Public Health and Critical Ethnographies

La salud pública y las etnografías críticas

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ABSTRACT

Keywords: Ethnography; health; Public health; Critical thinking.

This article analyzes characteristic elements of public health as a disciplinary field in contrast to critical ethnography. We carry out an exploratory, integrative review between 2010 and 2020 in Spanish, English, and Portuguese. Health and social science databases were used, finding 620 relevant references, of which 64 were studied. The descriptors were ethnography, health, public health, social anthropology, and critical thinking. The articles were classified according to discipline and country of origin. Subsequently, we discuss the presence of ethnography in various public health works, the history of ethnographies, their diverse applications as methods, focus, social impact, and emancipation tools to demonstrate the existence of ethnographies. In conclusion, the main meeting points identified between public health and critical ethnographies were the visibility of researchers/professionals as subjects with whom research is conducted, the multidimensionality of the phenomena addressed, the recognition of issues that involve power tensions, the questioning of other knowledge, and the intention to carry out actions for communities to access health care.

RESUMEN

Palabras clave: etnografía; salud; salud pública; pensamiento crítico.

El escrito analiza elementos característicos de la salud pública como campo disciplinar en contraste con la etnografía crítica. Para ello, se realizó una revisión integrativa exploratoria, entre 2010 y 2020, en español, inglés y portugués. Se utilizaron bases de datos de salud y ciencias sociales, con hallazgo de 620 referencias relacionadas con la temática, de las cuales se estudiaron. Los descriptores fueron: etnografía, salud, salud pública, antropología social y pensamiento crítico. En los resultados se encontró que los artículos se clasificaron de acuerdo con su disciplina y país de origen. Posteriormente se construyeron apartados que recapitularon la presencia de la etnografía en los diversos trabajos de la salud pública, la historia de las etnografías, su diversidad de aplicación como método, enfoque, impacto social y herramientas de emancipación, cuestiones que demuestran la existencia de las etnografías. Se concluye que los principales puntos de encuentro identificados entre la salud pública y las etnografías críticas fueron: visibilización de los investigadores/profesionales como sujetos con quienes se investiga, multidimensionalidad de los fenómenos que se abordan, reivindicación de temas que involucran tensiones de poder, cuestionamiento de otros saberes y el propósito de llevar a cabo acciones para que las comunidades accedan a la salud.
INTRODUCCIÓN

From the epistemic-ontological framework of disciplinary fields and methods, theoretical-methodological orientations direct the relationships between researchers and their subjects, both individually and collectively, field data collection, the time spent in the field, the depth of the analysis, and even the presentation of results. Thus, the coherence that the researcher builds through who they are, what they know, and what they do should be highlighted.

As a discipline and practice, public health is a polysemic concept whose central theme is the health/disease/care process and encompasses three groups of meanings “as knowledge, as a practice and as a social reality,” with ethical and political functions. It is not a homogeneous concept, and within it, there are also disagreements resulting from opposing interests.

Conventional and hegemonic public health has concentrated its actions on the development of linear interventions. Health professionals act mainly from institutional and disciplinary scientific rationality; in their work, the truth based on positivist science predominates over everyday know-how as pragmatic knowledge, based on pathologies and excessive medicalization.

However, the dialogue between health sciences and social sciences has fostered a transformation in understanding health in relation to disease since it is now considered a social construct within daily life. This dialogue, in turn, has made it clear that public health needs to address structural conditions and not only health problems from a broader perspective.

Other forms of public health consider social experiences as resources to take action that stimulates learning and advance in a field of permanent construction that also questions reality. Therefore, it must lie in the recognition of historical, ontological, socio-cultural, political, economic, and biological contexts through symbolic and material expressions that affect all the relationships of the subjects. Hence, qualitative methodological routes are required for this approach. This incursion has required methods such as ethnography, which is used by researchers from different health disciplines to carry out critical analyses, theoretical developments, and political inquiries based on the humanistic nature of health sciences. There is a need to access meanings, perceptions, beliefs, knowledge, and practices, from the approach not only to the morbid process—discomfort, suffering, ailments—but also to the socially determined daily life.

The origins of the ethnographic approach are related to immersion in the context of natives and their “exotic” ways of life and the recognition of the role of human action from their point of view with “objective” and “scientific” descriptions, where the researcher was the subject possessing knowledge. Nonetheless, sociologists from the Chicago School proposed adaptations to classical ethnographies—a paradigm shift—for studying social groups in “modern” communities in the United States. Moreover, the ethnographers focused on investigating daily life problems and understanding social reality. These transformations gave rise to ethnographies with different epistemological and theoretical perspectives, ideas of culture, politics, and science, and conceptions of the human being-society relationship that have given rise to a more complex field of study. Thus, new forms of research emerged accompanied by critical hermeneutical positions that took on a political commitment to social change in defense of dialogical participatory research. They are helpful in making visible the differences between the powerful and the oppressed and the transformation of reality through political studies, interaction with social movements, and discussion of the academic culture.

Critical ethnography has emancipatory implications and links knowledge to political action to address situations of injustice. This activist stance provides a double reflection: rethinking the power relations immersed in the research and highlighting the interactions between structures of knowledge and powers. Therefore, it can be affirmed that there
is no single ethnography. Instead, ethnography can be conceived as a method or product, a focus, a social relationship, a human emancipation tool, or more than a method. In other words, because each ethnographer builds their own ethnography, multiple “ethnographies” are formed.

The standpoint on which this manuscript is based goes two ways. On the one hand, public health is polysemic due to multiple perspectives, and there is no single approach to ethnography since there is a wide range of positions whose understanding requires historical knowledge. Therefore, the purpose of this integrative review is to establish the relationships between public health as a disciplinary field and critical ethnography as a method based on categorization and comparative analysis. It also aims to identify their main meeting points, most important studies, contrasts, and complementarity.

MATERIALS AND METHODS

An exploratory, integrative review was carried out aimed at recovering characteristics of critical thinking. For the review, we followed several steps described by Tavares et al.

Preparation of the guiding question for the review: What is the relationship between public health as a disciplinary field and critical ethnography as a method?

Literature search: We searched PubMed, Science Direct, Virtual Health Library, Scopus, and Google Scholar for articles published between 2010 and 2020. In addition, we referred to several articles and books selected for their relevance. Master’s theses and doctoral dissertations were also considered. The descriptors ethnography, health, public health, social anthropology, and critical thinking were used in Spanish, English, and Portuguese. The exclusion criteria were incomplete documents, bachelor’s theses, and writings on other subjects.

Data collection: We identified 620 references. Of these, 567 were excluded, and 64 documents were selected, as shown in Figure 1.

Critical analysis of included studies: We analyzed the selected articles for the quality of their contributions and relevance, the basis for consolidating trends, and the subject matter. They were organized in an Excel matrix with the following categories: generalities (author, text, discipline, type of document), epistemological and theoretical perspective, method (techniques, fieldwork, and writing), significant experiences in the approach, analysis of relationships (researcher participation and representation of the researched subject), and analytical relationships. Then, we designed relational tables to represent the comparative analysis and the points of agreement and disagreement.

Finally, regarding ethical considerations, according to Resolution 008430 of 1993 by the Colombian Ministry of Health and the Declaration of Helsinki promulgated by the World Medical Association (WMA) in 2000, the study does not pose a risk as it is a review that only involves secondary sources as theoretical inputs for future research in the field.

RESULTS

The review draws on a total of 64 references, which come from countries such as the United States (18), Colombia (14), Mexico (8), and Argentina (5) (Figure 2). In them, qualitative ethnographic research has been applied to various topics and disciplines such as anthropology, nursing, medicine, sociology, psychology, and education sciences. (Figure 3).
Figure 2. Distribution of articles by country.

Figure 3. Distribution of articles by discipline.
The analysis of the disciplines of the selected texts showed the diverse themes to which critical ethnography contributes. For example, from the reviewed anthropology studies, the characteristics of the method include participant observation as a critical practice in research, writing performance, the collaboration and co-authorship of the subjects with whom the research is conducted, and its application to the problematization of public policies.

Similar constructions appear in the sociological articles, which delve into the representation, reflexivity, and inclusion of the gender perspective, a subject studied through psychology. Concerning education as a disciplinary area, the reviewed studies focused on the compilation and reflection of ethnography in qualitative research, the emergence of its critical orientations, and the application of its knowledge to strengthen the training of human talent in health care.

Ethnography has contributed mainly to health studies. Some medical anthropology approaches have allowed analyzing health and disease processes from the perspective of the subjects. They enable us to understand, for example, the various mental health problems in minority and ethnic groups, the care of people with chronic diseases such as diabetes, the relationships between women in labor and health personnel, and the racialization and gender theories in health practices.

Public health has also used ethnography to interpret the relationships between subject, society, and culture, as noted in maternal education programs in health clinics, growth and development programs, health practices in communities that promote the health and quality of life of mothers to preadolescents, health practices of the adolescent population in school, the perception of access to mental health services, and nursing care.

**Critical ethnographies and public health**

The texts analyzed were also classified according to their subject matter: public health, mental health, care policies, and gender perspective, thus complementing the review. The ethnographic approach, particularly the critical perspective, has contributed to public health and health education interventions from a dialogical model based on multidimensionality, bidirectionality, and symmetry. It has provided an empirical basis that considers social participation in health, which is possible because ethnography gives voice to patient-subjects and descriptions that can contradict representations based on dominant ideologies.

Critical ethnography gains value by providing information about patients and health personnel’s narratives, meanings, and experiences. Therefore, the contribution of ethnography is to juxtapose the results of its observation with the proposals by different actors responsible for official interventions, practices, and discourses. Part of this conceptual tension that critical ethnography puts forward reveals social conditions such as the racialization of health actions and the discrimination of specific populations, which, together with the socio-historical and socio-environmental conditions, become social determinants of health.

Critical ethnography is also applied to the design of health policies aimed at preventing and controlling infections during health care to overcome technical views and understand the behaviors of teams. Unlike the other ethnographies, this perspective monitors the interpretation of community’s needs and the researcher’s reflexivity to prevent the information from consolidating interventions that expose vulnerable groups to greater discrimination.

Mental health is another area in which critical ethnography is employed. Studies such as Sandoval’s discuss how some care practices include the historical memory of individuals and acknowledge how their complicated lives can cause depression, anxiety, and other diseases. Critical ethnography also offers tools for analyzing mental health in non-dominant ethnic groups.

Care as a category of public health is also permeated by critical ethnography. Specific studies stand out, such as that of Domínguez, who examines the self-
care of diabetic patients, the meanings of the disease, and gender from a critical anthropological perspective. McCabe and Holmes explore the experiences of nurses who care for young people with disabilities. The aim is to reflect on how their care practices can reproduce social limitations, stereotypes, heteronormativity, and prejudices concerning disability and sexual health. Works such as Buitrago also deal with care in situations of disability but denounce how this field has been commercialized by Colombian state and private institutions and social organizations.

There are dissertations related to the care of health personnel, including Harrowing and Mikk’s. These authors use their ethnographic findings to account for nurses’ moral anguish and coping strategies and patients who live with the Human Immunodeficiency Virus (HIV). The research can be related to Medina Castro, who analyzes the experience of 17 nurses and outlines theoretical and practical proposals for understanding and learning about self-care.

Regarding care as part of raising children in vulnerable situations, Betancurth and Peñaranda, Bedoya et al., described the complex social contexts of caregivers and mothers, the impact on their life stories, practices, and even the relationship between their social class and the care they provide. The purpose was to unravel a network of injustices perpetuated by hegemonic discourses of traditional public health or the implementation of public policies that ignore social injustice settings.

Discussions about care opened the door to another issue highlighted by critical ethnography: the gender perspective, which has gained momentum in recent years with analyses that acknowledge the experiences and meanings of sexuality and gender in young populations. In the same way, research has emerged that points to understanding women’s sexual diversities and the visibility of their rights and experiences regarding sexual health beyond reproductive mandates. Finally, this critical ethnography orientation for the study of the gender perspective takes up contributions from bioethical theory and anthropology to comprehend the body and its cultural domestication, impacting the configuration of moral values and even gender.

**DISCUSSION**

According to the results, ethnography has contributed to different disciplines, particularly public health, because it helps to understand the links of professional care, the comprehensive approach to people, patients’ identification of problems, and the construction of knowledge to improve health actions. After all, it enables the analysis of health-disease processes associated with cultural and social aspects by understanding the behaviors and relationships immersed in health contexts.

**Critical ethnographies and alternative public health: Convergence for action**

There is an pressing need to overcome dominant, unidirectional, hegemonic, and quantitative models centered on structural functionalism. The changes in these last decades of globalization make it necessary to find new paths in public health and reclaim theoretical-practical elements to understand and act on the foundations of health and life, not only on disease. This shift implies interpreting culture, historical realities, and ways of exercising power and strengthening social action and new identities, which has to do with this plural and dialogical view essential to the alternative critical perspective. In this sense, ethnography enriches the health-disease analysis by regarding itself as a “process of progressive re-making that takes shape in and through the ups and downs of the researcher’s epistemic positions”, allowing them to concentrate on understanding the action of the subjects in a relational, bidirectional, and symmetric analysis that looks into how things are, not how they should be. For this reason, “it returns to the processes of health, disease, and care, and their status as social facts”.

The above requires looking for new proposals that combine and produce changes in micro-contexts coherently between ideological foundations, conceptions, technical-political actions, and their projection on society. This approach may derive...
from the orchestration between discipline (health and public health) and method (anthropology), reflecting the interdisciplinarity and complementarity of the fields and overcoming the constant disputes between radical positions. Therefore, the analysis of the main categories that emerge from the results is presented with the meeting points between alternative public health and critical ethnography, providing a guide for action and future research in the hope of rethinking a public health that dispenses with local realities. Understanding the ethnographic approach pluralistically and considering its critical perspectives to tackle public health research implies a review of health-disease processes, that is public health with which to reach meeting points from the following premises.

**Philosophical-theoretical assumption of health and life, without neglecting disease prevention**

Within the theoretical assumption (knowledge), and under the plurality of ethnographies arising from historical evolution, some common conceptual points stand out. An understanding of the different approaches to ethnography, as shown in the results, makes it possible to make out, through different studies, the close relationship between one type of ethnography—criticism—and the other or alternative public health posited.

First, the value of the individual is highlighted, given that the positivist and functionalist approaches to traditional public health exclude the individual as the generator of their knowledge and action because the main interest of public health is biological. The alternative current emphasizes that living beings are autopoietic, that is, they establish their norms and structures of self-production\(^6\), especially human populations, which contrasts with critical ethnography. The latter sees the researcher and the researched as subjects who co-construct in an immersed symmetric relationship, an eminently social and cultural process that goes beyond the conception of the other—the object—as being dominated.

Second, critical ethnography and public health are analyzed in the framework of life. In contrast, public health deems health as life and social reality, which requires expanding ways of knowing and understanding actual social problems and cultural relations and expressions. Although critical ethnographies on illness-death are available, the concern is not the isolated phenomenon but the need to reflect on and understand the goal of healing.

Third, “living promotes health, which is not only maintained through the absence of disease; health is an autonomous and supportive way of living, inherent in human culture, dependent on and conditioning the relationships established with nature, society, and the State”\(^5\). For authors such as Martínez\(^1\), health is not only the result of interventions; its exploration through public health requires the population’s cultural and symbolic conception of health. In other words, critical ethnography revives voice and language, which are excluded by other methodologies.

**Methods that integrate various metaphors and propose diverse hermeneutics (including the positivist scientific approach) to account for natural activity, social action, and social structures**

The assumption of the *method* is relevant to analyze critical ethnography in the framework of public health, especially if ethnography is understood as a dialogical method that challenges the strategies of the so-called monological intervention models, predominant in the hegemonic approach to health illness processes. The monological view of health interventions tends to dismiss the knowledge of communities and impose a representation of a *rational, passive, depersonalized subject*\(^64,65\) by transmitting one-way/one-dimensional information\(^56\) that subdues the action of the subjects and silences their voices.

This perspective is questioned by the critical ethnography applied to studies on mental health\(^67\) and public health policies when giving a detailed description\(^68,69\) that sets the context of the subjects in a multidimensional dialogic model, integrating cultural, social, economic, and political determinants to consolidate other alternatives for
health\textsuperscript{70,71}. At the same time, it denounces the use of ethnographic knowledge to develop programs that stigmatize populations in vulnerable situations (women, ethnic groups). In this way, academia can drive political action.

Critical ethnography enhances the reflexivity and positionality of the researcher, making them part of their study as a subject who interprets, with their own conceptions of the world, the realities they observe and describe\textsuperscript{50}, as noted in studies on care, where health professionals, based on their experiences, understand their self-care strategies or co-construct meanings with the participants\textsuperscript{72-74}. Neutrality, one-dimensionality, and subordination are overcome to empower\textsuperscript{75} the social groups in which they are involved. As a method, critical ethnography validates the subject/community with whom the research is conducted, conceiving them as capable of producing and reproducing knowledge beyond scientific discourses thanks to a multidimensional, holistic, and contextualized approach\textsuperscript{76,77}. For example, studies on gender perspective generated knowledge from consolidated forms of power\textsuperscript{78} in favor of recognizing minority rights.

Social practices that integrate various actors and powers in addition to state power

About this foundation, “the individual, the public or social movements that promote health socially control the fulfillment of the duties entrusted to the State, fight for its democratization, and enter into agreements/disagreements with supra and infra-national powers\textsuperscript{79,80}. Thus, critical ethnography as a method questions the use of knowledge. From the approach to alternative public health, critical ethnography asks “why?” or “for whom?” on seeing the multiple political, economic, and social interests that take part in the well-being and health of communities. The purpose is to promote social mobilization and represent researchers and participants as active actors capable of transforming themselves and their realities.

CONCLUSION

The main meeting points identified between alternative public health and critical ethnography were the visibility of researchers/professionals as subjects with whom research is conducted, the multidimensionality of the phenomena being analyzed, the reclaiming of issues that involve power tensions, the questioning of other knowledge, and the intention to take action so that communities have access to health. The identification of these points allowed us to made an analysis from Granda’s theoretical assumptions. First, it implies a view of health beyond the absence of disease, which requires an approach from life and social reality to understand the population’s cultural, symbolic, and social conceptions, issues to which the consideration of phenomena by critical ethnography contributes. As a second condition, methods that can account for natural activity, social action, and social structures are required.

Accordingly, critical ethnography offers to different forms of public health a method that produces knowledge that is situated, co-constructed, reflective, and empowers the subjects to achieve health. Finally, concerning social practices, critical ethnography offers possibilities by actively questioning how to produce knowledge and its use and purpose in devising health strategies beyond the traditional ones belonging to hegemonic models. An alternative view of public health requires methods other than the traditional ones, which broaden the horizon in studying the health-disease process as a \textit{continuum}. These include researchers, health professionals, and communities in multidimensional and dialogic dynamics, unlike a one-dimensional, monological perspective typical of the hegemonic public health model.

In conclusion, critical ethnography builds an epistemologically coherent bridge with alternative public health since both reveal the logics of power that for years have denigrated knowledge, subjectivities, and ways of life for being alien to Western thought. This visibility of realities is a step towards constructing dialogues of knowledge, which in turn question the structures of coloniality and
establish well-being, economic, and social equality conditions, that is, true health as a reflection of life.

CONFLICT OF INTEREST STATEMENT

The authors state that they are independent of any funding and support institutions and that in conducting the research and writing the manuscript, no interests or values have impacted other than those usual to any research.

AUTHORS’ CONTRIBUTIONS

First author: Research idea, method construction, bibliographic search, article review, result analysis, and writing
Second author: Bibliographic search, article review, and result analysis
Third author: Article review, result analysis, and conclusions

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