UNITED NATIONS

NATIONS UNIES

WORLD HEALTH ORGANIZATION

ORGANISATION MONDIALE DE LA SANTÉ

REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN

BUREAU RÉGIONAL DE LA MÉDITERRANÉE ORIENTALE

HEALTH EDUCATION OF THE PUBLIC SEMINAR

Teheran, Iran
25 October - 6 November 1958

EM/HEP.Sem/4
22 August 1958

ORIGINAL: ENGLISH

# THE CONTRIBUTION OF ANTHROPOLOGY TO PUBLIC HEALTH AND HEALTH EDUCATION

by

Hamed M. Ammar, Ph.D.*

## A. BASIC ASSUMPTIONS

### 1. The two aspects

All activities included in the field of "Health" have two main aspects: the technical and the social. The technical aspect of "Health" with its diversified ramifications is well recognized, and delineated by specialists. Moreover, laymen are sufficiently appreciative of the work, research and technology involved.

However, the development of knowledge and "techniques" in health or in other spheres of human activities does not constitute an end in itself, and even the promotion of health is not an absolute goal, as one is bound to inquire: health enjoyed by whom and for what. These activities can only have their fullest significance in the social context, and their richest meaning in the well-being of people. We are becoming increasingly aware that any action is ultimately judged in terms of its effect on the individual. Technical aspects are thus instruments, or means to the deeper and ultimate aspects of social living.

---

* Professor of Cultural Anthropology
Ein Shams University
Cairo
and
Head of the Training Division
Arab States Fundamental Education Centre,
Sirs-el-Layyan, Egyptian Province

2. The system of meanings

The direction of all human activities whether in agriculture, health or literacy can be determined in the light of unifying and coherent social philosophy that sets the goals, objectives, priorities, preferences, techniques and approaches. A comprehensive social philosophy embraces a system of meaning and motivation and calls for action in a particular direction in all the spheres of human concern. Such a philosophy demands a whole view and a long view: institutions, techniques, tools and different activities cannot be viewed separately, or individually, but in their perspective, interrelatedness and direction over time.

Technicians and specialists tend to think and work in terms of pure facts and scientific neutrality, they feel contented with handling "real problems" avoiding the airy and unreal philosophical issues. They are too readily prone to forget that no fact is sufficient in itself, however scientific, objective or real, it may be labelled. A fact derives its meaning as it is seen, related, interpreted and evaluated in relation to other facts and systems of meanings.

> "Is it not time to awaken to the need and conditions of this richer learning that turns knowledge into virtue, information into insight, and facts into coherent meaning and moral motivation? Is it not time to complement our present preoccupation with the facts of nature with a study of the facts of human nature and the values of significant human life in the community of man... mobilizing all available tools to teach us?
>
> "Is it not time to rediscover that man is not primarily an act, creative, illusive, responsible, and free? that to understand him, his acts, or scientific successes, one must come to terms with his interior, the meaning that sustains his life, and the motivation that informs his work". (1)

3. Methods and techniques

In addition to this question of social philosophy, it is also worth noting that the methods, techniques, devices and instrumentalities in general are not absolute in themselves and cannot be adopted or expected to yield the desirable results unless they are organically related to the ends and purposes in view. Never is method something isolated from the

---

(1) Glenn Olds, Man is not a fact - Saturday Review, 15 Feb. 1959 P.45

gamut of forces impinging on the total social situation. Methods, as repeatedly stressed by John Dewey, are but an orderly way of employing some material for some end, techniques are but effective tools for treating or directing social forces. (1)

## B. CONTRIBUTION OF ANTHROPOLOGY

### 1. The concept of culture

In this introduction we have only hinted at the vital importance of "social meanings" and the "social significance of methods" as basic requirements for the proper understanding of the technical aspects of welfare activities. Some specialists pay lip-service now and then to these sociological considerations, some take them for granted, while others tend to ignore or underestimate the validity of these considerations. Naturally a specialist adopts a microscopic point of view which sharpens and clarifies his perception of things within a restricted area of interest. Many specialists are also concerned with practical achievement and immediate discernible returns. If technical specialists state, sometimes explicitly, that they should not be overburdened with such additional responsibilities, it would be imperative that some agent should undertake the social integration of their technical activities. Precisely here, that the cultural anthropologist comes into the picture of social action. The cultural anthropologist deals with "culture" - the man-made part of the environment. Culture is a concept that describes:

> "the total body of belief, behaviour, knowledge, sanctions, values and goals that mark the way of life of any people... When we ask how people come by the forms of belief and behaviour that mark their way of life, we find the answer in the learning process, broadly conceived. It includes both those responses to conditioning on the unconscious level, whereby the basic patterns of the group are impressed on the developing infant, and those more consciously received forms of instruction that we call education". (2)

---

(1) John Dewey, Democracy and Education, New York, The MacMillan Impression, 1951 pp 195-197.

(2) Melville J. Herskovits, Man and his Works, New York Knopf. 6th edition, pp.625-626.

This concept of "culture" provides anthropologists and other social scientists with the frame of reference for the understanding of the behaviour of the group members who have been socialized in their particular "cultural patterns". Man is unique among animals by virtue of his ability to learn, accumulate experience and transmit it from generation to generation, rather than relying on inborn, instinctive drives. The cultural arrangement and its ethos form the directives and meanings of human behaviour. To members of a certain culture its knowledge, doings and undertakings are accepted for granted. To them also practices are judged reasonable not on the basis of "rational" analysis or "logical" connections, but rather on the basis of the premises and pre-suppositions provided by their particular culture.

2. The functional approach

However, equal emphasis must be laid here upon the fact that cultural practices, customs, values and systems of activities, are not fortuitous things or mere vagaries; they are functional and active in the total social system. As Malinowski put it:

> "Custom, a standardized mode of behaviour traditionally enjoined on the members of a community, can act or function... A functional explanation of magic may be stated in terms of individual psychology and of the cultural and social value of magic... Magic is to be expected and generally to be found whenever man comes to an unbridgeable gap, a hiatus in knowledge or in his powers of practical control, and yet has to continue in his pursuit... Standardized, traditional magic is nothing else but an institution which fixes, organizes and imposes upon the members of a society the positive solution in those inevitable conflicts which arise out of human impotence in dealing with all hazardous issues by mere knowledge and technical ability". (1)

This functional significance is true not only of magic but of all other social institutions. It would enable workers in cultures other than their own to understand and appreciate alien practices, and to see them in their proper perspective, and not as arbitrary practices or pertaining to inferior "people". The functional approach directs the person studying society to "make sense" of what may be seemingly chaotic or meaningless. There is great danger in interpreting social practices and traditions as "the heritage of forefathers" or in taking them for granted at face value.

A real appreciation of where people stand should be based upon proper study of the social and psychological functions of their customs and beliefs as an essential pre-requisite for producing effective change. This will also help to avoid many frustrations encountered by workers with underprivileged people, leading sometimes to their being despised for the lack of their response to sacrificial practices.

3. The mobilization of human energies

The crucial value of the sociological considerations in any planning for the improvement of the standard of living has been recognized by most modern policy makers. Advances in technical fields are conceived as the prime helper towards the liberation of social well-being and the release of human energies. The Second Five Year Plan in India asserts that:

> "... it is on the mobilization of the effort rather than on the gains and returns arising therefrom that attention has to be concentrated. These gains and returns are important, but more important is perhaps the satisfaction that a community gets from attempting a worthwhile task which gives it a chance to bend its energies to productive and socially useful purposes. The "costs" of development viewed in this light are a reward in themselves. There is no doubt, given a right approach to problems of development, including social policy and institutional change, a community can draw upon the latent energies within itself to an extent which ensures development at rates much larger than nice calculations of costs and returns or inputs and outputs may sometimes suggest". (1)

C. SOCIOLOGY OF PUBLIC HEALTH

1. Medicine involves inter-action

It is on the public side of Public Health that all social forces meet the technical aspects - as here one is not only concerned with the individual but with society at large, with its structure, social classes, social values and norms, beliefs and attitudes. People in countries characterized by slow rate to change have adopted certain health practices, habits, medicaments and a general view of health along certain traditional lines. What often appears to be the dogged adherence of conservative

---

(1) Govt. of India, Planning Commission, Second Five Year Plan, 1956, p.21.

people to harmful ways is not pure stubbornness - it is just that the new changes advocated do not "make sense" to them. Through long-established familiarity with these practices they achieve certain security in the so-called "insecurities" as judged from our point of view. The problem of change in health as in other spheres has to face differences between the traditional and the new cultural idioms and perceptions. In the words of Lyle Saunders:

> "In whatever form it may take and whenever it may occur, the practice of medicine always involves inter-action between two or more socially conditioned human beings. Furthermore, it takes place within a social system that defines the roles of participants, specifies the kinds of behaviour appropriate to each of these roles, and provides the sets of values in terms of which the participants are motivated". (1)

There can be no escape from facing and solving the cultural equation of medicine, health, illness and treatment.

2. Causation of illness - the cultural context

A few examples of the cultural context and perception of health will be mentioned here to show the community point of view with regard to health matters and the extent to which such matters are so interrelated with other systems of knowledge and activity.

In many cultures "health and illness" are inextricably connected with socially approved behaviour and moral conduct, and hence such a view acts as a stabilizing force and a deterrent, tending to social conformity. Anthropologists have reported that among several illiterate societies it is deemed essential for the enjoyment of health to "have good thoughts, to avoid quarrelling and aggressive acts". In the causation of disease one thus gets different causes from those entertained by medical people. In some rural areas of the Middle East, disease is believed to be caused either by failure to fulfil some religious ritual or ceremony, such as a financially able man not performing his pilgrimage, or by the failure to give the promised offerings to a saint. Curiously enough, tuberculosis is believed to be caused by pretence and social conceit. (2)

---

(1) Lyle Saunders: Cultural Difference and Medical Care. New York Russel Sage Foundation, 1954 p.7.

(2) Hamed Ammar, Growing Up in an Egyptian Village, London, 1954, p.78.

3. Classification of diseases

The cultural idiom determines also the classification of diseases, the weight of their seriousness and the type of treatment required. There is "cold" illness that could be cured by a medicament and there is "hot" illness that requires the placation of hidden forces. There are diseases thought to be curable by modern medicine and others thought not to be so curable, and in the light of such a division one knows what kind of "specialist" one would call. A man is prone to catch disease through his chest, a woman through her back.

4. Cleanliness and nutrition

Conceptions of what constitutes cleanliness and dirt also vary in different cultures. In many cases things are not considered dirty or contaminated unless their colour or taste is changed or the dirt itself is obvious. In other cases ritual washing or bathing is more important than modern hygienic admonitions. The "natural" water of the river, ever-flowing and everlasting, cannot be contaminated; on the contrary, it is "sweet" and even invigorating. A woman villager stated that during her husband's absence from the village she was under no obligation to sweep the house or cook meals. The major deficiency of protein in childrens' nutrition is due to the fact that meat is mainly a prerogative of adults. Meat is given to children as a reward for exerting effort and to encourage participation in social life. It is well known that in many rural areas reporting cases of infectious disease to official authorities is a betrayal of group loyalties.

5. Social obligations towards the sick

Cultural norms are also reflected in the resistance to hospitalization and isolation in cases of epidemics. Taking the sick to the isolation ward is considered in certain cultures not as isolating an ill man and thereby preventing the infection of others, but rather as a rejection of a member of the family whose responsibility and care lies primarily on his kinship group. In cases of hospitalization, the regulation of visits to the sick is a frustrating experience to both the sick and his relatives. Many popular songs express the emotional security and the sense of pride that a sick man derives from being surrounded by his family and people.

One of the songs, for example, imagines a conversation between a doctor and a sick person, where the doctor asks who is going to pay for the medicine. The sick person is shocked by such a question and instantly replies that he has so many people who will see to it. The song goes on to show how each member of the family offers the doctor something in turn. But in the end the patient dies, because he is so upset and embittered by the doctor's question, which implied that he had no people to look after him in such a matter as paying the doctor's fees and medicine charges. "To have no people" is one of the greatest insults that could be directed to any person.

6. Acceptance of illness

Cultures also vary in the way they accept illness. In some societies ill health is accepted as a normal part of the happenings in life. There is little anxiety about disease; little attention is paid to colds, stomachaches and general weakness. Doctors are sought when the illness is very grave and the sick person is almost unable to move. Chronic ailments are interpreted as God's test for His "creature". In areas with a high rate of infant mortality there is a somewhat easy way of accepting children's death. Obviously in such a setting, programmes of preventive medicine will arouse no enthusiasm and will be met with indifference.

7. Health and social class

In practically every sphere related to public health, whether in hygiene, sanitation (1), maternal and child care, control of disease and nutrition, cultural meanings and solutions are provided. (2) In modern societies many studies have shown the correlation between social classes, socio-economic groups, and the role and status of individuals. Surveys in England have shown that children of unskilled labourers are more likely to contract respiratory infections and gastro-enteritis, and that wives of unskilled labourers are less likely to use the infant welfare clinics and to have their babies immunized against and vaccinated against small pox. In America certain pressure groups resist fluoradition of water

---

(1) for latrines in villages located in desert areas people would say "why dig latrines in houses while all this God's waste land is available outside?"
(2) See. Margaret Mead (ed) Cultural Patterns and Technical change,

supplies believing that it interferes with the liberty of the subject.(1)

D. SOCIOLOGY AND ACTION

1. The need for understanding

The understanding and appreciation of the cultural setting is essential not only to interpret but also to change and evaluate. The battle of values cannot in any way be divorced from the battle against disease. Cultural awareness is essential both for international experts working in societies using different social grammar from their own, and for persons working among social groups in their own country different from their own. Understanding is a must for effective action, and to quote a famous malariologist, "if you wish to control mosquitoes, you must learn to think like a mosquito".

2. Planning

Planning health programmes involve the study of present resources, the appraisal of actual conditions and the setting of targets and objectives to be achieved over a given time in the light of a clear social philosophy. Operationally, this implies better use of existing resources, meeting, changing and redirecting present needs and creating new ones.

Comprehensive planning requires the preparation of all social forces to be encountered or anticipated. Health programmes have to be seen in their perspective as related to economic conditions, educational factors, population problems, family patterns, and material and human resources. All this necessitates continued social research. Sound planning of health programmes must be integrated with other social and economic activities. Public health planning must make the fullest use of research both on the national and local level if it has to strike roots and achieve results. It leads us nowhere to rely on unsystematic or impressionistic ideas, and the organization of social research must be considered as an integral part of the public health programmes.

3. Techniques and approaches

The relation between methods, social situations, and goals, has been mentioned at the beginning of this paper as one of the basic

(1) See articles in the Health Education Journal, Vol. XV, No.2, May 1957 (special edition on: Social Anthropology and Health Education)

assumptions in social sciences and social action. If any repetition is to be made here of the same point, it would be for the purpose of warning against ready-made devices and techniques that could be adopted anywhere.

The Brazilian case study reported by Dr. Oberg and Mr. Rois is a good illustration of the validity of this principle. Following the well-known device of establishing a community council to enlist the cooperation of people to promote community development programmes proved to be ineffective. Local politics interfered in all the proceedings of the council and made it more of a liability than an asset to the programme.

> "Setting up a non-political Community Council disrupted the existing pattern of social organization. Important landowners and political religious leaders who traditionally had made independent decisions... were now asked to sit with sharecroppers and housewives to plan the future of the community. To them this was an unheard-of procedure". (1)

Other experiences in rural areas show how the device of village committees to involve local leaders may impair social programmes. Family factions, questions of prestige or personal dignity arising out of ego sensitivity in person-group relationship disrupt the productive functioning of such councils. (2) This does not necessarily mean that village councils have to be discarded. It means that such councils being products of a particular climate cannot be transplanted automatically to communities with different social conditions; and adaptations in composition, procedures and authority of the council have to be introduced.

4. Health education

If the process of education is basically one of communication, then the need for taking into account the social and psychological factors requires no elaboration. Health education attempts three main activities: transmission of new knowledge, giving up old knowledge, changing attitudes

---

(1) Benjamin P. Paul, Health, Culture and Community-Case Studies of Public Reaction to Health Programmes, New York, Russel Sage Foundation 1955, p.370.

(2) Hamod Ammar, Field Work in Rural Areas - Arab States Fundamental Education Centre, 1955 pp.30-31 (in Arabic).

and stimulation of new needs, all resulting in an integrated pattern of behaviour. Any successful kind of education must be ultimately conceived in terms of habits and ways of action charged with emotional content.

It is precisely in communities with small economic margin that functional utility and emotional satisfaction must be seriously considered. New ideas and practices of sanitation will not be readily accepted by a farmer whose subsistence for next year depends largely on his "gamoosa". Moreover similarity and familiarity breed a feeling of fellowship and nearness among members of the same community. Dirt as understood by us may be one of those obvious factors in some rural areas producing an egalitarian feeling. To bathe your child or wash his face would make him conspicuous and thus be singled out. The fear of being "abnormal" is one of the major difficulties that a demonstration project encounters, as the community may judge it as something exceptional and not applicable to their normal conditions. If demonstrations are to be effective they must be conducted in such a way as to make their results possible for general application, and serious efforts must be undertaken to effect such application.

The resort to the driving motivation is another basic problem in health education. Persuasion, understanding, reward, utility, benefit and other positive kinds of motivations are well known to health educators. Invoking such motivations must be the main resort to health educators if their tasks as educationists are to be achieved. Yet certain educational situations demand the warning signal against danger. As a reaction to the prevailing motive of fear and shame prevalent in preceding eras, educators have condemned such motivations. However, in crises and serious breaches the fear of social or legal punishment may be necessary. The most important thing in this connection is to utilize every motivation to the best possible advantage in terms of human welfare, avoiding whenever possible those kinds of corrosive emotions. (1)

---

(1) W.W. Bauer, The Changing Patterns of Motivation, in-Motivation in Health Education, New York, Columbia. University Press, second ed. 1949, p.25.

In the choice of methods and educational material to be used in the field of health education there can be no definite answer. The question of cultural meanings and values must again come to the forefront of the picture. The main criteria is to get the message across through the involvement of the recipient in the language and symbols that are best suited to him. To quote a UNESCO publication:

> "A great deal of discussion is wasted over the relative desirability of using print or radio, films or discussion groups, cartoons or dramas, practice or demonstration or illustration, as ways of teaching new procedures and attitudes. These discussions tend to ignore the fact that all media for dissemination of new knowledge are to be judged in terms of effectiveness, and effectiveness in turn is a function of the extent to which the new practice becomes part of the way of life of the people among whom the change is to be introduced. Any reliance on a method which is purely intellectual, or purely aesthetic, purely emotional, or purely moralistic, purely social or purely individual, will necessarily restrict the area of involvement. Whether, in a given culture, films or group discussions will evoke a more whole participation in adults or children, in the educated or the uneducated, on weekdays or on a holy day, are matters which have to be decided by experiment, with the full participation of the particular population on the spot." (1)

---

(1) Cultural Patterns and Technical Change, p.317