

MEDICINES: MEANINGS & CONTEXTS



NINA L. ETKIN & MICHAEL L. TAN, EDITORS

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Over the next decade, several governments in different parts of the world incorporated the essential drugs concept into national drug policies. It was during this period that more social scientists began to look into the production, distribution, and consumption of pharmaceuticals. Many of the studies were conducted by anthropologists focusing on the use of western pharmaceuticals in developing countries (e.g. Cunningham 1970; M. Logan 1974; Harden 1987). Other researchers looked into the symbolic meanings of medicine (e.g. Bledsoe and Gebre 1985; Conrad 1985; Helms 1977; Jain 1982; Nichter 1989; Whyte 1982). Increasingly, too, research was directed to the political economy of the production and distribution of western pharmaceuticals (e.g. K. Logan 1983; Fabricant and Hirschhorn 1987; Bergson 1981; Greenough 1982; van der Geest 1982).

By 1985, there were enough research materials for the London School of Hygiene and Tropical Medicine to compile an annotated bibliography on essential drugs and developing countries (Marxiani and Walker 1985).

In 1988, van der Geest and Whyte edited a collection of articles called *The Control of Medicines in Developing Countries*, subtitled *Pharmaceutical Anthropology*. In their introduction, the editors noted a trend away from an "ethnic bias" in research, more aptly described as "overlooking the use of aspirin for head-ache while noting the use of elephant dung for diarrhea" (p. 7).

1 Introduction

Michael L. Tan¹ and Nina L. Etkin²

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DURING THE 28th World Health Assembly which convened in 1975, the World Health Organization reviewed main drug problems faced by developing countries and formulated directions for new drug policies. Among the key recommendations that were presented was promotion of the essential drugs concept, the idea that priority should be given to assuring accessibility of the most necessary drugs for basic health needs.

Over the next decade, several governments in different parts of the world incorporated the essential drugs concept into national drug policies. It was during this period that more social scientists began to look into the production, distribution, and consumption of pharmaceuticals. Many of the studies were conducted by anthropologists focusing on the use of western pharmaceuticals in developing countries (e.g., Cunningham 1970; M. Logan 1973; Hardon 1987). Other researchers looked into the symbolic meanings of medicines (e.g., Bledsoe and Goubaud 1985; Conrad 1985; Helman 1978; Igun 1987; Nichter 1980; Whyte 1982). Increasingly, too, research was directed to the political economy of the production and distribution of western pharmaceuticals (e.g., K Logan 1983; Fabricant and Hirschhorn 1987; Ferguson 1981; Greenalgh 1987; van der Geest 1982).

By 1985, there were enough research materials for the London School of Hygiene and Tropical Medicine to compile an annotated bibliography on essential drugs and developing countries (Mamdani and Walker 1985).

In 1988, van der Geest and Whyte edited a collection of articles called *The Context of Medicines in Developing Countries*, subtitled *Pharmaceutical Anthropology*. In their introduction, the editors noted a trend away from an "exotic bias" in research, more graphically described as "overlooking the use of aspirin for head-ache while noticing the use of elephant dung for dizziness" (p. 9).

In October 1991, an international conference on social and cultural aspects of pharmaceuticals was held in Zeist, The Netherlands. The conference brought together researchers from different parts of the world who were moving away from this "exotic bias" to focus more on the pragmatic reality of pharmaceutical use in developing societies. Papers addressed one or more of three broad themes: the management of medicines, including distribution, prescription, and use; symbolic and contextual aspects; and the application of research to policy. Throughout, discussion centered on the contextualization of therapeutics as pharmaceutical use is mediated by diverse etiologies and interpretations of efficacy, the social relations of healing, and the role of multinationals in shaping drug policies throughout the world. There was also concern about bridging the gap between research and practice (see Brudon-Jacobowicz, this volume).

Following the conference, a plan was formulated to edit a new volume of research papers reflecting advances, as well as the many directions pursued, in the study of social and cultural aspects of pharmaceuticals. All papers were peer reviewed for inclusion, and editorial efforts were directed toward assuring a thematically integrated volume.

PERCEPTIONS AND INTERPRETATIONS OF PHARMACEUTICALS

The first section consists of eight papers dealing with perceptions and interpretations of pharmaceuticals — the "meanings of medicines." All emphasize the need to understand the interpretation of medicines as it relates to other understandings of health and illness. Rather than documenting "irrational" use, the authors reveal the the reasoned basis that underlies people's use of medicines.

Etkin focuses on perceptions of primary and side effects among Hausa in Nigeria. These are mediated by other popular concepts of physiology, disease etiology and outcome, and therapeutic objectives. For example, purgation may actually be desired in the early stages of stomach disorders, and therefore drug such as calcium carbonate and aluminum phosphate may be rejected because of their constipating side effects. Conversely, sodium bicarbonate's side effect of flatulence and belching may be desirable as evidence that the disease agent leaves the body. Etkin shows how therapy is in fact multiphasic as it moves from diagnosis to an assessment of prognosis and finally symptom remission.