

Health Anthropology & Global Health

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Introduction

Anthropology of health is briefly defined as the field of anthropological research that studies the factors that cause, maintain or contribute to the diseases in human populations, and the strategies and practices that different human communities have developed in order to respond to the same diseases.

The challenges of "Global Health"

Health, as defined by the WHO and as underlined by the European Union in the document "Health in all policies", depends in the least on the health care system but is structured in a multifactorial causal process dependent on the choices of administrators, researchers, operators and those who are directly or indirectly involved in public health. In this setting, increasingly, globalization is emerging with violence as a phenomenon that deeply weighs to health not only of humans but of the biosphere in which they live day by day weakening the delicate balance between natural systems. There are not more States able to protect the health of its citizens: the future challenges of global health such as aging and obesity, for example, are part of a market environment that manifests itself as a crisis of the environmental, energy and economic system, besides, perhaps, of values.

There is a presumption to say that it has extended life expectancy but at the same time we are facing an exponential increase in chronic diseases since the adolescents and young people not only in old Europe but also in the so-called countries "in the process of Westernization" with an increase in costs that can hardly be maintained.

The match or, better, the chessboard on which "The Great Game of Health" and its actors move is in everyone's eyes. So what to do? We believe it is worth to start up again from the man, from the human capital that is a person, group, community, consumer, parent, student, administrator in the constant dynamic of individual and collective life. Talking about health without imagining in the perspective of interdisciplinary new production models that put at the

center the connection between man and environment in an ecosystemic vision is perhaps obsolete or at least does not meet the urgency that the contemporary poses. Humbly looking again to thousand-year methods of treatment and prevention, to traditional knowledges which must, now more than ever, be preserved and protected, this may be the way to imagine an alliance between past and present, between science and the new humanism.

Materials and Methods

If, in the era of economic globalization and the successes of biomedicine, the studies of health anthropology and of diseases may seem almost only interesting from historic or traditional points of view, it can be useful to recall some facts not known enough.

Worldwide, more than 4 billion people do not use the remedies of biomedicine, nor will they ever afford to use them. 70% of the inhabitants of the planet would resort to the remedies of traditional medicine to meet the needs of primary health care. In China alone over 5100 species of plants and animals are exploited by traditional medicine, while it is estimated that the populations of the northwest Amazon use more than 2000 plant species, in the former Soviet Union around 2500 species of plants are used for medical purposes; in Burma 90% of the population use vernacular methods... (Farnsworth, 1994).

Neither of these situations should be only considered as mere peculiarities of the least developed countries: they are used a lot in the health care systems of Western countries.

In the West, in recent years, global demand for medicinal plants has tripled. According to recent data, 30% of drugs sold in Italy and about 35% of those sold in France and Germany are OTC (Over The Counter: drugs that do not require a prescription, for the most part auto-prescribed). In the coming years a further sharp increase in numbers is expected. According to Kleinmann (1995) a percentage varying between 70 and 90% of cases of illness that afflict the American people are treated first of all within the family sphere and using traditional methods. A number of healing practices released by the medical-scientific rationality proliferate in the heart of the industrialized West. These facts should be sufficient to understand how medical pluralism, traditional remedies and, in general, cultural attitudes

to illness and treatment are not at all academic matters or relating to folk matters, but directly affecting the welfare and promotion of health of the entire world population. For the most part of world population, moreover, traditional remedies are the only remedies available.

Medical anthropology as a subdiscipline of anthropology, and with a defined status, appeared only in the fifties. However, the exchange and the relationship between anthropology and modern medicine began at the end of the XIX century with the pioneering work of Rudolf Virchow. He was a renowned pathologist, interested in social medicine and who influenced, among others, Franz Boas, founder of American anthropology. His particular theoretical perspective, however, became part of the medical-anthropological theory only since the seventies. The early works that, in retrospect, can be considered related to medical anthropology are written by authors who were dealing with other subjects, and who, in describing the traditional cultures object of their studies, have devoted some attention to the medical care systems. Roots of medical anthropology are found in the convergence, at the end of World War II, of the different perspectives of intervention and research. In the period immediately following the end of World War II, many anthropologists were involved in the areas of international policy issues of global health, and found a place in clinical and academic communities as teachers, researchers, administrators and clinicians. International Institutions such as the United Nations and the World Health Organization were supported by the hard work of Edward B. Tylor and the participation of Margaret Mead, Henry A. Mahler and others. This special situation allowed them to focus their research and studies to health and disease (Guerci, 2007).

The initial work to fix the definition of medical anthropology was made possible, and was facilitated by the existence of ethnographic studies on rites and religions, from contemporary research in the ethnological and behavior school, from solid bases of biological anthropology and from the international movement for public health.

In addition to these roots of medical anthropology, we must mention at least 3 other areas that have influenced its theoretical development. The first one is **ecological anthropology**, which, emphasizing the constant interaction between the environment and culture, has developed a conceptual framework immediately available by medical anthropology.

The second one is the **theory of evolution**, a real base of all sciences, which has provided the necessary evolutionary background. Finally studies on **mental health** and behavioral disorders specific to particular cultures, which allowed the formulation of discussed concept of *culture-bound syndrome* (McElroy and Townsend, 1989).

Discussion

Over the past three decades, the medical anthropology has gained increasing importance, thanks to the participation and resolutions of the World Health Organization (WHO).

The WHO Traditional Medicine Programme, developed through a series of resolutions adopted by the World Health Organization and the Regional Committees of WHO, is born as a response to the demands of a renewed interest in ethnic therapies, and aims to identify and use them within national health services.

According to the well-known definition of the WHO in 1948 health is not merely the absence of disease or infirmity but the complete physical, mental and social well-being.

More recently (Ottawa, 1999) it has been proposed to introduce, among the parameters which are able to characterize the state of health, also the spiritual part. What future prospects in the new social environments? Historically non-western world was the primary field of study and application of health anthropology. But because of the criticism to the biomedical system linked to discipline, anthropology has come to play a leading role in research on health and disease as perceived, experienced and treated in the Western world of biomedicine. It is necessary to underline as the medical-anthropological studies in Western world have never configured as a simple support for medical research, but have maintained, since their beginning, the critical power that derives from their autonomy. In this way it is possible to raise questions that have gained relevance in both the social and cultural as well as in the medical sector (Guerci, 2007).

Some of the medical issues that have benefited from the medical-anthropological research can hardly be underestimated.

In recent years, anthropology, in close collaboration with other disciplines, has developed important researches: the use of narcotics and drugs, the models of reproduction, the relationship between social stress induced and the ability to maintain health status, the relationship between the general and local environmental conditions and diseases outbreak, the dissemination of HIV and the living conditions of HIV-positive. Also during these years health anthropology has given a significant contribution to the study of pain. It is set between biology and culture and can be understood only in its various manifestations within a perspective capable to collect in a coherent conceptual framework medical and physiological data, social and cultural context (Guerci and Consigliere, 2003, 2005).

But the need for such studies lies not only in the interest in science and in the improvements in the western health care system. They actually involve the heart of political and civil life, for example the immigration phenomenon and the new social and cultural stratifications that immigration, together with forms of aggravation of poverty, imply. As far as the countries of Europe are concerned, research and applications on the cultural mediation are of great interest and extreme urgency. The considerable flow of migrants to the EU institutions has in fact put in the position of those who must learn to renegotiate their strategies. The European situation presents itself, however, highly diverse, since the countries which have historically attracted immigrants have developed policies and strategies of mediation, while others are now unprepared for the first generation of immigrants.

But the prospects and implications for health and disease anthropology in the future are very wide: the health care in poor countries, the possibility of national savings in the public health sector, the scientific validation of traditional treatments, the development of low-cost drugs, the rights of people for the patents used in pharmaceutical sector and the integration of different care systems, assistance to immigrant patients in Western countries.

References

- Farnsworth N. 1994. Ethnopharmacology and Drug Development. In: Chadwick D., Marsh J. (eds), *Ethnobotany and the Search for New Drugs*. Chichester, John Wiley & Sons: 42-59.
- Guerci A. 2007. *Dall'antropologia all'antropopoiesi. Breve saggio sulle rappresentazioni e costruzioni della variabilità umana*. Lucisano C. Ed., Milano.
- Guerci A., Consigliere S. 2003. Anthropologie médicale. In: Suzanne C., Chiarelli B., Rebato E (éds), *Anthropologie biologique. Evolution et biologie humaine*. Bruxelles, De Boeck Université: 625-630.
- Guerci A., Consigliere S. 2005. Mots et maux d'Occidents: réflexions pour l'interprétation des soins d'ici et d'ailleurs. In: Pordié L. (ed), *Panser le monde, penser les médecines. Traditions médicales et développement sanitaire*. Paris, Editions Kartala: 33-51.
- Kleinmann A. 1995. *Writing at the margin: Discourse between Anthropology and Medicine*. University of California Press, Berkeley.
- McElroy A., Townsend P. K. 1989. *Medical anthropology in ecological perspective*. 2nd edition. Boulder, San Francisco, London, Westview Press.