

BOOK REVIEWS

Lactation Education for Health Professionals, edited by ROSALIA RODRIGUEZ-GARCIA, LOIS SCHAEFER and JOAO YUNES. Pan American Health Organization, Washington, DC, 1990.

The material in this book originated with a 1989 seminar on breastfeeding sponsored by the Pan American Health Organization, Georgetown University and USAID. Editors Rodriguez-Garcia and Schaefer are faculty in the Institute for International Studies in Natural Family Planning at Georgetown University while Dr Yunes is the Maternal and Child Health Program coordinator at PAHO. The book is a manual for developing a curriculum on breastfeeding promotion and management for mid-level health service providers. The modular design utilized also lends itself to in-service educational programs for a broad range of health professionals from physicians to experienced community health workers. However, the ultimate target audience for these materials is pregnant women, who would receive lactation education from the health professionals trained with the curriculum recommended.

The book contains a great deal of specific information on breastfeeding and clearly demonstrates how to organize and present this information in a systematic fashion for teaching purposes. The modular format provides the instructor with a number of options for different clientele. Given that the frequency and duration of breastfeeding are declining in developing countries, due in great part to clinical practices, this volume is of great potential value for modifying these practices.

The book is organized into four parts. Part I outlines a basic curriculum for lactation education as well as suggested teaching guidelines and methodology. There are fifteen topical units beginning with the history of breastfeeding practices and including, among others, biological and psychosocial aspects of breastfeeding, lactation and sexuality, clinical skills for initiation and management of lactation, lactation management for mothers who work outside the home, communication skills for teaching professionals and families, interventions for changing health care delivery practices, and breastfeeding promotion at the community and societal levels. Each unit outlines objectives and presents corresponding core topics, teaching methods, audiovisual and print resources and a series of questions to evaluate the efficacy of the unit. A fully developed sample module is provided on the Lactational Amenorrhea Method of child spacing. This comprehensive lesson plan includes detailed information on the physiology of lactational infertility as well as recommended breastfeeding behaviors for optimal child survival and child spacing.

Part II guidelines for implementing the module and suggestions for integrating lactation education into curricula for the different types of professionals involved in maternal and child health. Supporting materials are presented in Part III of the book. This section includes a research update on the importance of breastfeeding, a discussion of the need for breastfeeding promotion, as well as some technical aspects of lactation management and breastfeeding education. The final part provides an overview of the Pan American Breastfeeding Seminar which was the catalyst for this publication.

In general, this book is well thought out and constitutes a very useful educational tool for health professionals. The authors demonstrate a good grasp of the many factors influencing early success in breastfeeding. They also provide an overview of the complexities of societal barriers and outline specific ways these can be addressed in a multi-disciplinary fashion. The importance of obtaining environmental support for breastfeeding as well as knowledge and skills is appropriately emphasized. The detailed information on the Lactational Amenorrhea Method of child spacing is especially important for audiences in developing countries.

Good evaluational materials are included which involve a 'hands on' approach. Most of the backup information is clearly presented and well referenced with respect to recent research. The layout of the Curriculum Outline should be easy to adapt for different groups.

There are certain weaknesses. The book is repetitious due in large part to the variety of contributing authors. However, this can be viewed as reinforcement for material presented. More frustrating is the lack of a subject index. This would be very useful given the comprehensiveness of the material and their intended use for curricula development.

The book contains a short section on how to adapt the technical information to participatory or interactive teaching methods. This should have been better developed and required students to demonstrate how they would communicate information presented to community health workers or pregnant mothers.

Finally, the "Guidelines for Implementing the Module" in Part III appear to be a diagnostic or evaluation device and should be called one or the other. These relatively minor problems could be easily remedied in what one hopes will be subsequent editions.

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Anthropology and International Health: South Asian Case Studies, by MARK NICTHER. Kluwer, Dordrecht, 1989. 314 pp.

On the last page of the last chapter of his book Mark Nichter introduces the Sinhalese concept of *mudalali* (middleman) to characterize the situation in which people in Sri Lanka and India find themselves. Sri Lankan women engaged in the hard work of producing coir out of the coconut husks explained to him that they had organized

themselves more effectively. They were now able to bypass the *mudalali* who used to take a large part of their profit by selling their products for them. For a long time he had benefited from their ignorance. These women, Nichter writes, "were now in the process of . . . applying a '*mudalali* model' to other outsiders who came to their village. Included in their purview were development workers, health care workers, doctors, teachers, etc." (p. 302). Apparently this vivid example of 'taking one's lot into one's own hands' is meant to summarize the main message of his book about

anthropology's contribution to international health: anthropology should give the people's point of view and *their* interests in health and health care a more prominent place in health development projects.

Nichter is one of the most productive medical anthropologists of this moment. He has mainly worked in the Asian region, rural Southwest India, Sri Lanka and the Philippines. This book is a collection of seven articles he wrote—some co-authored with Mimi Nichter—between 1979 and 1988 about India and Sri Lanka and four new articles partly based on material published before. All articles provide original research data on local concepts and practices concerning health and end with recommendations how these insights could be applied in health and development. The articles have been divided over four sections: ethnophysiology, illness ethnography, pharmaceutical related behaviour, and health communication. The general theme running through most—if not all chapters—is that health and everything related to health (including awareness of risk, prevention, notions of illness causality, health seeking) are culturally constituted and culturally interpreted and need to be taken into account in health planning.

A brief summary of the chapters demonstrates the wide range of Nichter's work. The first chapter shows how local notions of fertility and the reproductive anatomy (particularly with regard to the fertile period in the female cycle) affect family planning practices. The authors point out—and express their surprise—that promoters of family planning never paid any attention to these ideas while they knew that family planning education hardly caught on. The second chapter studies people's concepts of physiology and nutrition in order to understand why women in South India often eat less during pregnancy, in spite of health workers' attempts to make them eat more. The third chapter tries to clarify why people prefer traditional rather than modern methods of contraception. One of the reasons is that modern contraceptives are regarded as too powerful and may cause harmful side effects. This chapter is replete with examples which show how the social and cognitive context of contraception explains people's practices.

Section 2, on the ethnography of illness, contains four chapters. Chapter 4 criticizes the ethnoscience approach in medical anthropology which suggests that illness concepts and categories are unambiguous and clear. Nichter convincingly demonstrates that the language of illness is essentially ambiguous, often contradictory, depending on the context of speaking. The identity of the speaker, for example, makes a crucial difference. Certain illness terms are never used by the patient, only by others, because of their negative implications. Special attention is devoted to the concept of 'contagion'. Chapter 5 describes how people in India view a set of children's illnesses which they associate with malnutrition and how these views influence their health care practices. The important role of Ayurvedic practitioners is stressed. Chapter 6 describes the perception of diarrhoea and the reception of oral rehydration salts (ORS). It shows the lack of local knowledge in the promotion of ORS.

Section 3 contains three chapters on medication. Chapter 7 explores how lay people in Southwest India perceive western and Ayurvedic medicines and how their perception affects their use of medicines. Nichter addresses not only the 'medical' meaning of medicines but also the influence of factors as cost and time, and the empathy of the medicine provider. He again stresses the uncontrolled negative side effects of powerful western medicines. Let me quote one informant who explains the weakening affect of these medicines on the human constitution:

Allopathic medicines are like eyeglasses. Once you put them on, your eyes do not improve, they become dim with continual use and you come to depend on them more and more. Eyeglasses are not bad, they are useful for those who grow old. They are a good crutch, but if one does not need a crutch this may be a bad thing.

One leans on the crutch and does not strengthen the leg, one wears the glasses and does not strengthen the eyes, one takes medicines and does not strengthen the body, one becomes dependent on the medicine bottle. The company becomes strong, the body remains weak (pp. 194–195).

Chapter 8 concentrates on paying for medicines which is more than just giving money in exchange for something. In the cultural context of southern India paying also represents mutual responsibility and moral bonding between practitioner and patient, a crucial aspect of the therapeutic process. This chapter curiously contrasts with the next one in which Nichter discusses the commodification of health through the buying and selling of pharmaceuticals. Briefly, the author observes a growing tendency of seeing health as something one can obtain through the consumption of pharmaceuticals. He calls this trend in popular culture 'defective modernization' and rejects it because it impoverishes the concept of health and gives a "false sense of health security" (p. 225). Commodification occurs both in western and in Ayurvedic medicine.

The last two chapters of the book deal explicitly with health education. Chapter 10 shows the problem of convincing Sri Lankans to boil their drinking water and the final chapter discusses in a more general way the importance of local metaphors and familiar images in health education. The most effective metaphors are taken from everyday experience such as agriculture, fishing and trading. One example may suffice. The growing reliance on tonics to ensure health is tackled by comparing it to the one-sided use of fertilizer in farming. People know from experience that the soil needs a balanced combination of nutrients to yield a good harvest. In the same way they need balanced nutrition for their health rather than only tonics.

Nichter's book is a precious collection of studies which demonstrate the anthropological contribution to health education and health care planning. His cases are convincing and expose in an almost disconcerting way the naivité of health professionals who tried to impose the gospel of biomedicine on people without taking into account the existing beliefs and practices. I recommend the book warmly for courses in applied medical anthropology. Its relevance extends far beyond the South-Asian region. Similar situations occur in other parts of the world, including Europe and North America.

But the book is not only an impressive example of what anthropologists can do in the field of international health, it also reveals the limitations and dilemmas of that job. Let me give two examples. I have already remarked that Nichter in his plea for studying local ideas and practices and taking them seriously makes an exception for ideas which represent what he calls the 'commodification of health'. That part of the local culture is countered with strong arguments. One may wonder why he does not show more sympathy for this process of commercialization which after all is people's way of coping with new situations of social and economic stress. For the poor city dweller buying a tonic or a vitamin capsule may be the best way to survive from day to day. If anthropologists pay respect to traditional ideas and reject new ones, they may confirm existing clichés that they are primarily antique collectors. The example demonstrates the delicacy of the anthropologist's position: how far should he go in his support for the ordinary people's point of view?

The second remark leads us back to the opening phrase of this review. The book is a plea for a democratization (my term) of health. In the final analysis it seems to convey the message that health education will be more effective if local perceptions and practices are taken into account. The continuous use of the term health *education* is significant. Who needs education? The people apparently. Anthropology improves the didactic tools. One may wonder whether this always serves the purpose of health democratization.

Anthropology may just help 'to put the message across' by 'cracking the cultural code'. One would rather want to reverse the roles and see the people as educators. After all, they have been living there and know how to survive in the rice fields on the banks of the bilharzia infested lake. Their knowledge supersedes the book- and desk-knowledge of doctors and health planners. Does the anthropologist not run the risk of becoming a *mudalali* who prevents the people from taking the full profit of their work?

This may sound like undue criticism of an extraordinarily fine book, but it is an assessment of the dilemmas and contradictions of medical anthropology in general and

applied anthropology in particular. The fact that Nichter's book does not hide them makes it even more suitable for teaching and training.

By the time this review appears in print the book has been out of print for several months. Nichter is preparing a second enlarged edition in which he will include chapters on TB, diarrhoea and dysentery, and on PHC as a social system. Hopefully it will be made available for an affordable price so that Third World colleagues can use it.

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Shamanic Healing and Ritual Drama Health and Medicine in Native North American Religious Traditions, by AKE HULTKRANTZ. Crossroad, New York, 1992. 185 pp., \$19.95.

The book reminded me of a revelatory moment during my training as a physician. I was a medical intern at Boston City Hospital and had examined a patient with intractable itching from skin infiltrations secondary to leukemia. He told me that the only relief he was able to sustain came from attendance at Christian Science healing services. I encouraged him to continue.

When I presented the case to the Chief of Medicine during rounds I was taken aback by the fury of his reaction. "You are encouraging faith healing and charlatans. Sending him back there is almost malpractice."

I lamely suggested that by the patient's report nothing we offered was as effective in helping him but I was dismissed with an angry wave of the hand.

I realized then that beneath its benign mask of scientific empiricism there was in Western medicine a rigid corc of dogmatism that made it not unlike the 'faith healing' it was so intolerant of.

This is the question begged by a reading of this book, one of the *Health/Medicine and the Faith Traditions* publications of the Park Ridge Center for the Study of Health, Faith and Ethics. Hultkrantz is Professor Emeritus of Comparative Religion at the University of Stockholm. He has devoted 40 years of study to Native American religious practice.

The author's frame of reference is religion rather than health, sociology, anthropology or politics though they are all clearly connected. His first premise need not be argued. Every healing tradition is grounded in the culture's outlook and works within its own means of expression. But he goes on to insist that in contrast to the Euroamerican medical tradition, aboriginal North American healing is essentially religious while ours (let's call it 'ours' for now) is essentially secular.

He does not deny an empirical, pragmatic and ecological basis to much Native American healing and describes in detail the surgical and herbal remedies for relatively minor conditions among the various tribes. These, however, he sees as relatively devalued and administered largely by women while the serious stuff is in the hands of medicine men or 'men of power' and the still higher shamanism of male

ecstatics who represent an elite and esoteric ministry of supernatural powers. Indeed, for those inclined to romanticize Native American society and medicine the disdain for female healing capacities, the taboos around menstrual blood and other touches of misogyny may be a bitter pill to swallow.

Most of the book is a description of the actual healing rituals of one tribe after another. These range from the almost sado-masochistic floggings and ice water ablutions of the Tingit on the Northwest coast (a highly stratified, slave owning society surviving in a harsh environment) to the nurtured hand trembling diagnostics of the Navajo with the chanted-enchanted exhortations for a restored balance between the individual, the social system and the environment. *Hozho* for the Navajo is health. It connotes harmony and beauty and is restored by the healer during elaborately detailed song-stories ('performance utterances') about the connections between people, animals and gods.

The hunting tribes have more individualistic traditions and their healing tends more towards ecstatic states associated with supernatural phenomena. Among horticultural tribes, on the other hand, spirits become less important and communalistic rituals predominate. Among the Zuni, for example, the single professional recedes behind the collective forces of social institutions with the whole family, neighbors and even an organized medical society networking around the sick patient.

But social or otherwise, Hultkrantz insists Native American healing is essentially religious, springing from the mysterious and the divine while the stuff of our own medical centers is seen to be based on a brutal empiricism and naturalistic science.

And yet, what is defined as natural in one culture may seem supernatural to another. Why is there not a Native American anthropologist studying our tribes with their oddly individualistic and competitive institutions, priestly doctors and esoteric machinery exacting human sacrifices in temples of steel and glass; our stubborn celebration of individual survival rooted in a blind faith in technologies driven by market forces. God in this demented society is not dead, merely in intensive care.

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Outpatients and their Doctors: a Study of Patients, Potential Patients, General Practitioners and Hospital Doctors, by ANN CARTWRIGHT and JOY WINDSOR. Department of Health, Institute for Social Studies in Medical Care, HMSO, London, 1992. £18.80. ISBN 0 11 321547 9.

An irony of contemporary research in health services is that Ann Cartwright and Joy Windsor have written a research monograph on one of the most critical yet

least studied aspects of health services reform today—the use of specialty outpatient services. Before the sweeping reforms of Britain's National Health Service began, they had the prescience to investigate who initiates specialty outpatient visits and why. How appropriate are they? What happens and what are the outcomes? Most important, how do patients, their GPs (personal physicians), and the specialty consultants differ in their views on these questions?