

48. Families Managing Health and Wellbeing in Times of Crisis (Roundtable)

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Postcolonial theory criticizes that knowledge about the body, health, and wellbeing is deeply connected to varying forms of governmentality and submission. Postcolonial ethnography, for instance, documents contests over health epistemologies and authority in contexts of medical pluralism and shows that families are crucial in the sense of “therapy managing groups” that help mediate different health epistemologies reconciling, for instance, social-spiritual with physical aspects of healing. Families also partake in the negotiations around diverging conceptualizations of health and well-being between individual patients and biomedical institutions. Finally, families may mediate particular forms of subjectivation pursued by state institutions, while themselves subduing individuals to local forms of gender and age-related hierarchies.

Meanwhile, recent social phenomena such as long-term lockdowns during the COVID-19 pandemic, dramatically rising daily living expenses, growing numbers of people being forced to leave their home countries, as well as environmental catastrophes reinforce public and scholarly interests in families as resources of social and material care and support for vulnerable people including children and elderly people. We invite papers that reflect on how families shape health management in these (and other) contexts of crisis where multiple forms of knowledge and institutional expectations collide. Among others, they may address the following questions:

How do family members mediate (competing) institutional knowledge, e.g. related to nutrition, sports, medication but also loss and trauma?

Which sources and bodies of knowledge are deemed legitimate for what reasons, and how are they negotiated?

Do daily health-related decisions reflect gender and age-related hierarchies?

How do family members deal with governmental and other institutional expectations concerning their role as central sites of caregiving?

Questioning Gendered Knowledge through Analysing the Disproportionate Presence of Female Clients in Public Hospitals in Northern Uganda

Grace Akello, PhD, Gulu University

Various feminists describe tasks women perform including child nurturing and caregiving as undervalued, unpaid, backbreaking and oppressive. My three-year ethnographic inquiry about disproportionately high attendance of female clients in public hospitals in northern Uganda shows a manifestation of multiple factors including gendered division of labor, social and class differences, and dysfunctional families and love. I observed sick mothers giving care to their sick child, but first discussing the health complaints of the child, thereby offering selfless labor of love and a valued contribution for the well-being of the family. The women were not performing the so-called undervalued, unpaid and labor-intensive work in the private sphere. Husbands gave money for Medicare before going to work. Whereas women's overrepresentation is an indication of keenness in seeking health, men were keen in seeking well-being but frequently avoided long queues at public hospitals. More men compared to women could afford healthcare costs charged at private clinics. Further, male clients at the out-patients' units were not resorting to health-seeking 'late'. These findings broaden our understanding of gendered health-seeking, show multiple factors for the overrepresentation of women in out-patient clinics, and delineate how a synergy of these factors perpetuate the harmony in family and society.

'It's Never Enough': Ethics of Care and Kinship in Eating Disorder Treatment in Italy

Giulia Scollì, PhD, University of Cambridge

Drawing on eighteen months of fieldwork in a public residential facility for eating disorders in central Italy, the paper examines treatment at the intersection of professional and family care practices. The current landscape of eating disorder services in Italy is all but rosy. Recent surveys carried out by the Health Ministry show that for the more than 3 million people who have received a diagnosis, there are still few dedicated public facilities, causing continuous migrations towards those available and long waiting lists. In the context of a shrinking Italian welfare State characterised by cuts to healthcare expenditures, the burden of care falls mostly on the family, which 'steps in' as the main actor in charge of sustaining patients' recovery, but is at the same time often prevented from doing so due to bureaucratic obstacles. This, families and professionals agree, causes severe relapses. By focusing on the story of a patient whose eating disorder had become

'chronic', the paper examines the conflicting knowledges, demands and expectations that patients' families navigate and mediate through years of illness, questioning the practical implications of the responsibility for care that seems to be definitive of kinship ties.

(Un)Orthodox Medicine for Orthodox People

Maria Trifon, National University of Political Studies and Public Administration, Bucharest

The relationship between medical pluralism and Orthodox Christian spirituality is a stringent socio-medical phenomenon in the Romanian landscape, one that challenges the biomedical hegemony characterizing the public health system. Both CAM (complementary and alternative medicine) and Orthodox Christianity view concepts like health, illness and healing from a holistic and processual perspective. My research explores the intersection between integrative medicine, biomedicine and Orthodox Christianity through biographies of Romanians practicing them. Raising the question of health as contested knowledge, these healing journeys uncover the need to stabilize a personal *Weltanschauung* on broader treatment schemes, whether biomedical, alternative or spiritual. Imbedded in daily confrontations with the pragmatic realities of postmodern life, the healing paths taken by these people represent arenas of change - both personal and collective. Resting on a core concept for the Orthodox Church - *community*, these medical approaches imply a form of support from one's peers, especially one's family. Trying to solve an individual crisis - usually diagnoses of chronic or autoimmune diseases, the patient's family undergoes a radical lifestyle change as part of the healing process. For some, the family might be the cradle where CAM exposure and practice come from and this invites for further examination.

When Precarity, "Good Mothering" and a Politics of Deservingness Intersect: The Unintended Consequences of Home Visitation Programs

Kimberly Sigmund, University of Amsterdam

In Los Angeles, Home visitation programs (HVPs) function to identify racialized and marginalized mothers (RMMs) who are deemed "at-risk" for potential child abuse and to educate these mothers in "good" mothering behaviors in order to ensure the future health of their children. However, this "at-risk" designation both undermines mother's knowledge of care and fails to capture the complex socio-economic situations in which many of the racialized and marginalized Home Visitation clients live. This is done by centering the origin of "risk" within the

mothers themselves. In order to contest the knowledge used to generalize risk for RMMs in public health programming, I shift the definition of “at-risk” towards an understanding of precarious motherhood. Through precarious motherhood, it becomes possible to see the potential benefits and unintended consequences of HVPs. Namely, the ways in which these programs enact a politics of deservingness which leads to the performativity of “good mothering”; and how the programmatic focus on the mother’s risk factors re-centers the onus for change into the mother through the neoliberal expectation of “self-sufficiency” despite the precarious states in which “at-risk” mothers live. This paper offers a critique of neoliberal knowledge generation and dissemination practices in perinatal care in the USA.

Children’s Health. Mobile Families Managing Health

PD Dr. Astrid Bochow, Georg-August-Universität Göttingen

Families migrating with their children to Germany are confronted with new knowledge on how children’s health and wellbeing should be ensured. Newly arriving children and their parents are confronted with this new knowledge when entering educational institutions, such as schools or day cares. At stake are not only questions revolving around children’s nutrition, their leisure time, and media consumption. What is more: teachers’ and social workers’ knowledge on children’s wellbeing contains ideas how parents should spend time with their children. Which are the conflicts these mobile children and their parents are entering into when interacting with school teachers, social workers and school authorities? How are these mobile families managing these sometimes competing claims on their children’s health and wellbeing, and on the working of the family? What are the implications of these conflicts for gendered expectations of parenting and dynamics of power within the family through which these questions are managed? My contribution explores these questions based on observations, interviews and casual discussions with mobile families, teachers and social workers at a school in Lower Saxonia, Germany. Accompanied Families have different mobile histories and come from various countries such as Syria, Greece, Iran and recently the Ukraine.

Biomedicine, Class and the Issue of Medical Pluralism in Tema, Accra

Dilys Amoabeng, University of Amsterdam

Amisah Bakuri, University of Amsterdam

This study explored the relative absence of middle class in medical pluralism in Ghana and its distinctive ways of acting. The paper utilizes ethnographic research in Tema, Accra to examine participants' access to medication and healing. We move beyond assumed reliance on biomedicine to show that the middle class adheres to pluralist knowledge, by using habit, comfort, pre-familiarity, and familiarization as important tools. We highlight the workings of middle-classness in pluralist medical systems by examining how our participants' social, cultural and relational context influence the process of choosing a therapy in different and often unexpected ways. We argue that a) choice of healing system among the middle class is not always homogeneous b) it is therefore important to pay attention to other sources and forms of medicine which occur alongside, and interact with each other; c) and to the ways in which sick people and their kin make decisions about what kind of healers to consult with or without the presence of the person being treated. Therefore, we propose a broader understanding of healing, taking into account the cultural, social and relational aspects of healing processes of this group.