

Can critical medical anthropology theory and methods contribute to improving global maternal health?

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Can critical medical anthropology theory and methods contribute to improve global maternal health?

"Medicine is a social science, and politics is nothing else but medicine on a large scale".

Rudolf Virchow (1821-1902)

A case example of an ethnographic study of maternal nutrition and health in Minangkabau: A matrilineal community of West Sumatra Indonesia.

Abstract

1) Title: An Ethnographic Study of Maternal Nutrition and Health in Minangkabau: A Matrilineal Community of Indonesia

2) Theme: Practice (Ethnographic experience and applied critical medical anthropology)

3) Field: Maternal Health

4) Geographic region and population: Pregnant Women and Midwives of Nanggalo - a suburban area of Padang district, West Sumatra Indonesia.

5) 200 word summary of presentation

Minangkabau people of West Sumatra Indonesia are famous for their matrilineal culture with property and land passing down from mother to daughter. The system puts women at the centre of household and the community. Despite fairly balanced status of women in the community the impact of health inequalities is uneven; women suffer more. Malnutrition is the biggest issue for women and girls in Indonesia with a high maternal mortality ratio of 228/100,000 live births [UNICEF 2012]. In an earlier study Soltani et al 2015 have shown a worrying trend in the rate of both under-nutrition and overweight in Indonesian pregnant women with a negative impact on birth outcomes. In order to complement the results of the study, this project was designed to use anthropological theory and methods to explore factors that affect the nutritional wellbeing of pregnant women regarding food availability and access. The study found low income and unequal access; limited information and food taboo as well as control over resources are major factors that affect nutritional wellbeing in pregnant women. Though women own and inherit productive resources such as land and water, control over resources and decision making are an exclusive domain for men. The identified influencing factors can help to develop locally sensitive interventions to improve maternal nutrition and health.

Spanish Version

1. Título

Un estudio etnográfico sobre la nutrición materna y la salud en Minangkabau: Una comunidad matrilineal en Indonesia

2. Tema

Práctica (experiencia etnográfica y antropología médica aplicada)

3. Campo: Salud materna

4 Región geográfica y población: mujeres embarazadas y parteras de Nanggalo - un área suburbana del distrito de Panang, Occidente de Sumatra, Indonesia

5. Resumen de 200 palabras del presentación

La gente Minangkabau del occidente de Sumatra es famosa por su cultura matrilineal, con la propiedad y terrenos transmitidos de la madre a la hija. Este sistema pone a la mujer en el centro del hogar y de la comunidad. A pesar de que el estatus de la mujer es bastante balanceado en la comunidad, el impacto de las inequidades en la salud es bastante desproporcionado; las mujeres sufren más. La desnutrición es el mayor problema para mujeres y niñas en Indonesia, con una tasa de mortalidad materna de 228/ 100.000 nacidos vivos [UNICEF 2012].

En un estudio anterior, Soltani et al (2015) mostraron una tendencia preocupante en la tasa de malnutrición y sobrepeso con un impacto negativo en los resultados de nacimientos. Con el objetivo de añadir a los resultados de este estudio, este proyecto ha sido diseñado con teoría y métodos antropológicos a fin de explorar factores que afectan el bienestar nutricional de las mujeres embarazadas con respecto a la disponibilidad y acceso a recursos comestibles. Este proyecto encontró que el bajo ingreso, acceso desigual, información limitada y tabú de la comida son los mayores factores que afectan el bienestar nutricional de las mujeres embarazadas. A pesar que las mujeres son dueñas y herederas de terrenos y recursos productivos como tierra y agua, son los hombres quienes por último controlan estos recursos. Los factores influyentes identificados pueden ayudar en el desarrollo de intervenciones para mejorar la salud y nutrición materna.

Background:

Albert Einstein said, "We can't solve our problems with the same thinking we used when we created them". It means new thinking and methods are required to respond to current challenges. Therefore, it is necessary to investigate and understand the problems and their complexities with creative, critical and innovative approaches. It is believed that slow and systematic decline of public health (i.e. privatisation of health services) to financial meltdown an ideology neoliberalism has played its part. The ideology sees competition as the defining factor of human relations; considers people are 'consumers' and buying and selling is the demonstration of their democratic choices. The "notion of free market" is the central ground for the system to play that defines and dominates human relations (Monbiot, 2016). Furthermore, the economies are driven by 'trickle down' approach - the economic approach assumes giving tax breaks to the rich in the hopes that it will also ultimately help the working class. The economies based on the trickle-down economics always favours rich and increases socio-economic inequalities at all levels. In such bleak times a new level of thinking is required to respond to the challenges.

Over a couple of decades developments in critical medical anthropology (CMA) reinvigorated the alignment of traditional anthropological theories in public health research with bring together contextual socio-economic; inclusive and critical perspective. As Baer (1990) defines CMA as "aspire to merge theory and praxis in their desire to promote experiential health as opposed to the functional health associated with contemporary political economics around the world". The critical endeavour in CMA is captivating intellectual exercise, which challenges and deconstructs dominant models to understand health and diseases and reconstructs new innovative models to understand health of a community in a wider perspective. The integrated critical perspective of CMA provides directions to analyse power relations and political economy of health at three interconnected levels, i.e. a) micro (household, family); b) meso (neighbourhood, community); c) macro (state, policy). Further, it takes into account social and political determinants of health and wellbeing.

The problem:

Health and wellbeing of underprivileged segments of society i.e. women, children and older people is biggest challenge of all. Tackling maternal health problems and reducing maternal deaths remain major concerns in low and middle-income countries. It is reiterated in the United Nation's (UN) Sustainable Development Agenda, which builds on the progress of Millennium Development Goals (MGDs). It comprises of 17 global goals known as Sustainable Development Goals (SDGs) with 169 targets. The Goal 3 seeks to ensure health and well-being for all, at every stage of life. The Goal addresses all major health priorities, including reproductive, maternal and child health (UN, 2015).

There are multifactorial causes of maternal mortality including poverty, lack of access to healthcare services and resources, food and nutrition, and health related belief systems. Pregnancy is a unique phase in a life and along with other things nutrition of mothers during pregnancy plays vital role in growth and development of foetus. There are multiple factors such as social, cultural, economic, environmental and behavioural that impact on health and wellbeing of pregnant women. For example, it has been suggested in the literature that cultural belief and attitudes of pregnant women, their partners and families towards pregnancy influence their choices what, when and how much to eat and what not to eat during pregnancy (Rosenblatt, 1998). Understanding knowledge, attitude and cultural beliefs related to health have been considered as important concepts to designing health behaviour change programmes and strategies (Nutbeam and Harris, 2004). These are important factors to consider improving maternal health and nutritional wellbeing.

Looking at relationships between these factors and maternal nutrition and health through the lens of critical anthropology theory and methods combined with wider social determinants of

health means analysing how different factors, processes, power constellations, institutions and interests affect the maternal nutrition and health within household, and community. Gender disparities in access to and control on resources may curtail women's potential productivity and increase the health risks and have been the focus of investigators in several countries (UN, 2013). Access to resources may determine reproductive health, particularly for vulnerable groups, making them more susceptible to conditions such as anaemia, malnutrition, malaria and other illnesses during pregnancy. Anaemia has been shown to be associated with 50% of indirect causes of maternal mortality (AbouZahr & Wardlaw 2000). Maternal nutrition practices; food distribution systems and beliefs related to health vary by culture, geography, socio-economic and other family and community factors. The relationships and impact of various factors and health and nutrition during pregnancy could be specific to certain situations; for instance where the social organisation is unique as in the case of matrilineality of Minangkabau.

The study:

It is estimated 287,000 maternal deaths occurred worldwide in 2010. Maternal mortality ratio in Indonesia is estimated at around 228 per 100,000 live births, has remained stubbornly above 200 over the efforts to improve maternal health services (UNICEF, 2012). So, Indonesia declared it as a national priority. Maternal health and diet has become a global challenge as poor nutrition leading to both underweight and overweight as two extreme ends of the spectrum is a problem for a wide range of communities. Studies suggest that undernourished pregnant women have higher reproductive risks, including death during or following child birth. Also, maternal obesity and overweight have been associated with adverse outcomes of pregnancy. Therefore, the study was conducted to generate detailed understanding of relationship between social, cultural, economic and behavioural factors and maternal nutrition and their impact on pregnancy outcomes for future research and intervention development to tackle this increasing global health challenge.

Minangkabau an indigenous ethnic group of Indonesia is famous for their long-held matrilineal tradition, or 'matriarchaat' (from the Dutch), which is today cherished equally by women, men, boys and girls. Minangkabau matriarchaat is an established social system that appears to be drawn largely from adat, another old Minangkabau tradition that involves tracing inheritance through the matrilineal line and prominent roles for women in public ceremonies. Minangkabau women uphold these customs, which not only trace ancestry through the female line but also involve a complex social system in which women and men share power and control based on the principle of interdependence and mutual responsibility. In Minangkabau gender is a major factor for inheritance. The ownership of property (such as

land, house or livestock), for instance, must pass from mother to daughter (Sandy, 2002). Since, Minangkabau women enjoy fairly balanced status, but the impact of health inequalities is uneven.

Aim and objectives of the study:

The aim of this study is to explore wider contextual factors (social, cultural, economic and behavioural) and their impact on maternal nutrition and health.

The objectives of this exploratory study are: a) to explore social, cultural, economic and behavioural factors affecting maternal nutrition and health; b) to assess knowledge, attitudes and behaviours of women, men, midwives, traditional birth attendant and other healthcare workers about maternal nutrition; and c) to identify local maternal nutrition practices and how they impact on mothers and children.

Methodology:

In the context of research it is recognised that the philosophy of research or research paradigm is "sound only if it guides the selection of methods in carrying out empirical research" (Yeung, 1997). There are three basic elements, namely ontology, epistemology and methodology, which constitute a research paradigm. The careful selection of a research paradigm is the first step towards design and conduct of empirical research. There is no 'objective' ground for selecting a particular research paradigm. However, it is necessary to conduct research within a paradigm that is consistent with a researcher's own assumptions; those cannot be tested on any empirical or logical grounds. The study was informed by the critical medical anthropological theory and methods to explore and understand complex connections between maternal health and nutrition in particular cultural context of the study participants.

Use of anthropological theory and methods:

A blend of critical medical anthropological theory and social determinant of health model (WHO, 2012) is used as an overarching framework to analyse and understand the relationship between access to resources and health and nutrition during pregnancy. The reason to use combined frameworks is that an individual is situated within and influenced by family, household, the community and its institutions (i.e. school, market, and workplace) and, the larger social and political processes and policies of state and society. Therefore, the theoretical underpins, which inform the

There is a dominant trend in health services and systems research to investigate and understand health problems in fragments, for instance a randomised controlled trial on managing pregnant women with anaemia (Widyawati et al, 2014), and Supplementation with Multiple Micronutrients Intervention Trial (Shankar, et al. 2008). There is underlying reason behind the over reliance on such fragmented approach; it is the belief in medical model of health care. With emergence of social model of health care, the "Upstream Approach" dominated the research and delivery agenda. It goes with an analogy that a dangerous river in which several people have drowned, rescue workers have struggled to pull them out, but come to realize that no matter how hard they work they cannot resuscitate all the victims. They discuss how to raise funds to hire more staff, and suggest that warning signs be installed. By contrast, the public health approach recommends looking upstream to figure out why people are falling or jumping into the river in the first place. Perhaps that can be fixed, for example by building a bridge or installing a fence. The focus of the upstream model on understanding the causes of diseases and preventing them was useful in public health. Nevertheless, the model did not account the critical contextual conditions such as culture, belief systems around health and engagement and agency of people to manage their health. Following CMA theoretical and methodological underpins were used in the study,

- a) **Critical lens:**
- b) **Holistic approach:**
- c) **Community engagement beyond tokenism:**
- d) **Ethnographic methods:**

Methods of data collection:

An intensive ethnographic fieldwork in collaboration with partners from the University of Andalas was conducted. In view of the study aim and objectives we will used a qualitative ethnographic study design with three modes of data collection in-depth interview, focus groups and participant observation. The interviews and focus groups will explore wider contextual and determinants including social, cultural, economic and behavioural factors affecting maternal nutrition and health. During the visit, 8 in-depth interviews with women, men and community workers and 2 focus group discussions with 14 pregnant women and participant observation were conducted. I had informal and formal conversations with doctors, midwives, nurses, pharmacists, nutritionists, Cadets, men and women of Minangkabau community.

Research Team

The research team consisted of a social anthropologist - the principle investigator, two senior researchers - the co-investigators and study advisors, and two Indonesian research assistants and interpreters. Faculty of Public Health University of Andalas arranged the fieldwork support and logistical planning. British Council commissioned the study.

Locale:

The first phase of fieldwork was conducted in April 2015 in Nanggalo - a sub-urban area of Padang district. The second phase of data collection is planned to be carried out in March 2017. The research site was selected for practical and logistical reasons for access

Findings:

The study found low income and unequal access; limited information and food taboo as well as control over resources are major factors that affect nutritional wellbeing in pregnant women. Though women own and inherit productive resources such as land and water, control over resources and decision making are an exclusive domain for men. Maternal health and diet has become a global challenge as poor nutrition leading to both underweight and overweight as two extreme ends of the spectrum is a problem for a wide range of communities. Studies suggest that undernourished pregnant women have higher reproductive risks, including death during or following child birth. Also, maternal obesity and overweight have been associated with adverse outcomes of pregnancy. Therefore, this research study attempt to provide a detailed understanding of the wider contextual factors that influence women's access to resources and maternal nutrition and their impact on pregnancy outcomes for future research and intervention development to tackle this increasing global health challenge.

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