Improving health worldwide

Our vision is to be a world-leading school of public and global health, working closely with partners in the UK and worldwide to address contemporary and future critical health challenges.

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Forewords:

“...The social sciences provide a critical perspective on the institutions and practices of medicine and healthcare and also help to deliver more effective interventions for individuals and populations. These two contributions are very well illustrated by the array of social scientific studies currently in progress at the London School of Hygiene & Tropical Medicine. These include system and policy level investigations, studies of interventions and programmes, a focus on some of the most urgent public health problems of the age, and all with international and comparative dimensions. It will be the integration, demonstrated here, of social scientific perspectives with those of biomedicine that will make possible more complete understandings of the complex ways in which individual and population health patterns arise, and as a result, better and more humane healthcare.”

“As a physician, I chose to train in anthropology to address issues arising from delivering medical and health interventions both in Canada and in Africa. Not only am I acutely aware of how cultural contexts shape health and interventions to improve it, but I also am convinced that social sciences are essential to address the global health challenges of the future particularly as delivering health becomes more technologically complex. The School has a long-standing reputation for advancing sociological and anthropological work in global health. Social scientists here are providing important insights into the lived realities of those affected by HIV, the layers of institutional and global forces that shape health and medical care, and the production of global health knowledge, including the actors and relationships involved. It is excellent to see the School investing further in its social sciences.”

“We seem to be continuously rediscovering how important critical social science is in health research. The work of social scientists in the School, illustrated in this publication, underlines the important contribution. Whether it is in understanding why people may not adhere to treatment for HIV infection or seek care for high blood pressure, social scientists in the School provide invaluable insights into health and wellbeing through their research in many different parts of the world enriching the work of their colleagues in other disciplines. I am delighted to be joining the School as part of its initiatives to build capacity in anthropology and the social sciences.”

Baron Piot is Professor of Global Health and Director of the London School of Hygiene & Tropical Medicine. He was previously Under Secretary-General of the United Nations, founding Executive Director of UNAIDS, and has published over 500 scientific articles and 16 books on infectious diseases.

Let us unite in exploring the current and future contributions of social sciences to improving health for all. From our experience of HIV/AIDS, and also in a range of other health topics, we now see the importance of social science research in order to understand the context in which policies and practices are applied and why they succeed or fail. These connections are part of an ongoing conversation that draws on many disciplines, all with international and comparative dimensions. It will be the integration, demonstrated here, of social scientific perspectives with those of biomedicine that will make possible more complete understandings of the complex ways in which individual and population health patterns arise, and as a result, better and more humane care.

The social sciences work of the School cuts across multiple disciplines, methods and areas of health research. Taken together, our social scientists investigate health practices as a dimension of interplay between publics, structures, policies and research. Our research uses social sciences for global health improvement – through improving the organisation, content and delivery of health promotion, interventions, provider relationships, systems, and policies. This enables us to reflect critically on the operations of public health and research itself – the way public health priorities and policies are made and implemented.

The School has been a leading centre of social sciences research in health, and today we have more than 100 researchers working in sociology, anthropology, history, geography, and the political sciences. Yet the contributions made by social scientists to evidence-based health interventions may not always be visible, especially as they are frequently part of large-scale, mixed method and multidisciplinary designs.

We are delighted to publish this special issue to showcase this vital work, bringing together social scientists engaged in health research across the School to explore the current and future contributions of social sciences to improving health for all.

Health priorities and policies
Experiencing health
Patient and community engagement
Social sciences shaping health
Developing and delivering interventions
Health research practices
Re-conceptualising health and research
Education and capacity strengthening
Looking ahead: beyond disciplinary boundaries
Health priorities and policies

How is evidence shaped by competing research and policy discussions, and what are the processes involved in such evidence making? Public policies shaping health are products of specific social interactions and negotiations between multiple stakeholders and in institutions in political, social and cultural environments.

Understanding unintended consequences

Ethnographic research can provide insights into how policies work, or why they don’t. Lorelie Jones, an anthropologist, is conducting ethnographic research on how market-based policies are implemented in the National Health Service in England. She found that local health service managers use various ‘coping strategies’ in response to rapidly changing and often contradictory central policies.

These strategies, such as prioritising the most pressing short-term issues, re-labelling existing initiatives as new, and using new policies as a lever to realise local objectives, can dilute the impact of top-down market-based reforms. The implementation of national policies designed to introduce competition is also undermined by longstanding social relationships between doctors and organisations, including local agreements and referral patterns between hospitals and other providers.

Policy participants and their agendas

Policy-making is in part shaped by what different participants bring to this process. Ben Hawkins is researching the role of organisations including supermarkets, drinks companies and trade associations, on key organisations including supermarkets, drinks companies and trade associations, on key decision-making processes.

This research uses concepts of ‘framing’ from the field of interpretative policy analysis to understand the ways in which corporate players attempt to define issues affecting their underlying interests. For instance, the alcohol industry often presents the alcohol industry often presents the alcohol industry as responsible for the actions of those who should be held individually accountable for their actions. He also analyses the ways in which industry engages in the policy-making process through official and unofficial channels, for example by lobbying officials, legislators and ministers through trade associations and consultancies. This work explores ethical issues around the collaboration of academic researchers with industry and the corporate financing of research, as well as issues about the reliability and strength of the evidence on which governments base policy decisions.

The politics of policy-making

The failure of apparently useful evidence to be taken up in policy typically results in calls for greater interaction between researchers and policy makers to ‘bridge the gap’ between these two worlds. Less well understood is how the political nature of policy-making itself influences the creation, interpretation, and application of evidence relevant to health.

The Getting Research into Policy in Health programme, led by Justin Paton, conducts research around the political factors influencing the use of evidence. It investigates how competing values and interests influence the relevance of different bodies of evidence within the decision making process.

The importance of financial interests, moral and ideological positions, and other social values can be shown to shape how issues are framed, and how evidence is selected, interpreted and utilised by coalitions of participants within policy debates.

Advancing health policy analysis

The School has long played a key role in developing methods for health policy analysis. In 1954, Professors Gill Walt and Lucy Gilson developed one of the first frameworks for public health policy analysis, known as the ‘policy triangle’, comprising ‘context’, ‘process’, ‘actors’. Researchers are continuing to develop the field of health policy analysis to make it more relevant for health and development decision making.

Suzannah Mayhew, who initiated and others are working to apply, critique, refine and develop theories from a range of disciplines to explore the political nature of health policy, the governance of health and how power shapes policy-making processes.

Dr Mayhew’s ESRC-funded Global Climate Governance project used an assessment framework to analyse accountability and governance structures in major international organisations including the World Bank, World Trade Organisation, World Health Organisation and UK Department for International Development.

Studies with doctoral students of safe abortion policies in Indonesia and Ghana and health sector responses to victims of intimate partner violence in Malaysia have assessed the power relations between key stakeholders, critical to identifying why policy processes stalled, how they could progress, and how implementation could be improved. The team applies theory to explore how notions of equity are framed and contested by stakeholders negotiating financing mechanisms for Universal Health Coverage. Together, this work is helping to inform the development and implementation of more effective policies, as well as advancing methods and theories of policy analysis.

Focus: HIV/AIDS

The London School of Hygiene & Tropical Medicine is a world leader in research on HIV risk, prevention and treatment, especially in low and middle income settings. The social sciences play a key role in this research.

Integrating the social and biomedical in clinical trials

Microbicide gels are widely used in clinical trials for HIV prevention. Robert Pool, Shelley Lees and Catherine Montgomery have been working as part of a multidisciplinary team on clinical trials investigating people’s experience of trial procedures, the impact of the microbicide gel on their everyday lives, and ethical issues related to trial participation. They also took a critical perspective on the meanings and practices of microbicide development, the trial and the gel itself. This led to an understanding of how new technologies and the social practices of medical research are taken up and understood by people in relation to their own concerns, the broader perspectives of technologies and science, and the political and economic context in which trial participants live.

Growing up with HIV

Sarah Bernays is leading a programme of qualitative research describing how children and young people experience life transitions, such as starting school and sexual relationships, in the context of HIV and its treatment. Working with Janet Siyekelwa in Botswana, as well as in the UK and Zimbabwe, her research seeks to give voice to children’s own accounts. A key finding from the Uganda research is how the cultural silencing of HIV narrows talk about living with HIV primarily in relation to its medical treatment rather than to social effects. This work has a strong emphasis on building social science research capacity, including in research with children.

The social effects of criminalisation

For nearly a decade, Catherine Dobbs and others at Sigma Research have used mixed methods to examine the social effects of criminal prosecutions for HIV transmission. They show how criminal prosecutions are in conflict with the aims of health promotion as well as exacerbating HIV prevention need and related stigma. The Terrence Higgins Trust has said of this work: “Sigma Research set an example for researchers elsewhere that even this difficult and highly emotive subject can be tackled.”

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Terrence Higgins Trust
Experiencing health

Much research at the School concentrates on how people understand and make sense of health. By getting closer to participant perspectives, we can appreciate the processes which contribute to people’s understanding of health and risk, and their experiences of these processes in their daily lives. This in turn helps inform the development of effective health interventions.

Young people’s sexual practices

The Staying Safe project, led by Magdalena Harris and Preslava Stoeva, the Centre is currently working in areas including:

- strengthening health-service responses to domestic violence
- exploring the impacts of community empowerment, economic and social interventions in Tanzania, Uganda, Côte d’Ivoire, Ecuador and Colombia.

The Centre runs an annual short course on researching gender-based violence, which includes social science perspectives.

Preventing hepatitis C

The Staying Safe project, led by Magdalena Harris and Tim Rhodes, explores the accounts of long-term drug injectors who have avoided Hepatitis C alongside those who have been exposed. The team has conducted in-depth life history interviews with participants focusing on protective practices, such as a preference for using new needles, not using other people’s syringes, injecting at home, and taking charge of the drug preparation process. They found that these were motivated less by concerns about infection or response to harm reduction messages, than by short-term pragmatic concerns including privacy, pleasure and maintaining social relationships.

Avoidance of infection was thus a small part of a bigger picture. The ESRC-funded study demonstrates the pragmatic value of sociological studies exploring participant perspectives, and its findings are being used by harm reduction projects in the UK. We learn that interventions might facilitate Hepatitis C prevention, not by delivering repeated Hepatitis C health promotion messages but by focusing on participants’ pragmatic concerns.

Gender-based violence

One in three women worldwide experiences intimate partner violence. The School’s Gender, Violence and Health Centre conducts multidisciplinary studies to better understand and describe gender-based violence and its effects, and to identify how prevention and health-service programmes can reduce violence. They use traditional and innovative social science methods to gain an in-depth and contextual understanding of violence, focusing on individual, social, political and economic factors that lead to violence and on the impact of violence on everyday lives.

Current projects include:

- research on trafficking and labour exploitation in South Asia, South America and Central Asia;
- strengthening health-service responses to domestic violence in Europe and Asia; and
- exploring the impacts of community empowerment, economic and social interventions in Tanzania, Uganda, Côte d’Ivoire, Ecuador and Colombia.

The Centre is currently working in areas including:

- exploring practitioner and user perspectives of reproductive health service provision in Afghanistan;
- assessment of maternal and child health interventions in conflict-affected areas of India;
- evaluation of family planning services in post-conflict Nepal;
- critical analysis of theories of health security politics.

Conflict and health

The School’s Security, Conflict and Health Research Programme takes a multidisciplinary approach to questions of security in relation to health, global health governance for security, disease control, interpersonal violence, environmental change, health system strengthening and contributions to state-building. Coordinated by Santhana Haveri and Francesca Simon, the Centre is currently working in areas including:

- using social theory to understand the adoption, use and incorporation of home energy efficiency interventions, such as installing more efficient lighting and heating, as social practice, and as part of the broader practices and decision-making of a household. This in turn, can help guide future policies. The project identifies which social and cultural structures condition the incorporation of home energy efficiency within households and what effect this has on cold weather-related practices.

This project also seeks to advance empirical research.

Using social theory

Qualitative social scientists are looking at the pathways linking home energy efficiency improvements and cold-related morbidity and mortality. Led by sociologist Oliver Braithwaite, the team is seeking to understand the adoption, use and incorporation of home energy efficiency interventions, such as installing more efficient lighting and heating, as social practice, and as part of the broader practices and decision-making of a household. This in turn, can help guide future policies. The project identifies which social and cultural structures condition the incorporation of home energy efficiency within households and what effect this has on cold weather-related practices.

This project also seeks to advance empirical research.
Patient and community involvement

How people engage with measures aimed at improving health is a key question for social science researchers. We are interested in health intervention engagement as a social process, and reflect critically on how interventions, and their delivery practices, construct health identities in particular ways. Our research also focuses on community intervention engagement and health citizenship.

Concepts of community

In the UK, as elsewhere, community-based interventions have developed in response to ‘social exclusion’ and the need to address health and social inequalities at local levels. These programmes commonly focus on engaging ‘the community’, to encourage their participation and contribution to the design and implementation of interventions. Big Local is a long-term innovative programme that aims to achieve lasting change in 250 areas in England, by providing a mixture of funding, finance and support. PhD student Joanna Reynolds is using ethnographic methods to explore how ‘the community’ is conceptualised and enacted in different sites of the Big Local programme.

Patient involvement in care

The UK National Health Service seeks to involve the public as a way of improving patient care. Alicia Renedo and Cicely Marston are undertaking a nine-year ethnographic project to find out what works, how and why in patient involvement.

Focusing on the public involvement activities of a healthcare improvement programme in London, they are looking at patient involvement as a dynamic social process. They show how relationships between healthcare professionals and patients can enable or limit effective and inclusive involvement. Co-director Marston is also working with the World Health Organization to understand and develop global guidelines for community participation in promotion of maternal and newborn health.

Patient citizenship as a negotiation

Tim Rhodes and Magdalena Harris are exploring how the negotiation of access to medical treatments ‘makes’ certain patient citizenship identities. They have been focusing on how people who inject drugs seek to access hepatitis C treatment in the UK. Drawing on notions of the ‘biological citizen’ and ‘therapeutic citizenship’ afforded by access to medical treatments, they have used qualitative research to unpack how the process of seeking access to hepatitis C treatment divides those who are ‘deserving’ from those who are not, largely in relation to their presentations of self-control, responsibility and recovery regarding their illicit drug use. They show how people actively negotiate their ‘entitlements’ to treatment by producing the patient citizen roles expected of them, how access to hepatitis C treatment is rationed, and how a culture of rationed treatment expectation contributes to treatment delays as well as weak engagement in the treatment process.

How prisons shape health

PhD student London Kuester has completed a 13-month ethnographic study exploring the ‘lived experiences’ of HIV-positive inmates moving through the United States prison system and back to the community. This research examines the narratives and life histories of 72 participants, rooted in their experience of prison, clinic, and street life. His work shows that people living with HIV are considered a ‘special population’, with increased access to social, medical, and fiscal resources. He shows how inmates ‘degrade’ themselves in order to have a voice within the system, and gain access to resources including housing, medication, social support, and physical safety. Kuester calls this process ‘degradation citizenship’ in his critique of health and identity in prison settings.

Public trust in vaccines and medicines

The health impacts and value of vaccines, medicines, and other health technologies depend on their acceptance by the populations that need them. Anthropologist Heidi Larson is researching public trust in health interventions. The Vaccine Confidence Project seeks to understand what drives public acceptance, questioning or refusal of vaccines in different social, cultural and political settings.

The project mixes anthropological, psychological and political science methods, and works in settings in which lack of confidence has led to vaccine refusals and preventable disease outbreaks. The project is developing a Vaccine Confidence Index to monitor and characterise the drivers of public confidence in vaccines. The team is also exploring the use of HIV drugs as pre-exposure prophylaxis and perceptions of risk in Kenya and South Africa.

Timeline: A brief history of social science at the School

1950s

Margot Jefferys appointed as first medical sociologist at the School, where she struggled to gain acceptance for medical sociology on equal terms with medicine, epidemiology and statistics.

1960s

Jenny Roberts appointed as the School’s first head economist as part of the Centre for Extension training in Community Medicine, set up by Professor Jerry Morris (pictured left) to retrain public health professionals moving from local government to the NHS.

1970s

Professor Bill Brass develops population science at the School and in 1974 founds the Centre for Population Studies, working in statistics, bio-demography, economics and sociology. The Ross Institute Evaluation and Planning Centre for Health Care and Nutrition Policy Unit are created, each including a range of social scientists.

1980s

Appointment of an historian, Virginia Berridge (left), and a medical sociologist, Phil Strong, and launch of the AIDS Social History Programme.

1990s

Range of disciplines expanded, with health economics and social research methods integrated into multidisciplinary public health in the UK and worldwide.

2000s

Core posts in health economics, anthropology, sociology and history, each contributing to their discipline as well as public health and health services research. In 2010, the Faculty of Public Health and Policy moves to its new buildings at Tavistock Place.
Social sciences shaping health: diverse perspectives

The social sciences work of the School encompasses and encourages diversity in perspective and insight from multiple disciplines and methods. Here we focus mainly on five broad areas: sociology, anthropology, history, geography, and political science. Demography, health economics and psychology are also well represented.

Anthropology

Recent studies have focused on issues of inequality and the consequences of embedded power relationships that emerge when engaging with biomedical systems, development agendas, and local and global political systems.

The commitment to seeing things from other people’s perspectives often means that one’s own values and assumptions may be questioned, including notions of ethics, risk, mental values and imperatives of development. As a result, this questioning frequently becomes part of the research process.

“Public health is inescapably about what people do and believe in relation to health. Illness and ideas about the human body. Anthropology seeks to situate these enactments and perspectives within given ecological, social, political and economic contexts. The School’s commitment to the evolution of the discipline in relation to health is reflected in a growing academic group with a vision to undertake and promote high quality, theoretically engaged research that influences public health programmes.”

Clare Chandler

Geography

Why is male life expectancy at birth 79 in Cambridge but 72 in Glasgow? People living in more deprived areas tend to have worse health outcomes. Health geographers are interested in how a range of contextual factors in neighbourhoods, workplaces, schools, transport systems, parks and shopping centres, and the environmental impacts of natural and built environments, interact with health practices.

“Changing people’s residential environments to improve health is a current policy objective nationally and internationally. Using the London 2012 Olympics as a natural experiment, we have a rare opportunity to see whether such an approach works, and if so whether such schemes have the potential to reduce health inequalities.”

Steve Cummins

Political Science

Political science research at the School aims to shed light on the functioning of the policy processes underlying health policy debates. Our work has a strong focus on global politics and health, with particular attention paid to the power and influence of key stakeholders in shaping global and local health agendas. The pioneering work of Tim Rhodes and Clare Chandler has in many ways defined the field, highlighting the need to understand policy processes and outcomes through focusing on the power dynamics and reciprocal relations, wherein individual actions contribute to structural change, enabling or constraining health in particular ways.

“It is clear that medical and epidemiological insights are important considerations for health policy makers, the processes of agenda setting, decision making, and policy implementation remain fundamentally dynamic and social phenomena. Our political sciences research at the School is essential to understanding the politics of health policy making and implementation.”

Justin Paribeni

Sociology

Sociologists at the School draw upon a diverse mix of methodologies, which include ethnography, in-depth qualitative interviewing, life history and oral history interviewing, diary keeping, analyses of visual data, and varieties of grounded, thematic, narrative and discourse analyses. Our work encompasses health as shaped through reciprocal relations, wherein individual actions contribute to structural change, enabling or constraining health in particular ways.

“Sociology enables us to understand how health is shaped by its particular social context. There are opportunities here for sociological work to contribute to health improvements as well as for critical work which questions taken-for-granted assumptions about health and how evidence about it is produced.”

Tim Rhodes

History

The historical research of the School ranges from health rights to health services and systems; from post war public health to drugs, alcohol and tobacco. Methodological approaches vary from quantitative database work, qualitative documentary analysis, and oral history, informed by multiple social science perspectives. For example, one current project investigates the place of the ‘public’ in public health in Britain since 1945. Analysing the development of the social survey, we explore how the public has been constructed within public health in different historical contexts. We also work on the relationships between evidence and policy, the history of drug use and addiction, including alcohol and tobacco, and policy-making in relation to HIV/AIDS.

“To understand health in context, we need to appreciate how health and related policy making take shape in time and in relation to specific historical contexts. Our historical work contributes such a perspective, and in the UK has also fed historical evidence into parliamentary committees and policy-making bodies both inside and outside the National Health Service.”

Alex Moold
Developing and delivering interventions

Social scientists at the School work alongside clinicians, epidemiologists and economists with the goal of improving healthcare practices and environments. A number of collaborative research groups use field methods, theories and practices from the social sciences to develop interventions that have been shown to improve public health.

Caring support for disabled children

Maternal and child health

The Maternal & Child Health Intervention Research Group has been using social science for intervention design and evaluation for over a decade. They recently designed home visit interventions to reduce newborn death in Ghana (the NewHits trial) and to improve nutrition and child development in India and Pakistan (iNutrition trial) using formative research methodologies. They have also designed two contrasting interventions to improve the performance, motivation and retention of community health workers in low and middle income countries. Maria Zuurmond in the International Centre for Evidence in Disability led an £800,000 action research project in Bangladesh to develop a relevant and acceptable training resource for empowering parents to care for their disabled children.

She used a range of mixed methods including baseline interviews with caregivers, a paediatrician of life questionnaire with the main caregiver, in-depth interviews with caregivers over a year, and interviews with children using a participatory approach. This research fed directly into the development of the “Getting to Know Cerebral Palsy” training manual, launched in June 2013. The manual is now being used by the parents of children with cerebral palsy in more than 30 countries, practitioners in over 100 organisations, and is being translated into Spanish, Arabic, Bangla and Hindi.

Health Systems Integration and strengthening

Health systems are the mechanism for delivering a wide range of public health interventions. A growing multidisciplinary area of research at the School explores ‘hardware’ (structural) and ‘software’ (people) related processes and influences on health systems integration and strengthening to improve service delivery.

Examples of research include:

- The ‘Getting Health at Low Cost’ project, led by Ding Banzinger, on why some low and middle income countries and their health systems succeed in achieving better health outcomes than others
- The Integra Initiative, evaluating the cost and health impacts of different models of integrating HIV and reproductive health services and how health systems context, process and people factors influence successful integration, and
- Sandra Mounier-Jack’s research on the interface between health systems and disease control programmes in low and middle income countries.

Focus: Malaria

The School has a long history of social science research related to malaria, and this work has shaped our understanding of the complex interactions involved, not only between parasites, mosquito vectors and ‘hosts’, but people as patients, mothers, village health workers, clinical trialists, volunteers, donors and governments. Our social science research is contributing to public health policy and practice, including design and evaluation of interventions, and to understanding and improving transnational collaborations in malaria research and control.

Diagnostics

While malaria is a huge burden in endemic countries, overdiagnosis has recently been identified as a major issue, with a majority of antimalarial drugs being prescribed without testing or following negative malaria test results.

Over the past decade, anthropologist Clare Chandler and colleagues have been carrying out research to understand the rise of malaria diagnostics in healthcare. Ethnographic fieldwork in Tanzanian hospitals suggested overdiagnosis serves a number of social functions, including providing an acceptable, easily treatable diagnosis for patients and meeting expectations of colleagues and the medical profession. These findings informed the design and interpretative evaluation of nine rapid diagnostic test-based intervention trials through the Artemisinin Combination Therapy (ACT) Consortium across Africa and Asia.

In Sierra Leone, Uli Beisel carried out ethnographic fieldwork among community health volunteers implementing rapid diagnostic tests through a humanitarian agency. She showed that successful implementation depends strongly on the maintenance of a close supervision and support network. Rapid diagnostic tests were thus less mobile and context-independent than assumed by the humanitarian agency and malaria policy.

In Uganda, anthropologist Eleanor Hutchinson recently showed how the performance of these tests in private drug stores legitimised vendors who are otherwise viewed with some suspicion.

Mosquitoes

Anita Kelly, Noemi Toussignant and Uli Beisel have carried out anthropological analysis of insects as disease vectors in Tanzania, The Gambia, Senegal and Ghana. Understanding insects not simply as vectors of disease, but as hosts, vectors and companions of science, their work explores the different ways in which insect-mediated science shapes understandings of the natural and social world.

Analysing malaria control policies, Kelly and Beisel have identified neglected malaria control practices that fall outside of much of contemporary global health policy, and have made a case for putting more emphasis on modest practices of control that rely on specific understandings of localised human-mosquito-parasite interactions.
Health research practices

As methods for carrying out public health research develop, social science has increasingly been called upon to tackle challenges arising in the practices and interpretations of such research.

Trials of young people’s reproductive health

Information about the reproductive tract of young women can enhance understanding of the reasons for high prevalence and incidence of HIV and other sexually transmitted infections (STIs) among adolescent girls in South Africa. The Reproductive Health in Adolescent Girls in South Africa (RHAGSA) Project is a collaboration between the School of Tropical Medicine in Antwerp and the National Institute of Medical Research, Tanzania. The project involves collecting information through questionnaires and self-administered vaginal swabs with 400 in-school girls aged 17 – 18 in Mwanza, Tanzania. A social science study is under way to assess the acceptability among adolescent girls, parents and community members of doing research on reproductive health among minors, of the planned informed consent process including issues of confidentiality and the proposed biomedical procedures. Initial findings of this research have revealed that while some parents mistrust biomedical research, most are supportive. Many parents expressed interest in knowing the results of their daughters’ STI tests, and informed consent procedures were modified to address parental concerns and clarify participant confidentiality. The questionnaires have also been revised to reflect more common terminologies accepted by adolescents in this setting.

Research participation and bias

Trials are well established as key methods for generating rigorous evidence of impact of public health interventions, including for behavioural interventions. Jim McWilliam and colleagues have been carrying out research which suggests that research participation itself influences people in ways which introduce bias to estimates of intervention effects in trials. For example, formally signing a consent form may lead to or strengthen commitment to behaviour change, and questions answered for research assessment purposes may stimulate new thinking about a behaviour which may be a prelude to action.

Improving neonatal trials

Clinical trials involving neonatal care are carried out in the context of clinical and personal circumstances. Qualitative researchers seeking to understand the impact of involvement in neonatal trials must therefore be especially sensitive to the perspectives and priorities of parents, healthcare professionals and research staff. Diane Snowdon and Shaheen Fluker have undertaken a programme of research over 15 years to understand different aspects of neonatal trial participation and collaboration, with a view to improving trial design and conduct.

Their most recent research, the BRACELET study, focused on bereavement in neonatal trials in the UK, and has offered insights into the views of clinicians and trial participants, as well as the diverse circumstances and experiences of the bereaved parents involved. It also explored bereavement support in relation to trial participation, feedback of trial results to bereaved parents, and methodological and ethical considerations for those running trials with high mortality rates. The findings are being disseminated to the neonatal trials community, and publications made available to the parents who participated in the study.

Research participation effects are introduced, data are being developed to evaluate how research participation effects are introduced, and methodological approaches, including primary ‘street level’ environmental data and using Google Streetview for 20 towns across the UK, to explore the how both objective characteristics and perceptions of the neighbourhoods where people live influence their health behaviours and social disparities in outcomes. The study is also using qualitative Global Positioning Systems studies to explore how older people in the UK interact with their local environment and which space they consider their ‘neighbourhood’.

Capturing the health effects of place

Smoking, poor diet, lack of physical activity and high alcohol consumption are well known risk factors for a variety of preventable chronic diseases. While most policy focuses on changing individual behaviours, there is growing recognition that the environments in which we live also affect our health. This approach to public health policy is increasingly relevant with the relocation of local public health into local authorities in England. Social epidemiological research is one method that is being used to understand more fully the influence of place on health.

Focus: Transport, mobility, social practice and health

Social scientists in the School’s Transport and Health group are involved in mapping the health effects of transport systems and evaluating the public health impact of interventions in those systems. We draw on theoretical and methodological insights from biology, medicine, geography, policy analysis, social epidemiology and economics to understand mobility in context, and the ways in which cultures shape practice. Research by Judith Green, Rebecca Steinbach and Jessica Datta explores why some groups typically walk or cycle less than others, and the wider effects of public health policy.

Free bus travel and wellbeing

A mixed method evaluation of the effects of free bus travel on the wellbeing of young people and older citizens led by Judith Green integrated the analysis of routine data sets to look at changes in travel mode and injuries, and qualitative research on the role of free bus travel in the everyday lives of those with free bus passes. For both young people and older citizens, bus passes were more than an aid for getting from A to B without cost: they also fostered social interaction and generated a feeling of ‘belonging’ to the city. For many older citizens, bus passes were a vital defence against loneliness, and for young people, fostered social inclusion. The sociological part of this evaluation helped identify the necessary conditions for the intervention effect: that this was a universal benefit, available to all.

Inequalities in road injury

Rebecca Steinbach’s research explores why children from black minority ethnic groups in London are more at risk of road injury regardless of socioeconomic background. It uses a mix of methods: geographical analysis of road environments; social epidemiology looking at who travels where, and by what mode, at different times of day; and qualitative research about children’s leisure time activities to explore what young people call ‘just hanging out’, a practice which entails considerable mobility, but which is often under-recorded on travel diaries or other methods. As well as testing hypotheses about the relationships between risk and ethnicity, she is examining how these are conceptualised in the processes involved in producing statistics which may be a prelude to action.

Inequalities in road injury

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Geographic Information Systems (GIS) are used to create, store, manipulate, analyse and visualise spatial data, but also is taken to mean an approach to epidemiological studies and increasingly used in qualitative research. At the School, satellite images and maps created from Global Positioning Systems (GPS) data have assisted in recruitment and sampling, including through random selection of households for surveys, intervention and control arms of experiments. GIS has also enabled full population estimates, and intervention targeting and evaluation. In qualitative research, GIS can be used reflexively, where maps are used in the course of qualitative data generation. Qualitative GIS approaches can exemplify how location confers social meaning for people and communities.
Re-conceptualising public health and research

What are we prioritising and aiming to reveal – and thereby neglecting and concealing – in our public health and research activities? A growing number of social science researchers are adopting a critical, reflexive view on the dominant ways of seeing public health ‘problems’ and ways of knowing and studying these through research.

Researching research in East Africa

Certain communities in Africa have participated in medical research activities conducted by transnational research collaborations for decades. In such places medical research has become an everyday feature of the social, physical and economic landscape. Gemma Aellah, a social anthropology PhD student, has been living and conducting long-term ethnographic research in a group of villages in rural East Africa to understand the social experience of transnational medical research. In Alenda, medical research and its trappings are deeply embedded in the biographies of individual lives, the memories and histories of the place and the imagination of future opportunities open to young people.

Studying these sites of concentrated medical research allows reflection on key issues such as changing class structures, citizenship and the imagination of global organisations and the nation state in Africa. This research, in collaboration with researchers from the cross-institutional Anthropologies of African BioSciences Research Group, has contributed to the creation of a Wellcome Trust funded workbook to aid people conducting transnational medical research in Africa. It includes a series of vignettes that focus on diverse ethical dilemmas and situations faced by people involved in research.

Model laws and the criminalisation of HIV transmission

What has been the role of legislation in response to HIV/AIDS? Ethics fellow Daniel Grace has been conducting transnational ethnographic research into legislative environments as complex determinants of health to support and/or undermine responses to the disease. HIV-related laws are being created transnationally through the use of omnibus Model laws and the criminalisation of HIV transmission. For example, the USAID/Action for West African Region (AWARE) Model Law, or N’Djamena Model Law, led to the rapid spread of HIV/AIDS laws, including the criminalisation of HIV transmission across more than 15 countries in West and Central Africa over the past decade. This ‘harmmining’ text has been criticised for its public health harms and violation of human rights. This research project used institutional ethnography, participant observation, archival research, textual analysis and informant interviews with national and international stakeholders in Canada, the USA, Switzerland, Austria, South Africa and Senegal.

“A strong social movement has emerged over the last decade that calls for a major transformation of mental healthcare in order to address the high levels of untreated mental illness reported in developing countries. Nico Thomasson and Sara Cooper are taking a critical social science approach to investigate this social movement. This approach emphasises that knowledge assumptions have profound practical and political consequences, helping to shape the kinds of questions that can be asked, and thus the solutions that can be generated. Their work draws on the sociology of scientific knowledge and postcolonial studies to consider the kinds of paradigms, and associated assumptions and power dynamics that are structuring knowledge on the mental health ‘treatment gap’. They are asking how underpinning knowledge structures of mental health policies, research and practice mediate on home visits and learning the art of poultry keeping with a local youth group. These experiences, seemingly disparate and less obviously connected to medical research, taught me important lessons about both people’s lives in rural communities and their perceptions of medical research.”

Gemma Aellah

Ethnography

Anthropological knowledge is grounded in ‘presence’, the experience of being there and watching how things unfold over time. This is reflected in the key method of much anthropology, known as ethnography, by which a researcher uses every resource at their disposal to try and understand what is happening around them. As well as direct observation, they may draw on interviews, discussions, questionnaires, photographs, diary-keeping and document analysis, in order to build up as complete a picture as possible. Research as much of everyday experience is not articulated, or is only ever talked about informally, anthropologists often also try to participate – as far as possible – in the activities of the people they study.

Lay engagement in transnational research in Zambia

International ethical guidelines for the conduct of medical research and informed consent forms conjure the image of an informed, autonomous and perhaps even altruistic “research subject”. By contrast, popular images of research subjects in poor countries often suggest unknowing victims of industry-funded medical research. Anthropology PhD student Birgitte Bruun has been exploring lay engagement in state and donor-funded transnational medical research in Lusaka, Zambia. Her study shows that people know that they are in a research project, but that they also engage in the project as a source of healthcare and as a development project. Depending on their experiences, the same individuals may shift between engaging as beneficiaries, learners, volunteers, jobseekers and as critical citizens. “Lay engagement over time has given insights very different to the snapshot of rational, normative and discursive aspects of engagement offered by a questionnaire survey.”

Birgitte Bruun

My ongoing HIV and AIDS research and publishing have benefited immensely from being able to engage with this intellectual community of interdisciplinary researchers.”

Daniel Grace

Over a year in Lusaka, I studied how lay people actually engage in transnational medical research. Observing and recording processes of engagement over time has given insights very different to the snapshot of rational, normative and discursive aspects of engagement offered by a questionnaire survey.”

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A critical perspective to global mental health

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Gemma Aellah
Education and capacity strengthening

All students at the School have opportunities to engage in social science learning. Our Masters programmes include modules through which students can learn different social science approaches and methods, as well as a number of topic-based modules that are based in social science perspectives. Many of these are also available via Distance Learning, and widely used textbooks have been developed by School staff for several modules.

Social sciences modules include:
- Sociological Approaches to Health
- Medical Anthropology and Public Health
- Health Policy, Process and Power
- History and Health
- Ethics, Public Health and Human Rights
- Principles of Social Research
- Qualitative Methodologies
- Health Promotion Theory
- Health Promotion Approaches and Methods

These modules are also open to Research students, and we also offer additional social science based learning opportunities including the Qualitative Analysis group, History of Medicine workshops and the Bloomsbury Consortium transferrable skills programme.

Recent PhD award topics include:
- The reification of age and femininity
- Constructing identities through the narratives of people diagnosed with cancer
- South African primary healthcare in the era of HIV/AIDS treatment and care
- A sociology of Kenyan blooddonors’ clinical perspectives and the practice of medical research
- The politics of research evidence uptake for health policy: the case of Malaysia
- Masculinity, health beliefs and implications for health policy in Tonga and Fiji
- Organisational factors influencing the implementation of the universalisation policy
- Factors affecting the transmission of hepatitis C in British prisons
- Health and economic implications of patient protection for pharmaceuticals
- The science, medicines and policy of medicinal cannabis, 1950–2004
- Disability in the Western State post 1970

Social science capacity strengthening is a priority. We are committed to training and membership of researchers at collaborating institutions around the world, and provide guidance to various local, national and international agencies to support the growth of high quality social science in health. We run a range of disciplinary and multidisciplinary seminars and workshops, many funded by the Economics and Social Sciences Research Council, and host visiting ethics and philosophy fellows to inform intellectual life within the School.

Looking ahead: beyond disciplinary boundaries

“Disciplinary boundaries are powerful forces, with journals and institutional career structures keeping academics within bounds. But disciplines are also local social constructs with fluid boundaries. In the USA, psychologists are typically found in medical schools, in China, human geography is funded by the Academy of Science, and in the UK, sociologists are increasingly found in social policy departments.”

Adden Asef
Director for Research, Partnership and International, Economics and Social Sciences Research Council

London School of Hygiene & Tropical Medicine is pioneering in many ways, and one of these is how the social sciences are fully integrated into clinical trials, interventions, systems and public health research in the UK and around the world.

As Research Councils, we seek to support excellence with impact, and this is increasingly found wherever research is conducted and between oriented and transdisciplinary. This is why the School has recently been successful in attracting ESRC funding, and its approach, as summarised here, offers many excellent examples of how research within and beyond social science is helping address societal challenges in health, demographic change and wellbeing, climate change and other key areas. The School policy agenda, the advent of open publishing and European Horizon 2020, will help a focus on such valuable interdisciplinary work, and we look forward to seeing more of this exciting work at the School in future.”

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