Including Social Inquiry: why and how?

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This post on Facebook by the Brazilian Nelson Felippe (02/2015) was shared massively in Brasil: “I have no prejudice, everyone should do with their lives what they want but I think it is absurd that I need to witness this!”
Research on sociocultural factors related to health and illness, including infectious disease transmission dynamics, community perceptions, and their impact on the effectiveness of prevention, control and elimination strategies.

ALL AMERICANS
MUST BE
ACCOMPANIED
BY
AN ADULT.
Culture, Health and Illness: increasing heterogeneity

Ra-glai child with malaria, Vietnam

Bed net distribution program among the Jarai in Cambodia
Implications

- Behaviour is context dependent while bio-medical strategies are (mostly) universal
- Requirement of research
- Need for inter/transdisciplinary approaches
The human factor

The efficacy – effectiveness cascade

Efficacy 98%

Access x 60%

Diagnostics x 95%

Provider compliance x 95%

Patient adherence x 79%

Effectiveness = 37%

Source (adapted): Tanner 1990, Therapeutische Umschau
Adherence: relevance of contextualization
Provider compliance

- Private sector purchases
- Patient demand
- Socio-economic imperatives
- Beyond acceptability

Mixed medicine bag, Cambodia
Patient adherence: trust

“Although the virus has not yet delivered any devastating surprises, we have seen some surprises on other fronts. We anticipated problems in producing enough vaccine fast enough, and this did indeed happen. But we did not anticipate that people would decide not to be vaccinated.”

18 January 2010
Progress in public health during the previous decade and major challenges ahead
Dr. Margaret Chan, Director-General of WHO

(one pill?)
Patient adherence: methodological implications

- [1] Understanding adherence
- [3] Improving adherence
Understanding adherence

[Qualitative methods]
Adherence to 7-day PQ treatment in Peru

In-depth interview

My mother-in-law bought some pork and we went over for lunch but then, the same evening, I was shaking with malaria (...). My mother-in-law says we’re never ever going to buy pork again! (...). So much malaria with all that pork! (Mestizo farmer; Villa Buen Pastor).
Low adherence

- Adherence estimated at 62.2% (maximum)
- 69.9% treatment ‘shocked’
- 61.2% reported allergies
Humoral illness perceptions

Onset of symptoms  Day 1  Day 2/3

Illness Description
- Cold Phase
- Hot Qualities

Required Treatment Characteristics
- Hot Treatment
- Refreshing Treatment
Recap: understanding adherence

- Qualitative methods
- Context specific
- Beyond acceptability

Mixed methods [qual + quan]
[2.1.] Operationalizing bed net use in surveys

Government supported village Ninh Thuan, Vietnam

Slash and burn field residence. Ninh Thuan. Vietnam
[2.1.] Operationalizing bed net use in surveys

- 90% (measured as “did you sleep under a bed net last night” [no response categories related to place]).
- Using a different operationalization [including place, based on [QUAN] epidemiological and [QUAL] anthropology strand], 53% of participants stated to use a bed net at their farms.
- Bed net use at both locations was only 42%.
[2.2.] Operationalizing topical repellent use

[2.2.] Operationalizing topical repellent use

- Malariometric survey: ‘daily repellent use’ (“did you use the repellent yesterday”) 71.7% and 69.1% (2 years of intervention)

- Changes in operationalization: seasonality and economic and livelihood activities, level of insect nuisance, age and gender (…): 30%

- Structured observation component was added leading to 7.9% of observed daily use
Recap: Measuring adherence

- Did you take your medication yesterday? (generalization requirements)
- Context-specific
- Mixed methods
- Inter-disciplinary design
[3] Improving adherence

trans-disciplinary designs

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Hazardous Journeys

Parachute use to prevent death and major trauma related to gravitational challenge: systematic review of randomised controlled trials

*BMJ* 2003: 327  doi: http://dx.doi.org/10.1136/bmj.327.7429.1459 (Published 18 December 2003)

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[3.1.] **Trans-disciplinary designs**

- Interdisciplinary research – Implementation – Participatory strategies
- Community participation strategies, stakeholder involvement
- Versus: top-down, context independent approaches
- Context: lower prevalence and increasing heterogeneity
Way forward

- Crossing disciplinary borders
- Universal/localized strategies and increasing heterogeneity
Thank you