science? *Science as Culture* 9: 41-72.
- 2000e (with Ingrid Geesink) A brief history of the polio vaccines. *Science* 288: 1593-1594
- 2000f (with Ingrid Geesink) Zoektocht naar vaccins in Nederland sinds 1945. (The search for vaccines in the Netherlands since 1945). *Geschiedenis der Geneeskunde*, pp. 388-398
- 2000g (with Pascale Lehoux) Technology assessment and the sociopolitics of health technologies. *Journal of Health Policy Politics & Law* 25 (6): 1083-1120.
- 2001a Reflections on bioethics from a deaf viewpoint. In Lorraine Leeson (ed.), *Looking forward: The deaf citizen in the 21st century* Coleford: Douglas McLean publishers, pp. 116-126.
- 2001b (with Geerke Catshoek) *Patiëntenperspectief in onderzoek: Mogelijke strategieën (Articulating the patient perspective: Strategic options for research)*. Utrecht: Stichting Patiënten Praktijk.
- 2002a Articulating the patient perspective: Strategic options for research. Utrecht: Stichting Patiënten Praktijk.
- 2002b (ed. with Virginia Berridge) *Poor health. Social inequality before and after the Black Report* (London, Frank Cass, 2002).
- 2002c Testing and empowerment: on the boundary between hearing and deafness *Medische Antropologie* 14 (1): 55-69.
- 2002d The Black committee on health inequalities (1977-1980): A personal view of its work. *Contemporary British History* 16: 107-119.
- 2002e Technology, medicine and the quality of life. In: Eva Simonsen et al (eds), *Utvikling og livskvalitet (Development and Quality of Life)* Oslo. Skådalen Resource Centre, Publication Series No. 14, pp. 69-86 (also published in Icelandic as "Tækni, lækningar og lífsgæði").
- 2002f Het medische innovatieproces in perspectief" (The medical innovation process in perspective). In: Jessika van Kammen (ed.), *Zorgtechnologie: Kansen voor innovatie en gebruik (Home care technology: opportunities for innovation and use)* Den Haag. STT/Bewoton, pp. 34-54.

Bode, Maarten

- 1997a (with A.S. Rienks) Scripties en onderzoeksverslagen in de Medische Antropologie, 1993-1997 aanvulling 1985-1993. Een geannoteerde bibliografie. (Master's theses and undergraduate research reports in Medical Anthropology: 1993-1997 and Supplement 1985-1993. An annotated bibliography). *Medische Antropologie* 9(2): 397-429.
- 1997b Integrated Asian medicine and the loss of individuality. *Journal of the European Ayurvedic Society* 5: 180-195.
- 1998 On the consumption of Ayurvedic pharmaceuticals in India: Extracting the poison of modernisation. In: A. Gevers (ed.), *Uit de Zevende. Vijftig jaar politieke en sociaal-culturele wetenschappen aan de Universiteit van Amsterdam (From the seventh faculty: Fifty years of political and social-cultural sciences in Amsterdam)*. Amsterdam: Het Spinhuis, pp. 361-371.

- 2002a Indian indigenous pharmaceuticals: Tradition, modernity and nature. In: W. Ernst (ed.), *Plural medicine, tradition and modernity, 1800-2000*. London and New York: Routledge, pp. 184-203.
- 2002b Indian indigenous pharmaceuticals: the articulation of modernisation and Indian modes of thought. In: B.V. Subbarayappa (ed.), *Medicine and life sciences in India*. Project of the History of Indian Science, Philosophy and Culture. New Delhi, Oxford University Press. Forthcoming.
- 2002c Ayurvedic and Unani bioceuticals: An anthropological inquiry into the modernisation of traditional medical knowledge. *Amruth* 6 (2): 18-23.
- 2002d The commodification of Ayurvedic formulas. *Amruth* 6 (4): 18-22.

Brummelhuis, Han ten

- 1997 Mobility, marriage and sex work: Thai in the Netherlands. In: G. Herdt (ed.), *Sexual cultures and migration in the era of AIDS: Anthropological and demographic perspectives*. Oxford: Clarendon Press, pp. 167-184.
- 1998 The transformation of Thai 'kathoe'. In: P. Jackson & G. Sullivan (eds), *Lady boys, tom boys, rent boys: Male and female homosexualities in contemporary Thailand*. Town: Publisher, pp. 121-139.
- 2002 (with R. Reis & N. van Duursen) *Dezelfde zorg voor iedereen? Een explorerende studie naar 'allochtonen' en 'autochtonen' met chronische buikklasten*. (The same care for all? An explorative study on 'allochtones' and 'autochtones' with chronic abdominal complaints). Amsterdam: University of Amsterdam, pp. 80.

Daalen, Rineke van

- 1998a (with P. Verbeek-Heida) Patiënten en huisartsen op de medische markt: Nederland na de Tweede Wereldoorlog (Patients and GPs at the medical market, in the Netherlands after the Second World War). *Medische Antropologie* 10 (1): 117-134.
- 1998b Honderd jaar vrouwen en gezondheidsdeskundigen (Women and health professionals in the 20th century). In: R. van Daalen & M. Gijswijt-Hofstra (eds), *Gezond en wel. Vrouwen en de zorg voor gezondheid in de twintigste eeuw* (Healthy and well: Women and the care for health in the 20th century). Amsterdam: Amsterdam University Press, pp. 15-29.
- 1998c Verloskundige oefeningen (Obstetric exercises). In: R. van Daalen & M. Gijswijt-Hofstra (eds), *Gezond en wel. Vrouwen en de zorg voor gezondheid in de twintigste eeuw* (Healthy and well: Women and the care for health in the 20th century). Amsterdam: Amsterdam University Press, pp. 205-212.
- 1998d (with M. Gijswijt-Hofstra) Inleiding. In: R. van Daalen & M. Gijswijt-Hofstra (eds), *Gezond en wel. Vrouwen en de zorg voor gezondheid in de twintigste eeuw*. (Healthy and well: Women and the care for health in the 20th century). Amsterdam: Amsterdam University Press, pp. 7-12.
- 2001 (with P.M.Verbeek-Heida) Het bestaansrecht van de huisarts (The legitimization of the general practitioner. *Huisarts & Wetenschap* 44 (13): 601-604.

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- 1997a Space and time in the lives of people with long-standing mental illness: An ethnographic account. *Anthropology & Medicine* 4 (1): 89-103.
- 1997b Ongelukjes en niet-ongelukjes. Infantilisering en het oude lichaam. (Accidents and near-accidents. Infantilisation and the old body). *Medische Antropologie* 9 (1): 41-60.
- 1997c (with S. van der Geest) Ten geleide: Ouderen, welzijn en zorg (Introduction: The elderly, well-being and care). *Medische Antropologie* 9 (1): 1-7.
- 1997d Eten, controleren, kicken en verzet: Een zoektocht naar een betekenis van anorexia. (Eating, controlling, kicking and resisting. A search for meaning of anorexia). *Medische Antropologie* 9 (2): 322-342.
- 1998a I wish for a happy end. Hope in the lives of chronic schizophrenic people. *Anthropology & Medicine* 5 (2): 169-192.
- 1998b (with S. Fainzang) Editorial. Medical anthropology at home: Creating distance. *Anthropology & Medicine* 5 (3): 245-250.
- 1998c Strangers on terra cognita: Authors of the other in a mental hospital. *Anthropology & Medicine* 5 (3): 279-293.
- 1998f (editor with S. van Londen) *Anthropology of difference*. Utrecht: 150R.
- 1998g (with S. Fainzang) Medical anthropology at home: Editorial: Creating distance. *Anthropology & Medicine* 5 (3): 245-251.
- 1998h I wish for a happy end. Hope in the lives of chronic schizophrenic patients. In: E. van Dongen & S. van Londen (eds), *Anthropology of difference*. Utrecht: 150R, pp. 217-241.
- 1999a (with S. van der Geest) Ten geleide: Poep, cultuur en welbevinden (Editorial: Shit, culture and well-being). *Medische Antropologie* 11(1): 1-7.
- 1999b It isn't something to yodel about, but shit fits! Disgust, social relations and status within a mental hospital. *Medische Antropologie* 11(1): 68-84.
- 1999c Het ongekende lichaam: Institutionele zorg voor allochtone ouderen. In: *Gerontologie en Geriatrie. Proceedings 22nd winter meeting*. Garant: Leuven/Apeldoorn.
- 1999d Care for elderly with long-term mental illness. In: Ageing in a society for all ages. IFA: Montreal, pp. 60.
- 1999e (with M. von Faber, L. de Bont, J. Gusseklo, R. Westendorp & S. van der Geest) Why elderly people refuse hearing aids. *Zeitschrift für Gerontologie und Geriatrie* 32/2 (suppl): 128.
- 1999f Being successful in an institution. *Zeitschrift für Gerontologie und Geriatrie* 32/2 (suppl): 219.
- 2000b Preface. In: S. Fainzang *Of malady and misery. An African perspective on European illness*. Amsterdam: Spinhuis, pp. 1-3.
- 2000c (with E. Witteveen, M. Langendam & E. van Ameijden) Motieven voor en methoden van stoppen met spuiten onder Amsterdamse druggebruikers: Een kwalitatieve studie (Motives and methods concerning stopping use of syringes among drug users in Amsterdam: A qualitative study). *Tijdschrift voor Alcohol en Drugs en Andere Psychotrope Stoffen* 24 (3): 125-140.

- 2000d Als dwazen vertellen, gaat de tijd op de loop. Tijd, herinneren en vergeten in een gesloten gemeenschap en daarbuiten (When fools tell, time runs. Time, memory and forgetting in a closed community and outside). *Medische Antropologie*, 12 (2): 262-277.
- 2000e This will never leave me. Elderly's experiences of chronic mental illness. In: A. Guerci (ed.), *Diseases, culture and society*. Genova: Erga Edizione, pp. 476-486.
- 2000f Anthropology and psychiatry: Two of a kind but where is the other? In: V. Skultans & J. Cox (eds), *Anthropological approaches to psychological medicine: Crossing bridges*. London: Jessica Kingsley, pp. 123-145.
- 2000g (with R. van Dijk) Migrants and health care in the Netherlands. In: P. Vulpiani, J. Comelles & E. van Dongen (eds), *Health for all, all in health*. Rome: Cides/Alisei, pp. 47-69.
- 2000h (with M. Tankink) Not migrants have to adapt, but health care institutes. The Dutch situation: Results from the survey and three 'best cases'. In: P. Vulpiani, J. Comelles & E. van Dongen (eds), *Health for all, all in health*. Rome: Cides/Alisei, pp. 124-144.
- 2000i (with P. Vulpiani & J. Comelles) *Health for all, all in health. European experiences on health care for migrants*. Rome: Cidis/Alisei.
- 2001a Trauma, remembrance and art in South Africa: An impression. *Medische Antropologie* 13 (1): 121-133.
- 2001b Faeces, nurses, social relations and status in a mental hospital. *Aging & Mental Health* 5 (3): 205-216.
- 2001c The relevance of medical anthropology in a pandemic world. *Ethnologies comparées, Santé et Maladie, Questions contemporaines*. <http://alor.univ-montp3.fr/cerce/revue.htm>
- 2001d (with R. Elema) The art of touching: The culture of 'body work' in nursing. *Anthropology & Medicine* 8 (2/3): 149-162.
- 2001e (with M. von Faber et al.) Successful aging in the oldest old: Who can be characterized as successfully aged? *Archives of Internal Medicine* 161: 2694-2700.
- 2001f La forza dell'anoressia. *AM. Rivista della Società Italiana di antropologia medica*. In Press. <http://alor.univ-montp3.fr/cerce/revue.htm>
- 2001g Paradise regained: How elderly people who are chronically mentally ill reinvent a social self. *Medical Anthropology* 19 (4): 383-409.
- 2001h (with Ria Reis) Chronic illness: Struggle and challenge. *Medical Anthropology* 19 (4): 293-297.
- 2002a *Walking stories. An oddnography of mad people's lives*. Amsterdam: Rozenberg Publishers
- 2002b Contesting reality: Therapists and schizophrenic people in a psychiatric hospital in the Netherlands In S. van der Geest & R. Reis (eds), *Ethnocentrism: Reflections on medical anthropology*. Amsterdam: Aksant, pp. 67-90.
- 2002c It is not nice to be an old person. Loneliness of old people on the Cape Flats. In A. Guerci & S. Consigliere (eds), *Living and "curing" old age in the world*, Vol. 3, *Old age in the world*. Genova: Erga Edizioni, pp.260-278.

- 2002d Trauma en de politiek van het vergeten en herinneren. Een antropoloog kijkt naar de “trauma-business”. In: Bot, H. et al (eds), *Culturen op de vlucht. Over transculturele psychiatrische zorg aan asielzoekers en vluchtelingen*. De Gelderse Roos, afdeling Phoenix, Ede. pp. 101-107.
- 2002e Skeletons of the past, flesh and blood of the present: Remembrance and older people in a South African context. In S. Makoni & K. Stroeken (eds), *Ageing in Africa. Sociolinguistic and anthropological approaches*. Aldershot: Ashgate, pp. 257-277.
- 2002f (editor with S. Fainzang) *Towards a medical anthropology of lying*. Special issue of *Anthropology & Medicine* 9 (2).
- 2002g (with S. Faizang) *Towards a medical anthropology of lying: Editorial Anthropology & Medicine* 9 (2): 85-95.
- 2002h Theatres of the lie. ‘Crazy’ deception and lying as drama. *Anthropology & Medicine* 9 (2): 135-153.
- 2002i (editor) *Medische technologie en het lichaam*, special issue of *Medische Antropologie* 14 (1).
- 2002j Humanimals, huchines and glokin. Bodies and medical technology. *Medische Antropologie* 14 (1): 134-149.
- 2002k La forza dell’anoressia. *AM. Rivista della Società Italiana di antropologia medica* 9-10.

Duursen, Nicolette van

- 1999 *Antillianen in de kop van Noord-Holland* (Antilleans of the ‘Falga-neighbourhood’ in Den Helder, The Netherlands). Stichting Triton: Den Helder, pp. 27.
- 2002 (with R. Reis & H. ten Brummelhuis) *Dezelfde zorg voor iedereen? Een explorerende studie naar ‘allochtonen’ en ‘autochtonen’ met chronische buikklachten.* (The same care for all? An explorative study on ‘allochtones’ and ‘autochtones’ with chronic abdominal complaints). Amsterdam: University of Amsterdam, pp. 80.

Erdtsieck, Jessica

- 1997a *Pepo as an inner healing force: Practices of a female healer in Tanzania*. Amsterdam: KIT-Press. KIT-Bulletin nr. 343.
- 1997b (with A. Rosenbohm) Ontmoetingen met krachten van ‘pepo’: Sjamanisme en healing in Oost Afrika (Encounters with forces of ‘pepo’: Shamanism and healing in East-Africa). In: *Wat bezielt een sjamaan? (What moves a shaman?)* Amsterdam: KIT-Press, pp. 102-115.
- 2001 Nambela, Mganga wa pepo: Mambo afanyayo mganga wa tiba ya asili kwa uwezo wa pepo nchini Tanzania (The practice of the inspired traditional healer Nambela in Tanzania). Dar es Salaam University Press, Tanzania.
- 2002 The practice of a ‘pepo’ healer in Tanzania. In: E. Gottschalk-Batchkus (ed.), *Handbook of Ethnotherapies*. München: Institute for Ethnomedicine, pp. 119-144.

Faber, Margaret von

- 1999 Een gehoorapparaat moet niet alleen in het oor passen. *Medische Antropologie* 11 (2): 361-376.
- 2001 (with A. Bootsma-van der Wiel, E. van Exel, J. Gussekloo, A.M. Lagaay, E. van Dongen, D.L. Knook, S. van der Geest, R.G.J. Westendorp) Successful aging in the oldest old: who can be characterized as successfully aged? *Archives of Internal Medicine* 161: 2694-2700.
- 2002a *Maten van succes bij ouderen: Gezondheid, aanpassing en sociaal welbevinden (Measures of success among older people: Health, adjustment and social well being)*. Rotterdam: Optima.
- 2002b (with A. Bootsma et al.) Succesvol oud op hoge leeftijd (Successfully old at a high age). In: J. Gussekloo et al. (red) *Succesvol oud. Leiden 85-plus Studie, 1997-2001 (Successfully old. Leiden 85-plus Study, 1997-2001)*. Rotterdam: Optima, pp. 55-70.
- 2002c (with S. Van der Geest) Een slordig einde? Reciprociteit en 'succesvol oud' nader beschouwd (A sloppy end? Reconsidering reciprocity and 'successful ageing'). *Sociologische Gids* 49 (4): 409-420.

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- 1997a Is there a role for traditional medicine in basic health services in Africa? A plea for a community perspective. *Tropical Medicine & International Health* 2 (9): 903-911.
- 1997b Between respect and reciprocity: Managing old age in rural Ghana. *Southern African Journal of Gerontology* 6 (2): 20-25.
- 1997c Cultuur als placebo. (Culture as placebo). In: M. ter Borg, S. van der Geest & J. Janssen (eds), *Op zoek naar hoop: Over genezing, magie en religie (In search of hope: On healing, magic and religion)*. Nijmegen: KSGV, pp. 39-58.
- 1997d Oud in een Ghanees dorp: Beeld en ervaring. (Old in a Ghanaian community: Image and experience). *Medische Antropologie* 9(1): 74-89.
- 1997e Money and respect: The changing value of old age in rural Ghana. *Africa* 67 (4): 534-559.
- 1997f Placebo ergo sum: Towards an anthropological understanding of medical practices. In: *Health and diseases: Courses and prospects*. Genova: Erga Edizioni.
- 1997g (with E. van Dongen) Ten geleide: Ouderen, welzijn en zorg (Editorial: The elderly, well-being and care). *Medische Antropologie* 9 (1): 1-7.
- 1998a (with Samuel Sarkodie) The fake patient: A research experiment in Ghana. *Social Science & Medicine* 47 (9): 1373-1381.
- 1998b Poep en omstreken: Over scatologie, cultuur en welbevinden (Shit and its surroundings: Scatology, culture and well-being). *Medische Antropologie* 10 (1): 139-157.
- 1998c Use and misuse of pharmaceuticals: Anthropological comments. In: P. Streefland (ed.), *Problems and potential in international health: Transdisciplinary perspectives*. Amsterdam: KIT Press / Het Spinhuis, pp. 195-214.

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