A Review of Studies of Gastrointestinal Diseases. In Search of New Alternatives to the Analysis of Health/Illness processes

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**Objectives**: To present the outcomes of a revised study of intestinal parasites from different disciplines, and to describe their treatment and explore new alternatives to their approach on the Mbya-Guaraní population of the Amazon River basin, Brazil.

**Methodology**: Literature review.

**Results**: The author presents strategies approached by three disciplines around the study of intestinal parasites: 1) epidemiology, 2) public health, and 3) anthropology. In the first, the author notes that the research focused on the etiology of the disease restricts their explanations and solutions to mechanistic interpretations. To discuss this limited approach, the author describes the eating habits and the origin of the parasitic disease in accordance with their own conceptions of Mbya people who understand the act of eating as a broader cultural category.

Regarding public health, the author reveals that the research promoted by this approach show that changes in the traditional way of life affect negatively host-parasite relationships in South American aboriginal populations. From this assertion, the public health approach proposes the investigation of signs and symptoms from the perspective of the affected population. The strategy of anthropology, finally, reflects the dominance of the perspective applied in studies of the past two decades. According to the author, this perspective is concerned with integrating local knowledge practices and epidemiological studies in the broader contexts.

Against this background, the author presents the results of a case study in various communities across three sectors of the Mbya population, developed by an interdisciplinary team from the Universidad Nacional de La Plata. The study was developed under the following methodological considerations taken in the workshops with the aim of knowing the origin of the parasitic disease: a) discussion of "risk factors" according to the perceptions of each sector, b) the perception of medical care from the Mbya perspective; c) dialogue on Mbya knowledge and practices among all team members; d) access to biomedical knowledge and practices in Mbya communities; e) the establishment of mutual agreements on health care and hygiene; and f) participatory management of diagnosis and treatment.

Thus, the author suggests as an alternative to intestinal parasites a task to be developed on two complementary levels: at the investigative level, with an interdisciplinary approach that articulates ecological, epidemiological and ethnographic studies; and at the managerial level, with a participatory approach that turn individual and collective subjects into agents of social change.

**Conclusions**: For the author, data from this case study and workshops highlight the conceptual differences between the Mbya and external intervention teams, where biomedical conceptions are prevalent in health care and the origin of the parasitic disease. It concludes with the need to identify and evaluate socio-cultural aspects not included in epidemiologic studies, such as bio-cultural conditions in which the Aboriginal population operates.