

**Book Reviews**

## ***Epidemiology and culture***

***James A. Trostle***

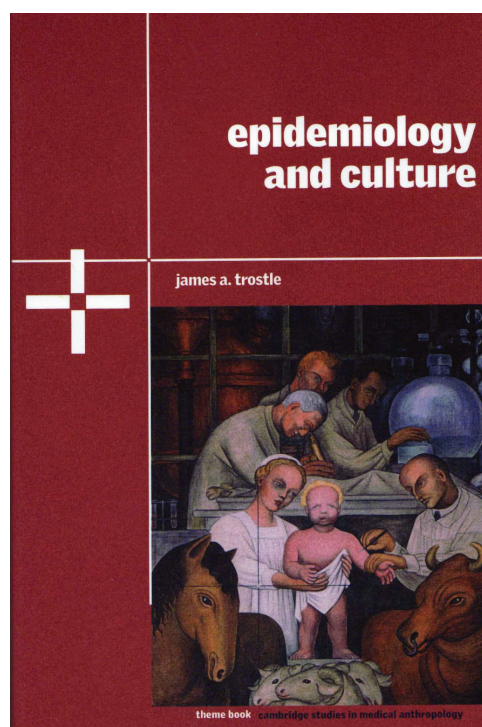
Book Review - DOI: 10.3395/reciis.v2i1.164en

***Marina D. Cardoso***

Graduate Program in Anthropology, Universidade Federal de São Carlos, São Carlos, Brazil  
mdcardoso@uol.com.br

The book of James A. Trostle deals with the relations between epidemiology and anthropology, particularly with the field or subfield that has become known as “medical anthropology”. Although there is some controversy about the term to refer to an area of social anthropology applied to health and its cultural determinants, “medical anthropology” is progressively recognized in the United States and Europe. Part of this recognition and of its increasing consolidation as field of academic research, particularly in health and human sciences, is due to the questions approached in this book that advocates a more intensive collaboration between epidemiology and anthropology in the formulation of public health policies and interventions aimed at preventing risk factors of epidemiologically identified diseases.

The main argument that sustains this concept and illustrates the problematic approached in the book is probably the affirmation of the author of the preface of the book, S. Leonard Syme, professor of epidemiology of the University of California (Berkeley): “(...) people have been informed about the things they need to do (to avoid disease risks), and they have failed to follow our advice” (p. xi). From this perspective, the author of the book seeks to introduce basic notions about how concepts of disease and health, etiological factors and the therapeutic intervention itself are widely determined by the “culture” of a certain group or community, also responsible for its diversity. The term “culture” is not explicitly defined by the author, who in a footnote refers to both the possible definitions of the concept as “the way of life of a population” and to the formulation of Geertz defining culture as a “set of symbols organized



**Cambridge, Cambridge  
University Press, 2005**

ISBN: 978-052179389-6

in systems of signification” (p. 5). The apparent lack of precision of the author in defining the term is based upon a concept of culture as “standards of behavior” widely diffused in the text. This is not only compatible with the influence of the so-called “North-American school” in the field of anthropological thinking but it allows simultaneously defining these standards as the “risk standards” the studies of epidemiological character seek to reveal.

The book is organized in such a way as to introduce the reader, especially health professionals and epidemiologists to the perspective that gives importance to “culture” as a factor to be considered in epidemiological studies. In fact, epidemiology as a science would be “oriented” culturally for being based upon concepts of risk and particularly upon notions and correlations between “individual”, “time” and “place, which belong to the occidental scientific “culture”. The first chapter introduces the reader to these more generic definitions of epidemiology and medical anthropology and presents the central argument passing through the entire book, the need for an interdisciplinary approach integrating epidemiology and medical anthropology called “cultural epidemiology”, which would focus on the effects of behavior and beliefs upon questions related to health. The second chapter reconstitutes historically the origins of this integrated approach to the two areas, analyzing how social and cultural factors were incorporated to the field of investigations and interventions of epidemiological nature.

Not only the two first but also the six following chapters of the book are permeated by illustrative examples of investigations and interventions in the public health area that used such an interdisciplinary approach as well as by indications for further reading. More explicitly, chapters 3 and 4 seek to emphasize the cultural dimensions of the variables *individual* (gender, age, marital status, occupation, socio-economic, ethnic, religious variables), *place* (territorial and political limits) and *time* (time reference of collected data) used in epidemiological research, as well as of the conditions of the data collection itself (understood as “social interchange”) and of the notions of measure, probability and risk, part of the conceptual framework of epidemiology as a discipline. According to the central argument of the book, epidemiology as such is a cultural practice in the sense that the variables and measures with which it works or even the form in which information resulting from epidemiological analyses are disseminated and guide the formulation of health policies are culturally influenced as well. The author observes that a “cultural epidemiology” “(...) reveals the ways in which measurement, causal thinking, and intervention design are all influenced by belief and habit in addition to deduction and rational decision-making”.

Chapter 5 illustrates more specifically this central argumentation of the book, which is the need for a quantitative research analytically integrating epidemiology and anthropology, while chapter 6 focuses more explicitly

on the contribution of this integration to the formulation of public policies directed to specific population groups, be it from the point of view of a “cultural sharing” of senses of health, healthcare and disease, be it from the point of view of different standards of epidemiological profiles. This is the chapter reflecting especially about the contributions of the two areas as refers to the formulation of health policies and interventions from the perspective of their “efficiency” and “effectiveness”.

Emphasizing that health interventions are or should be a form of sharing data and information of epidemiological nature, the author points to the need of participation of the society in the formulation and management of health policies in order to achieve greater effectiveness. He also convokes the anthropologists to participate more effectively in the formulation of these policies by means of a “participative anthropology”, which means use of data from anthropological research as a resource for information, mediation and communication between health managers, epidemiologists and the community, as well as the effective participation of the anthropologist in the planned intervention. The following and last chapter reflects the full set of propositions articulated on the basis of a central concept of epidemiology, “risk”, pointing to the variations of the popular and professional representations and perceptions with regard to this concept or to the ways of their communication. The last chapter concludes with a summary of the principal questions elaborated in the book and, retaking its main argumentation, defends interdisciplinary studies as a convenient way for supporting the epidemiological data, especially as refers to their role as information guiding the formulation and implementation of health policies.

This is a book of essentially didactic nature, not only for epidemiologists and anthropologists but also for other persons interested in these disciplinary and potentially interdisciplinary approaches in the health field. The concepts are exposed in such a way to be understandable for any reader, always using examples of investigations in order to show how useful they were for sustaining even the central argument of the book, which is supporting epidemiological data by “culture”, placing a “cultural epidemiology” over a “social epidemiology”, in other words, an epidemiology guided by the popular representations or categories of disease, cure and healthcare. The author also presents an extensive bibliographic review about the topics he analyzes, making use of investigations carried out in different countries and presenting epidemiological data about different diseases (cholera, malaria, epilepsy, etc.), mortality or prevalence rates of diseases according to the kind of healthcare, among others, for supporting the central idea of the book, the need of analyzing these data in the light of cultural determinants.

In this sense, the didactic character of the book is amplified by the empirical demonstration of the possibility of this kind of “culturally oriented” research occurring within the scope of epidemiology, repeatedly using examples of investigations conducted from this perspective or statistical data pointing to the variability

of the epidemiological data according to the context of their collection and even according to the way the questions and variables composing the model of epidemiological analysis and inference were formulated. Given this “demonstrative” and didactic character of the text, this book differs from other books that present original results of research conducted from this perspective or try to formulate an analytical model integrating the anthropological analysis conceptually and methodologically into the field of health research (such as Kleinman, for example<sup>1</sup>).

Thus, we are dealing much more with a book seeking to argument, on the basis of research results, in favor of the need and the importance of interdisciplinary studies involving epidemiology and medical anthropology instead of formulating a methodological reference for this type of interdisciplinary research.

It must be noted however that the book is mainly based on concepts, principles and bibliographic references of a North-American line of anthropology and medical anthropology or on authors using it as a reference. The explanation of the reasons why epidemiological investigations should consider the cultural contexts of disease and healthcare, for example by placing “cultural standards” over “epidemiological standards”, reveals a trend of the author to see behavior and the representations of disease and care as a factor fundamental for the incidence of disease and epidemiological rates that may eventually result in preventive policies guided by pedagogic and re-educating actions for “reinforcing a change in the behavior” of certain population groups (p. 133), a fact that tends to enter in conflict with the more general symbolic codes of reference that sustain these representations.

This has been the most general trend of this line for dealing with the impasses resulting from the confrontation of distinct concepts of the diseasing process and healthcare (one could say, one technical-operational concept represented by managers and health professionals and another more “popular” one) and for interpreting the “popular” concepts on the basis of an analytical procedure remitting them to the differentiations in the way of formulating the etiological and therapeutic model (in case there are no habits and fragmented beliefs susceptible to alterations through diffusion of medical knowledge or even intervention) while, in reality, we are dealing with radically distinct models, articulated by equally distinct logics. Even if this fact does not avoid possible interpenetrations between models, especially in the case of some therapeutic procedures like use of medi-

cements, it is the difference that should be radicalized as real producer of another model, another discourse, and thus, another practice.

More than that, members of the community must urgently participate in the elaboration of public policies, be given the opportunity to identify which are, for them, the most pressing healthcare problems, many times directly related with the general living conditions. To speak with the words of the author of the preface: “We in public health have important messages to give to people, but people have lives to lead” (p. xii). The author himself defends based on the arguments elaborated by anthropologists that: (...) planned change in communities must begin with extensive community consultations, emerge from local definitions of need, and be continuously subject to local review and adjustment over time” (p.140). However, what is needed in Brazil is not simply a consultative process but a process capable of analyzing the current health interventions the way they are implemented by policy makers and health professionals. Basically we must promote the integration of the population groups or communities to which they are directed as the real managers, promoters and planners of these policies, exactly for having their own distinct ways of recognizing and preventing risk situations.

The book, in short, is an opportune reading not only for epidemiologists and anthropologists but also for managers and professionals of the health area, seeing that the formulation and implementation of the public policies has not been adapted effectively to new demands of an integrated healthcare system, whose limits of action and intervention are widely observed in the literature of the area, calling for methodological reformulations including inter- or multidisciplinary perspectives<sup>2</sup>.

## Notes

1. Reference to the work of the researcher Arthur Kleinman, that turned into a paradigm for the studies in the field of medical anthropology in North America: *Patients and Healers in the Context of Culture*- an exploration of the borderland between anthropology, medicine and psychiatry, Berkeley: University of California Press, 1980.

2. For further discussions about the topic we recommend two collections published in Brazil: Rouquayrol, M. Z. e Almeida Filho, N. (Orgs) *Epidemiologia e Saúde*, Rio de Janeiro: MEDSI, 2003; and Minayo, M. C. S. e Coimbra Jr., C. E. A (Orgs). *Críticas e Atuantes: ciências sociais e humanas em saúde na América Latina*, Rio de Janeiro: Fiocruz, 2005. 