

Beyond method: constructing “anthropoepidemiological” methods

Para além do método, construindo
modelos “antropoepidemiológicos”

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The article is contributing importantly to the discussion about qualitative and quantitative research methodologies applied to the field of health. The authors present a variety of possible combinations of these two methodologies, emphasize the gains in terms of comprehension of the different dimensions of the phenomena under study and point to some difficulties, many of which resulting from mutual prejudice among the researchers.

However, despite the advances that can be observed, it does not seem to me that the joint utilization of quantitative and qualitative research methods has made much progress with regard to the epistemological differences between the two methodologies or, better, between the two fields of scientific knowledge that build the fundament of these methodologies. In general we use to see both quantitative and qualitative methodologies as a set of techniques for data collection, the first applying questionnaires to great samples and the second, on the contrary, investigating small groups by means of semi-structured interviews or focal groups. With this I do not want to diminish the importance of an interdisciplinary use of these different data collection techniques. Doubtlessly such integration contributes to a deeper understanding of the phenomenon study, as clearly shown by the examples given in the article. In my understanding, this as a first moment of approximation, a first dialogue between two fields of knowledge that generally do not communicate, kept apart even by their academic structures fitting epidemiology into the faculties of medicine and anthropology into the faculties or departments of human sciences. In this context I would like to call attention to the fact that in Brazil, through the consolidation of the field we call “collective health”, which is closely linked to the political movement that created the unified health system, these two disciplines are already in touch for some while now.

However, as shown in the article, different possibilities of combinations of qualitative and quantitative research techniques have been identified and successfully used in different studies, so that today the contribution of qualitative re-

search to epidemiological studies can hardly be denied. Although some epidemiological areas are remaining firm against this approach, the so-called *clinical epidemiology* in opposition to *social epidemiology* for example - categorizations questionable as such. In other words, it seems to me that this first phase has already been overcome and that we now can proceed to reflections reaching beyond the use of different data collection techniques.

In my understanding, the greatest gain in the relation between epidemiology and anthropology lies in the discussion of theoretical models that guide the formulation of the question to be investigated and the analysis of data. Not in the sense of formulating the questions of a questionnaire (although, as pointed out in the article, there is a strong contribution in this sense as well), but as refers to the construction of the object itself, of the factors (variables) to be investigated, and to the formulation of statistical analysis models capable of addressing these questions. In this sense I believe that the way, in which anthropology looks to the social and its implications upon the individual and, more specifically upon the behaviors, and the tools available in this discipline, can make important contributions to epidemiology. In this sphere, in my understanding, we are still feeling our way in the dark.

Thus, what is special in anthropology is not only its research methodology - in general seen in a quite simplistic way for being *qualitative* - but the way it conceives the relations between the social and the individual, between nature and culture, universal and particular; it is its constant concern with sense and meaning, with the context and the situation in which behaviors take place, with the particularities of each culture or group and with the social determinants acting upon them.

This is perhaps a dialogue much more complex and difficult than that arising when combining qualitative and quantitative research methodologies since it requires a kind of *fusion*, or to use a term belonging to the field of medical anthropology itself, *embodiment* of quite distinct

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epistemologies. One could even say that it would imply in a new epistemology, an epistemology founded on the basis of these two fields of knowledge. Undoubtedly this is a quite daring proposal implying in a long process of negotiations, trials, mistakes and theoretical reflection and in a movement against the current demand for generation of data and analyses, leaving no time for theoretical reflection.

However, there are some movements beginning to consider the contribution of social sciences also in theoretical and conceptual terms. This can be observed in the increasing utilization of the concept gender in epidemiological analyses (not as a synonym for sex)¹ or in the attempts to incorporate the question color/race.

Finally, I would like to call attention to what I consider a promising example for my proposal for reformulation of theoretical models in epidemiology using a concept of the socio-anthropological sphere: the concept **vulnerability**. This concept, although not restricted to AIDS, achieved great importance in this field for representing a – political and scientific – alternative for understanding the exposure of certain social groups to the HIV/AIDS epidemic beyond the traditional concepts **risk group** or **risk behavior**. The concept vulnerability provides a different view upon what up to now was treated as **risk** by clearly giving priority to the social dimensions without disregarding the individual ones.

Thus, whereas the risk concept is intimately related to the individual (the calculation unit), the vulnerability concept is aimed at determinations that reach far beyond the individual. Besides, risk is a measure not allowing for much comprehension of the variabilities of the universe itself. The concept vulnerability as such presupposes diversity in the universe, resulting from the combination of different variables in the social, institutional (programmatic) and individual spheres, although on different levels². In other words, the concept of vulnerability is a theoretical construct incorporating a socio-anthropological perspective that can be introduced to epidemiological studies using their own tools – such as multilevel models – that can be reviewed from this perspective. Anthropology can contribute greatly to this analysis of the different levels and of how they interfere with the behavior of groups and individuals³.

References

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