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# Health: Sculptured by the Hands of Culture

Exploring the Ecuadorian Worldview of Health

A thesis presented in partial fulfilment of the requirements  
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at Massey University, New Zealand

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# Abstract

Worldview is at the core of our being, providing the filter that gives form to our beliefs, values and behaviour. Each culture and country has its unique perspective in such vital areas such as health and wellbeing. In the global context, where 'health for all' is more a dream than reality, the challenge is to grasp the conceptual understanding of health in each context, to dialogue with the culture, and look for creative ways of meeting health needs. This thesis is part of my journey to achieve an understanding of this, in the context of Ecuador. The essence of this study is an exploration of the Ecuadorian context. How is health conceptualised within the culture? Is there a worldview of health? Are there areas of commonality of beliefs and practices in health? What are some of the historical events and processes that have formed this way of understanding? What has the ways of seeing health in Ecuador's current context?

This thesis presents the experiences and knowledge collected during five months of focussed research and two years of lived experiences in Ecuador. It is very much a journey of discovery for the researcher and participants. The research methodology gives voice to the stories of four participatory groups and five in-depth interviews, which allowed the participants to share their knowledge and experience of health. Through the process of reviewing literature on the beliefs and practices throughout various non-western systems of healing, a number of elements were found common to all. These include: the interrelated nature of the physical and spiritual realms; the concept of self and community; origins of unwellness and health seeking practices; food and food practices; syncretism and the concept of body image.

The stories of the participants reveal some of their beliefs and practices of health. Despite the wealth of cultural origins, climatic and contextual variety presented in Ecuador, nine themes emerge from the participants' stories, as common to their beliefs and practices of health: nature's healers, traditional sicknesses, the path of tradition, common sicknesses and causes of death, the therapeutic route, you are well if you look happy, of divine descent but humanly frail, no health without money, the path of tradition, and an acute awareness of the state of health. Together these portray a fascinating insight into part of the Ecuadorian worldview of health.

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## Glossary and List of Abbreviations

<i>aguita</i>	herbal infusion of a herb made with boiling water
<i>colada</i>	a smoothie made with a variety of cereals eg oats and fruit
CONAIE	Confederation of Indigenous Nationalities of Ecuador
<i>cosmovisión</i>	worldview
<i>criollos</i>	Spaniards born in Latin American
<i>cue</i>	guinea-pig
<i>curandero/a</i>	one who heals
<i>fanesca</i>	a special soup eaten during the Easter week
<i>hechicero</i>	one who casts spells or makes magic
<i>hierba buena</i>	good herb/plant
<i>machica</i>	barley flour
<i>mal de aire</i>	evil air
<i>mal de ojo</i>	evil eye – sickness from being looked at enviously
<i>mestizo</i>	name of a person of mixed Indian and Spanish blood
<i>mulatto</i>	name for a person of mixed African and Indian blood
nervios	nerves or uneasiness of being from a bad experience
<i>niño</i>	child
NGO	Non-Governmental Organisation
PAHO	Pan- American Health Organisation (South American branch of the World Health Organisation)
<i>partera</i>	mid-wife or one who helps to give birth
<i>pérdida de la sombra</i>	dream loss
PR	Participatory Research
<i>quinoa</i>	a high protein cereal found in the Andean highlands
<i>rezandero/a</i>	one who recites
RRA	Rapid Rural Appraisal
RCC	Roman Catholic Church
<i>susto-espanto</i>	fright sickness
<i>trago</i>	local home-brew alcohol
<i>tierra</i>	land
UN	United Nations
WB	World Bank



# Chapter One: Introduction

## Cosmovisión

A wall stands overshadowing us  
Of what my grandmother told me  
Of what the priest said, and then did  
Of how my father treated my mother

A filter fills the space between us  
What society says it means to be a man  
Of twenty years of accumulated media images imprinted on my brain  
Of being given the same foods to eat every day  
and the same white tablet when I am sick

Black clouds of assumption swirl foggily around us  
I listen to your words but I don't hear their message  
I take 'the cure' but it doesn't change the way I live my life  
I will pay for your solution, but the voice inside shouts louder and demands allegiance

Perhaps now stepping stones stretch out between us  
Pools of commonality now that we have heard and lived a little of each others reality  
Asking to be crossed over, learning to step together  
The dance that brings health and life

(Hicks 2001)

## Introduction

**Health is a gift from God.**

**A good doctor will give me vitamin drips and expensive tablets.**

**If you don't have money you can't have health.**

**Our ancestors were healthier because the food they ate was less processed.**

Each of these quotes shared by different participants in this study represent a collection of concepts, beliefs and realities that reveal how they understand health. This complex conceptualisation of an area such as health, could be described as their worldview. The reality that we are human beings created with emotions, intellect, body and soul, means that each of us has a worldview, the core of which shapes our thoughts, actions and perceptions of the world around us. Ideas that are expressed, attempt to provide a synthesis of the limited human understanding describing a particular phenomenon or worldview. This knowledge is not like a landscape photo that is still, but is alive and moving, like a river flowing in a dynamic process (Smith et al 1997:169).

Health is one such phenomenon, fluid and constantly evolving, reflecting the needs and experiences within an individual and community context. While keeping in mind that this body of knowledge is complex and dynamic, this study hopes to capture a glimpse of the moving panorama of Ecuadorian people's beliefs and practices about health. It is simply part of a worldview, because the study focuses on the knowledge and experiences of a relatively small number of participants over a limited time frame.

There is a great deal of research focussing on the bad state of health, malnutrition, and analysis of why internationally directed programmes implemented to solve these problems have had limited success in Ecuador. For example, Teekens (1988) who reviews theory and policy for basic needs planning, Berti and Leonard (1998) who look at deficiencies in the nutrient intake in an Andean community, and Stansbury et al (1999) who discuss growth failure in the Ecuadorian highlands. This study does not attempt to provide a critical analysis of Ecuadorian health structures, or to present an exhaustive collection of traditional health beliefs and practices. Rather, it is an opportunity to hear and try to understand the beliefs and experiences of a group of Ecuadorian people in the area of health. In doing this, I hope to increase my understanding of their culture and how it affects

their beliefs and practices of health. My experience working in the area of health has been a continual challenge, to consciously put aside my ideas of health, to listen to, respect, and take into account the unique context presented by each individual and country. As researcher, my search is to understand the whys and wheres of these beliefs and practices, has led me to explore some of the history and culture of this country and the influence on the current experiences of health. I hope this study will provide a different and complementary perspective to the existing body of knowledge about health in Ecuador. The sharing of participants occurred both formally and informally, in both individual and group environments. These stories are combined with a selection of relevant literature, and some of my observations and experiences from living in Ecuador over the last two years.

The central aim of this thesis is to explore the worldview held by Ecuadorians in relation to health. To reach this goal, the following areas are explored: the concepts of worldview and culture; how an understanding of health can be shaped by historical patterns; what the key elements in a worldview of health are; and an overall understanding of the Ecuadorian context. For the purposes of this study, common themes are a collection of ideas, concepts, phrases, words and experiences which were repeatedly expressed either throughout the reviewed literature or shared through the stories of the participants. If patterns of repeated ideas and practices do exist it would appear to reflect an underlying way of understanding health – a worldview.

To help create a structure from which to study the Ecuadorian perspective of health, common themes were noted from reviewing literature about non-western systems of healing. Some of the principal themes found throughout the literature reviewed are: the interrelated nature of the physical and spiritual realms; the concepts of self and community; origins of unwellness and health seeking practices; food and food practices; syncretism; and the concept of body image. These themes provide the frame of reference for the participatory research groups and interviews, which produced the findings for this thesis.

A lifetime of experience and study would fail to capture the entirety and complexity of an Ecuadorian worldview of health. However as researcher, this study has provided an important starting point in my personal hearing and understanding of how health is

conceptualised and experienced in Ecuador. I feel satisfied and enriched with the quality and value of the experiential knowledge gained through this research.

## Health as an Integral Part of Development

In the study of health, whether from a 'scientific', social or individual perspective, the wider cultural and historical context in which health is a daily reality, must be acknowledged. Therefore, as a foundation for exploring the concept of health in the Ecuadorian context, it is important to have a brief overview of the history and origins of Development Theory. This theoretical framework will be of assistance in responding to the question "What is development?" and therefore facilitate a better understanding of the integrated nature of health within the development discipline. We will begin by reviewing the three principle schools of thought as to what is the cause of underdevelopment and poverty, and consequently their respective policy directions: Modernisation, Dependency and People Centred Paradigms.

### Modernisation

Modernisation traces its origins to early economic and social theory that developed during the age of industrialisation in Europe. The social development theories of sociologists such as Durkheim (1858-1917) and Weber (1864-1920) identified what they considered basic steps in the process of a societies development. The theory was further developed by social scientists such as Parsons during the 1950s and 60s, who taking the ideas of the economist Rostow, formed the theoretical foundation for modernisation theory (Webster 1991:49). Rostow's Stages of Economic Growth Theory (1960) outlined his key formulations of the five stages through which any society would need to pass to achieve economic growth. These began with a traditional society, the precondition to take off, the drive to maturity and the result, that was a high mass consumption society. The assumption was then, that any society who passed through these stages of economic and social transformation could become developed (Todaro 1997:706).

The modernisation school of thought sees development as a process of moving from a traditional to a modern society, modern being in nature industrialised and capitalist (Leslie 1996:12). This was to be achieved through a process of social transformation and

economic growth. Once the goal of sustained economic growth and a secure consumer base is achieved, the benefits will 'trickle down' to the whole of society, automatically bringing about a better quality of life for the affected population (Todaro 1997:82).

Post World War Two, the international climate was one of decolonisation, nation building and the threat of communism during the Cold War era. The modernisation policies implemented by the United States (US) to meet these perceived threats also provided the US with economic benefits (Leslie 1996:11). If the modernisation way of development had proved successful there would now be no poverty or inequality in the current global context. Today's reality could not be further from the truth. Despite the glaring limitations of economic growth to bring about real development, because of vested power interests of the western capitalist world, modernisation remains the dominating policy influence within multilateral 'development' agencies such as the World Bank, United Nations and the International Monetary Fund (Knippers Black 1999:25). In the last decade, the basic tenets of modernisation have re-emerged through the influence of neo-liberal economic policies that have had serious implications for many developing countries. Some of these policy directions include:

**The stimulation of free-market trade, privatisation of national assets and reduced national spending on areas such as health and education (School of Global Studies 2000:9).**

Examples of the outworking of these policies are described in the Ecuador chapter.

## Dependency

The dependency or underdevelopment model is described by Todaro as a paradigm that grew out of Marxist theory, within the context of social upheaval in Latin America during the 1960s and 70s. It provided a strong critique for the apparent failure of modernisation policies, as inequality seemed to be increasing, with the expected trickle down benefitting only a small percentage of the population (Todaro 1996:82). The cause of underdevelopment was seen as a result of the continuous impact of colonialism, which created systems of external and internal exploitation. Although the era of colonialism was said to be over, less obvious forms of economic and media dominance have reinforced these dependence-creating patterns (Schuurman 1996:5). While providing a comprehensive critique of the capitalist economic system, Underdevelopment theorists failed to provide workable policy alternatives to improve the social, political and economic

realities in developing countries. Therefore as a theory, it has been limited in its long-term impact (Frank 1966 and Cardoso 1979 ).

## The People–Centred Paradigm

After a relative vacuum of viable development theory during the 1980s, a collection of fresh approaches have recently been changing the face of development. Participation, empowerment, post-modernism, gender issues, environmental sustainability and a respect for indigenous cultures and forms of living, are some of the key ideologies which have informed the new way to 'do development' (Schuurman 1996:21). Within this perspective, the development practitioner is seen fulfilling the role of facilitator and information broker, rather than decision-maker or teacher. It aims to focus on the needs of the community through understanding and respecting local values, knowledge and experiences (Knippers Black 1999:21).

Although not considered a grand theory of development, this new wave of thought and practice challenges the development 'industry' to return the focus of development work back to people's genuine needs and wellbeing. Instead of embracing the external solution, this bottom-up approach searches for the way forward that is local, recognising the value of the community's experience and culture. While this aim is commendable, the philosophical changes are often limited to a change in rhetoric, without a transformation of the underlying top-down structures (School of Global Studies 2000:18). For example, within many government and non-governmental organisations in project planning and funding proposals, vocabulary such as 'participatory' or 'sustainable' are utilised because they are the current development 'trend', and will be treated favourably by donor agencies. However, there is frequently a limited understanding, ability or willingness by development practitioners to adequately translate these concepts into development practice (Chambers and Guijt 1995:11).

Development theory is particularly useful in this study of the worldview of health in Ecuador for a number of reasons. Firstly, because the health policies of Ecuador are a model case study of the limitations of modernisation theory; secondly, because the participatory methodology utilised in this thesis is a reflection of the recent trends in development theory; and thirdly some of the patterns of colonial exploitation critiqued by

Dependency Theory are present in Ecuador. Before completing this theoretical section, it is important for the reader to be aware of the researcher's bias in defining development. Despite the difficulty in providing a definition for a complex and multi-faceted word such as development, the following are two broad definitions that attempt to include the essential elements of development. The first reflects my personal perspective as researcher, combining parts of my life experience, faith and elements of the definitions given by development practitioners such as Chambers (1997) and Smith et al (1997). Development is a process that facilitates holistic transformation at an individual and social level. This process aims to create internal harmony in people, between humanity and between people and nature. It works toward creating choice, empowerment<sup>1</sup>, participation<sup>2</sup>, justice<sup>3</sup>, and the meeting of people's basic needs.

Another suggested definition of development is:

**A multidimensional process that involves changes in social structures, popular attitudes and institutional frameworks, which brings about a reduction of inequality, and encourages economic growth. It facilitates an improvement in appropriate life options and the eradication of absolute poverty (School of Global Studies 2000:3).**

My hope then, is that this thesis in its aims and methods will reflect these principles of development outlined here.

Health is life, if I don't have health I can't live and work. So simply stated by one of the participants in this study, good health is a non-negotiable necessity in the reality of being human. Therefore, it is a logical progression to see that health is integral to development, because if people are unwell in any way, it compromises their participation at an individual and communal level in providing for themselves, and in the decision-making processes of daily life. In fact, the individual and communal level of wellbeing within a people group, is

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While the following words are common in the context of development literature, since the above definition to which they refer is my own, I have chosen to use the following more general definitions with which I agree, along with my own brief explanation.

<sup>1</sup> Empowerment is to enable or give power to (Collins Dictionary 1992:511) In this context it refers to people being able to have reasonable life choices in decision-making processes and the ability to meet basic needs such as food, security, employment, and human rights.

<sup>2</sup> Participation is having the ability and responsibility to take part in, or be actively involved in a process or activity (Collins Dictionary 1992:1137, Rahnema 1999:116). In this context this refers to individuals, families and communities in numerous spheres. For example: decision making, economic, political, education, health and social.

<sup>3</sup> In this context I am thinking of justice as the fair administration of law according to the prescribed and accepted principles (Collins Dictionary 1992:841).

often an indication of the problems, paradoxes and practices of development in that context. As Helman describes:

**Metaphors of illness are created in all cultures reflecting traditional beliefs about the moral nature of health and illness. These are often created to symbolize what is wrong in the wider society (Helman 1990:99).**

This next section focuses on illustrating that health is an essential part of development. Health is affected by the economic, political, social, and educational structures of our society. A recent issue of the *New Internationalist* demonstrated this interconnected relationship, when it suggested that the reasons some people are more prone to illness are not surprising: inequality, poverty, pollution, the type of employment people are engaged in, and a system that values money too much and people too little. Of course a person with severely limited employment options will take work in an industrial chemical factory despite highly negative health risks and low wages, if it means providing for a family that would otherwise starve. Important energy has gone into creating and maintaining a profit focused medical system, and not enough energy into fighting against the structural causes of illness (Turner 2001:30-1).

This idea is further reinforced with a description of the close links between certain illnesses and 'development':

**Sicknesses of development are in the air, water, air and noise pollutants from industrialisation, urbanisation, social dislocation, changes in nutrition and housing, media impact, cancer, hypertension, compromised mental health, drug and alcohol abuse, STDS/AIDS, traffic accidents and violence (School of Global Studies 2000:40).**

Further evidence of this trend is shown by Griffen in the following Pacific example, which could well be in any developing country of the world. Government policies that cause social and economic changes are affecting people's health. Past generations either grew or hunted their food. However, today in agriculture, less food is being produced as people turn to cash cropping to earn a living. This creates a dependence on imported foods, many of which are processed, such as tinned fish, rice, flour, and sugar. These provide less nutritional value than many traditional foods and are contributing to an increase in diseases such as diabetes, anaemia, high blood pressure, heart disease, and malnutrition. In addition, as the influence of global marketing increases, more of the family budget money is spent on consumer items rather than food for the family (Griffen 1983:3,154-5).



Jones (1997:3) expands further on this connection between health and development in her social model of health. She adopts a multi-causal theory of health, which acknowledges the influences of political, economic, social, psychological, cultural, environmental and biological factors. The practical outworking of this model focuses on the transformation of the structural inequalities that undermine health, while simultaneously meeting the immediate, expressed needs of the people. This example reminds us that health is much more than simply immunisation, sanitation and family-planning campaigns, or even providing basic drugs and treatment to a population. Health is implicitly dependent on and part of the wider challenges of development, such as a reduction of inequality and poverty, empowerment, participation and sustainability.

Often the belief systems within indigenous cultures have been treated as an impediment to the modernisation of health, without being given the opportunity to share and utilise their own systems of healing that have sustained their communities for generations. For example, in Ecuador, within the bio-medical model that currently dominates the health system, little acknowledgement has been given to the many traditional remedies successfully used for centuries. Rather than making assumptions or analysing right or wrong practices, this study aims to listen to and value local knowledge and experiences of health. Perhaps by understanding the beliefs and practices of health, health care and education services in each unique context can be formulated to meet the needs of the people.

## Voices of This Study

The Spanish word for knowledge is *saber*, which comes from the Latin *sabor*, meaning flavour. We have the ability to absorb knowledge, savouring it and being nourished by it. It is an act of creation and re-creation (Smith et al 1997:19). This thesis presents the opportunity for an interactive journey between the knowledge and experiences of the participants, researcher and reader through the common medium of communication: written language.

## Participants

Each of the participants is represented through their stories, quotes, themes, drawings, photos and contexts, described predominantly in the methodology and findings chapters.

## The Reader

Each reader comes with his or her own personal history, experiences and interpretation of what is read and felt. These affect how the information in this thesis is interpreted and understood. While reading this thesis you, the reader, are simultaneously processing, interpreting and relating the new information, to your existing frame of reference. This is an important and valuable form of interaction. I ask you to remain conscious of your own cultural filters as you read this study.

## The Researcher

Because worldview underpins how and what we as humans communicate, as researcher, this study reflects my choices, experiences, culture and form of communication. Two particular experiences in my life have provided particular inspiration for this study, in challenging and stimulating me to think about the interaction of health, culture and worldview.

While working in India, my job description was to provide a module of basic health and nutrition education to a group of semi-literate Indian women affected by HIV/AIDS, and to the staff who worked in this community. Mostly due to my lack of being able to directly communicate with the women, I spent most of my time observing, participating in the daily activities of community life and asking questions. Through this process I began to discover the wide gap between the worldview of these women and mine, in relation to health. That is, their explanation of simple things, such as the choice and preparation of some foods over others, revealed a completely different underlying explanation. Other beliefs involved specific rituals for healing and a very strong social dictation of food choice, related to status. It was at this point, my consciousness in the differentness of our worldviews began to take shape, and I felt the challenge of how I could interact and offer something appropriate and positive to their reality.

The second learning experience, has been over the last two years in Ecuador. I have sat, observed, heard and participated in the life of an HIV/AIDS support group run at a local government hospital. I began to notice that the 'education' involving medication, food and hygiene practices given by doctors, nutritionists and health professionals, although with the best of intentions, was a discourse which had little to connect it to the everyday social, economic and physical reality of the members of the group. Suggestions and treatments that fitted with perfect textbook technique, had little relevance in the understanding and daily practices of these people. I became fascinated with exploring what was the worldview of the people in this context; where did these differing beliefs and practices come from, and how could these contrasting realities be connected?

Each person's worldview is constructed through particular family, societal and cultural structures, and by conscious decisions and life experiences. This creates the dynamic and constantly evolving nature of a worldview. While my cultural heritage and education are essentially European, I have been strongly influenced by living my formative years in the Melanesian culture of Papua New Guinea, and continuous travel and interaction with other cultures throughout my life. An additional influence shaping my worldview, is that my age, culture and education situates me within the postmodern generation. There are a number of characteristics found more commonly in a post-modern approach to research that are to some degree reflected in this study. Grbich (1999:48) describes some of the relevant traits of research in a post-modern environment in the following way:

**It is common to observe a rejection of meta-narratives that are presented as providing complete answers, rather approaching a research topic with a particularly critical eye to self-biases and the socially constructed realities to be investigated. Based on the fact that 'truth' is multifaceted and in a state of constant transformation, multiplicities of perspectives are called upon to refract images from different aspects of the topic. Multiple voices are heard including that of the researcher. The researcher is de-centred, prediction is not so valued, and reflexivity and a continual questioning of the text are favoured.**

Long describes postmodernism by contrasting it with a scientific perspective originating as part of Enlightenment philosophy:

**While the Enlightenment era emphasized truth based on human reason, the autonomous self, scientific discovery, and human progress, post-modernism is characterised by preferences based on multiple truths, community, and virtual reality (Long in Rawson 1996:54).**

Factors such as a reluctance to give boxed definitions of concepts, the acknowledgement and integration of multiple voices and the searching for common themes rather than 'concrete' results, are all reflections of post-modern influence in the way this topic has been approached.

## Language

Written language is limiting because each word allows for multiple meanings and interpretations, which, if there is not some degree of consistency could allow for misunderstanding and confusion. Vocabulary such as 'indigenous', 'developing' and 'alternative' are in themselves labels that have been defined from a Euro-centric perspective (Department of Social Anthropology 1995:1). This in itself can create erroneous mental images that can reinforce unfair stereotypes and disrespectful generalisations. Janes (1999:1803) comments that the word 'traditional' invokes the idea of unchanging systems as compared to knowledge that is scientific and modern. Therefore, because of ethnic and political connotations, there is no satisfactory term in referring to non-Western medical systems. While acknowledging that language is problematic, it is necessary to communicate clearly and therefore terms such as 'third world', 'developing country' and 'traditional medicine' are briefly noted below in order to create consciousness of the researcher's perspective.<sup>4</sup> Finally, it is also important that we do not create in our minds an extreme polarisation using the terms western and non-western. This is because in the reality of today's global environment there is a significant overlapping and borrowing of languages and values between culture, and influencing of worldview at previously un-heard of proportions.

In addition to the personal benefit of having a clearer understanding of the Ecuadorian perspective of health on the completion of this study, it is my hope that:

- Through taking the opportunity to share their knowledge and experiences of health in this study each participant would feel affirmed in their knowledge and practice of health within their own culture.

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<sup>4</sup> \*The words ethnomedicine, non-western or non-Eurocentric health system, and traditional are used to describe any system of healing which is not based on an European ethnic origin

\*Developing country or third world is used to describe lower-income countries while the term western or European is used for 'developed' more economically stable countries.

- That through participating, each participant might pass through a process of conscientisation<sup>5</sup> regarding the state of their own health and health care options. This in turn may assist in reducing in some small way the dependence on western medicine and expensive health treatments.
- This study has facilitated an improved understanding between different ways of understanding health. By exploring the concepts of worldview, culture and health in this specific Ecuadorian context, perhaps health workers in a cross-cultural context will also become conscious of the extreme differences in worldview. If this recognition fuels action, maybe those facilitating health education would have greater relevance, appropriateness and effectiveness in improving the wellbeing of communities. Freire talks about this idea of respectful dialogue and conscientisation as being important for development:

**Revolutionary leaders cannot sloganise, but should enter into dialogue with peoples so the peoples empirical knowledge of reality, nourished by the leaders' critical knowledge gradually becomes transformed into knowledge of the causes of reality (Freire 1972:104).**

- This research will help to broaden the perspective of health in Ecuador. In doing this, perhaps a greater awareness amongst health professionals of the prevailing concepts of health will be raised, and relevant connection points between this prevailing worldview and the western based professionally educated perspective can be found.
- I, as researcher will gain a more insightful understanding of the history and culture of Ecuador, especially in how this impacts on the area of health.
- As a researcher, it is an opportunity for me to put into practice participatory research methods, and see how effective they are as tools for research and community development.

## The Path to Follow – Outline of the Thesis

This thesis begins with an introduction to the concept of worldview and culture, why health is a key development issue, and goes on to create an awareness of the interacting voices represented throughout the study. Chapter Two is intended to provide the frame of reference by reviewing the literature related to the themes of worldview, culture, health and

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<sup>5</sup> Conscientisation is the process of becoming conscious of something (Rahnema 1999:125, Freire 1972). Here it is generally used in reference to becoming aware of existing ideas, beliefs or practices in relation to health.

Ecuador. Chapter Three situates the study within the context of Ecuador; its people, culture and history of health beliefs, policies and structures. The fourth chapter seeks to explain the origins and philosophy behind participatory research, why it has been chosen for this study, and how it worked in practice as a methodology. In Chapter Five we hear the voices of Ecuadorians sharing their knowledge and experiences of health as revealed in the common themes, sayings and a case study. Finally Chapter Six is dedicated to the relevant reflections and conclusions of the common themes revealed in this study.