

Bolivia
A Cross-Socioeconomic Study of Healthcare: Where Western Methods Meet Tradition

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As the world continues to “globalize,” people have observed and experienced that disease knows no borders and that tragically preventable epidemics prey on fellow humans every day. In a way, medicine has become the new measuring tool by which anthropologists attempt to understand and gauge the state of development of a nation and doctors begin to assess the needs of a population. In Bolivia, like many nations, the quality and availability of care is determined greatly by proximity to an urban area or by one’s socioeconomic status rather than by the level of need of a community of people. While several levels of care are available in cities, many Bolivians in need of care have few options beyond rather crude home remedies. Many Bolivians have circumvented this structural inequality by employing indigenous healing techniques, especially with regard to maternal care and family planning.

Today, Bolivia’s healthcare system is largely failing. Bolivia has the highest infant and maternal mortality rates in Latin America with around 100 children per 1000 live births perishing within the first year of life. The distribution of care varies with indigenous and mulatto communities reporting higher rates of infant mortality, lower life expectancies and generally poorer health. Because of both economic and social reasons, local health posts are underutilized in Bolivia. For one, the hospitals are understaffed and understocked, often lacking anesthesia and surgical equipment. Secondly, healthcare professionals in Bolivia struggle to effectively bridge cultural gaps with Andean communities where Quechua and Aymara languages are primarily spoken. Most people, thus, prefer local networks of health support beginning with families and traditionally trained midwives and healers.

I propose to research the varying degrees to which traditional and western medical techniques are practiced in maternal healthcare, comparing two contrasting socioeconomic environments. I plan to study a semi-rural village outside of Cochabamba and an urban slum in the city. In studying the same region, I hope to minimize the effects of regional culture and geographic opportunity on variation in my results. Though I predict that urban proximity will increase the likelihood that Bolivians will use western medicine more than traditional methods, it will be interesting to observe whether proximity to care and cultural preference affect the type of healthcare sought and received.

Before conducting my research, I will be in Cochabamba for two months taking classes on Bolivian culture and development. At that time, I plan to decide which areas in the city and shortly outside the city will be best for conducting research. This will provide the opportunity to crudely observe the level and type of healthcare in each community, and tailor later conducted surveys according to these observations. In the second stage of my research, I plan to conduct oral questionnaires of 20-25 people in each setting from which I can glean more quantitative data of people's experiences with healthcare. The questionnaires will include questions like, "How many times have you been pregnant? Delivered a living baby as opposed to stillborn or miscarriage? Where did you deliver? Did you use the aid of a midwife?" Questionnaires will be completed via home-visits in the community and with the aid of a translator.

The final stage of my research will be more lengthy of between 3 and 5 participants for each setting. At that time, participants will have the opportunity to qualitatively speak about their health experiences and contribute to research in depth that is not possible with questionnaires. Healthcare and illness are incredibly personal topics, and my relationships with the people who agree to personal interviews will most likely dictate the conversation. Ideally, I would like to ask them about specific birthing or prenatal care experiences, their level of education regarding pre-natal care and the availability of healthcare for them.

There are currently no faculty members at Northwestern studying the fusion of traditional and western medicine in maternal healthcare in Bolivia, but several of my professors have been able to guide me in my preparations. Rachel Seligman of the anthropology department has experience researching culturally constructed health issues in Brazil and other regions of Latin America and is currently teaching in the Global Health department. Marygrace Tyrrell of the history department also has experience conducting primary source and interview research in Latin America. Her research interests include urban history in the US, Latin American, and the Caribbean. She is currently researching her dissertation on tourism, federal housing projects, and military bases in San Juan, Puerto Rico. Recently, I have begun working for an organization in Kansas City called Maison de Naissance (MN) that establishes women's health clinics in resource-poor settings. I have already completed work for them in Haiti, and will be

conducting oral surveys on maternal and pediatric healthcare in the Dominican Republic for the month of January. With their permission, I have been able to construct my own survey similar to the pilot survey they perform to assess the level of care and health education in a region prior to opening a clinic. With the guidance of MN's founder, Dr. Stan Shaffer, the aforementioned professors and the SIT advisors, I hope to complete this original research in Bolivia. I have taken many classes on Latin American History and Global Health that provide a solid background for my topic of study. In addition, anthropology and statistics courses I have taken will help with my methodology and data analysis. The medical volunteer work I have done in Haiti and at two clinics in Kansas City, KS has provided me with experiences that will be relatable to my Bolivian experience.

Bastien, Joseph W. *Community Health Workers in Bolivia: Adapting to Traditional Roles in the Andean Community*. University of Texas: 1990.

Bastien, Joseph W. *Cross Cultural Communications Between Doctors and Peasants in Bolivia*.

Bastien, Joseph W. *Exchange Between Andean and Western Medicine*. University of Texas. 1982

O'Rourke, Kathleen, Howard-Grabman, Lisa, Seoane, Guillermo. *Impact of Community Organizations of Women on Perinatal Outcomes in Rural Bolivia*. *Pan American Journal of Public Health* 3(1). 1998.

Perry, Baker, Gesler, Wil. *Physical Access to Primary Healthcare in Andean Bolivia*. *Social Science and Medicine*. 50 (2000) 1177-1188.

Vandebroek, Ina, et. al. *A Comparison of Traditional Healers' Medical Plant Knowledge in the Bolivian Andes and Amazon*. *Social Science and Medicine* 59 (2004) 837-849.

BUDGET	
Writing Supplies	15
Tape Recorder	25
Map of Cochabamba and Surrounding Areas	20
Payment of Translator (\$5 per day x 20 days)	100
Photocopies	15
GPS Tracker (Rent for four months)	200
Total:	375

ADDENDUM:

The research I conduct in Bolivia will be part of an SIT program. The advisors for my program are Heidi Baer Postigo and Ismael Saavedra. Ms. Baer Postigo has extensive experience conducting interviews with Aymara women about their children and experiences as a mother. I hope to utilize her connections and experience in Bolivia to find another advisor in Cochabamba. Also, in the next month I plan to contact several NGO's in Cochabamba that work with women's and children's health services. This will help me understand the level of care in the city before my arrival. I also hope that these organizations will be able to use my findings to better serve the communities they are in. The Study Abroad Office has permission to post my proposal on their Web site and to use it in future SARP programs or other programs or courses related to study abroad.