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REPORT OF THE ADVISORY COMMITTEE ON MEDICAL RESEARCH WORKING GROUP ON  
SOCIAL SCIENCE HEALTH RESEARCH

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REPORT OF THE ADVISORY COMMITTEE ON MEDICAL RESEARCH WORKING GROUP ON  
SOCIAL SCIENCE HEALTH RESEARCH

XIX Meeting of the PAHO Advisory Committee on Medical Research

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### Review of Working Group's Activities

In recent years the Advisory Committee on Medical Research (ACMR) has reviewed a number of questions involving the nature of the contribution of the social science to various branches of health research. The ACMR recommended in 1978 that a review be undertaken "to assess the scope of social indicators in evaluating the results of health services as well as their use and efficiency in health services' research". At its XVIII Meeting in 1979 the ACMR received a report which called for the establishment of an interdisciplinary Working Group to consider the present state of the field as it related to a number of PAHO/WHO designed priority areas in primary health care.<sup>1</sup> The Working Group's functions, it was proposed, could include: the assembling and the critical evaluation of existing research in the field; an examination of demonstration research models as they might relate to designated research problems; and the development of proposals concerning the further extension of this field. The results of this review should be submitted to future meetings of the PAHO/ACMR with a timetable of 2-3 years envisioned for completion.

This report to the 1980 XIX Meeting of the ACMR lists: (i) the specific mandate assigned to the Working Group; (ii) its membership; (iii) the work completed to date; (iv) a general review of the field outlining some of the trends and problems involving social science research dealing with health problems; (v) and tables its principal recommendations. Appended to this report is an appendix listing some 1300 references which have been assembled to date.

Terms of Reference. At the Executive Session of the XVIII PAHO/ACMR Meeting in 1979, the recommendation was endorsed that a Working Group be established.

"This Group would continue to assess the scope of social indicators in evaluating the results of health services, as well as their use and efficiency in health services' research; and concentrate on a limited number of problems rather than attempt to cover the whole field."

As consideration was given by the Working Group to implementing this recommendation, it was recognized that before a sufficient and detailed appraisal could be provided of the current use and potential utility of social health indicators, several prior steps were required to assemble information about the general state of research undertaken in this field in Latin America. Once these necessary steps had been completed, and work during 1979-80 was started along these lines, it was deemed that it would then be feasible to fulfill the more specific terms set by the ACMR recommendations.

Membership. The Working Group which was struck to undertake this review included: Dr. George Alleyne (Vice Chairman, PAHO/ACMR); Dr. Guillermo Arbona (member ACMR); Dr. John R. Evans (Chairman, Subcommittee on Health Services Research of the Global (WHO/ACMR); Dr. Robin F. Badgley (Chairman of the Working Group); and Dr. Juan C. García (PAHO Division of Human Resources and Research).

Work Undertaken. In order to assemble a baseline of social science health research done in Latin America which could be used to assess the current and the potential use of social health indicators, the Working Group undertook the following activities during 1979-1980.

All PAHO/ACMR members were contacted with a request to provide information about health research which was known to have included social information or had used social science research methods.

Similar inquiries were sent to inter alia: a number of major international foundations supporting health research; the World Bank; branches of the U.S. National Institutes of Health and divisions of the U.S. Department of Health, Education and Welfare; a number of established researchers and major research centres in Latin America; and a number of WHO special programmes.

Bibliographical indexing systems such as Medlars and BIREME provided listings of catalogued research involving social science related issues of work done in Latin America. The Director of BIREME and the Chief Librarian of PAHO Headquarters Library provided valuable assistance to this inquiry.

Review of social science health research for Latin America published in approximately a dozen major publications for the field of social sciences and health was undertaken for a period, 1975-80.

To put the current review in context of prior major work sponsored by PAHO/WHO, a synopsis of support provided in the past was initiated.

A start was made to assemble a listing of social science health research for Latin America (by May 1980, some 1300 references). This information was entered into the computer indexing system of the PAHO Headquarters' Library. PAHO assigned a temporary staff member to assist with this work.

Site visits were made by two members of the Working Group to about 20 major teaching and research programs involving social scientists in four nations (Mexico, Venezuela, Brazil and Ecuador).

Based on the work completed or underway, the Working Group is moving toward a position where during 1980-81 it will have available a relatively

ADDENDUM TO PAGE 3

Add the following paragraphs:

The recommendations of the Working Group are essential steps to strengthen the research contribution of the social sciences in two important ways. First, for the reasons outlined in the report, there is a need to consolidate and assess what has been done and to develop the potential capacity of this field to health inquiry. Second, stemming from the first component being undertaken, in the Working Group's judgment, consideration should be given to ways of strengthening this component on a broader base, relative to health services and health systems research. This step should involve an appraisal of ways through which the contribution of the social sciences might more effectively be integrated with other disciplines such as epidemiology, system analysis and management services. Taken together, these several disciplines can make a necessary and important contribution to the next phase of development of health policy and services among the Member Nations.

In considering its recommendations to the PAHO/ACMR, the Working Group was concerned with whether this should lead to action or only constitute advice. While the latter is a mandate given to the Working Group, it strongly urges that action be taken on the recommendations raised in this report. In its judgment there is an urgent need to seek ways to resolve the obstacles which now limit useful health research, (generally, and involving the social sciences) and to detail what specific actions might be taken to overcome these obstacles and to increase the likelihood of the results being used in health policy and management decisions.

comprehensive listing of social science health research completed in Latin America. When this stage is reached, it will then be possible to analyze in greater detail the research pertaining to a limited number of designated problems, as requested in the Terms of Reference set for the Working Group, and to consider more specifically the scope and utility of social health indicators.

Recommendations of Working Group. Stemming from the work done to date and its review of the trends occurring in this field, the Working Group concludes that there are a number of ways whereby PAHO could strengthen substantially the contribution made by social science health research done in Latin America. The recommendations listed and the points tabled for future consideration are in general accord with the priorities set for the PAHO Regional Health Services Research Programme. These activities reported to the Global ACMR Subcommittee on Health Services Research held in Alexandria, June 1979, dealt with "problem areas that are common to all countries or to some groups of countries." In particular, it was indicated at the 1979 Alexandria meeting that work was ongoing or would be fostered in the Region of the Americas involving:2

Research directed towards population needs, the use of services and community participation.

Strengthening the relations between health and other sectors.

The involvement of the social and political sciences, including economics.

The identification of health services' research as a discrete topic in Index Medicus, BIREME.

The organization of regional and subregional activities.

The preparation of registers of researchers involved in training programs.

The creation and the strengthening of health services' research centers.

The scheduling of seminars where researchers could exchange experience.

The stimulation of the development of demonstration research projects.

The recommendations of the Working Group are in line with activities listed above which are being sponsored by PAHO for Health Services' Research. To accelerate the strengthening of the social sciences component of this work, the Working Group believes that special measures relating to these disciplines are indicated. At this stage to accelerate its development, this component should be specifically identified and not subsumed under the general programs.

The following recommendations are submitted for consideration by the 1980 XIX ACMR Meeting:

1. Establishing an Advisory Committee on Social Science Training and Health Research.

- That the responsibilities of the ACMR Working Group be redefined as an Advisory Committee on Social Science Training and Health Research. The functions of this Advisory Committee reporting to the ACMR would be to serve as a senior external advisory group concerning the social sciences activities undertaken by PAHO, to develop policies and guidelines concerning training fellowships and research submission in this field, and to seek ways to foster the general strengthening of social science health research. The Advisory Committee would report annually on its work to the ACMR.

2. Strengthening Resources Assigned to the PAHO Officer Responsible for Social Science Training and Research.

- That to coordinate and to keep informed about the wide range of social science health related activities undertaken by PAHO/WHO at Headquarters and in the field international agencies and the member nations in the Region, and to provide the necessary secretariat support for the Advisory Committee, the resources and facilities assigned to the PAHO staff officer responsible for the social sciences be substantially strengthened.

3. Development of Research Inventory

- That the Advisory Committee during 1980-81 be responsible for the further development of the social sciences health research inventory.

4. Research Evaluation Workshops

- That the Advisory Committee during 1980-81 be responsible for the convening of one or more interdisciplinary specialist working parties to review research related to specific health problems.

5. Distribution of Report

- That to augment this review and to foster the collection in the future of social sciences health related research, copies of this report be circulated with a request for comment to: (i) individuals and organizations from whom information has already been obtained; and (ii) from those whom it is felt might be concerned or who might assist this review.

The rationale underlying these recommendations is contained in the following sections of this report. Underlying the first two recommendations is a recognition that during the past 25 years and particularly during the 1970s, a remarkable expansion has taken place involving all aspects of social sciences health related activities in Latin America. A point has been reached here where it would now be valuable to consolidate and review this existing body of social sciences health research and to consider ways that these efforts might be strengthened. The third recommendations represent work which the Working Group believes would be feasible to accomplish during 1980-81. Much assistance was provided to the Working Group in preparing this report. It would not only be courteous but also of considerable assistance to obtain the informed experience of a number of individuals and organizations about the matters named in the report.

In addition to its principal recommendations the Working Group believes there are a number of additional ways in terms of the long term development of this field where technical assistance is warranted. These points are raised in this report, but are not put forward as formal recommendations at this time since their feasibility and utility require further consideration. However, the ACMR may choose to bring some of those forward as recommendations to the Director. The Working Group seeks the counsel of the ACMR on these matters and requests its approval to proceed in terms of the major recommendations submitted for consideration.

#### PAHO/WHO Activities Involving the Social Sciences

WHO support. Since it was established in 1948, WHO has given considerable support to the incorporation of the social sciences in its training program and to their inclusion in basic and applied health research. This endorsement came initially from health scientists serving on advisory committees in different special programs at a time when only a modest start had taken place in many countries in the recruitment of these disciplines as teachers or researchers. Since this time both the support by WHO in this regard has increased as has the involvement of the social sciences in a wide range of health-related activities in many countries.

During the 1950s and the 1960s WHO called upon a number of social scientists as short-term consultants to a number of its programs. Some secretariat staff with training in these disciplines were appointed. The work in this area became more sharply focussed following the establishment of a Behavioural Science Unit in the WHO Division of Research in Epidemiology and Communication Sciences (RECS) in the late 1960s. Under the aegis of this unit several inquiries directly involving social scientists were initiated, as for instance the convening of two advisory meetings of social scientists and social medicine specialists to consider questions affecting professional education. At its first meeting (1969) the Advisory Group on Sociology of Professional Training in Health Manpower outlined 11 issues where social

sciences inquiry might be undertaken involving the recruitment and the training of health workers. At its second meeting (1970) the Advisory Committee submitted a detailed research design for an international comparative review of medical student selection and academic progress. It was recommended that external funding be obtained for the inquiry to be done under the sponsorship of WHO. Before an extensive study be undertaken, the Advisory Committee recommended that steps be taken to compile and evaluate the research already completed dealing with these questions.

The concerns of the 1969-70 WHO Advisory Committee merit relisting, since some of the problems cited still occur in the Region of the Americas.

We see as an essential first step the critical evaluation of the existing literature...we advocate that an annotated and critical bibliography be made of the growing volume of published and mimeographed materials now available...there is a particular need to integrate the papers now appearing from non-English speaking sources with those from the United States and other countries which, until recently, contributed most of the material in this field.

Attention should be paid... first to the question of methodology. By this, we mean that each paper should be evaluated from the standpoint of determining the reliability of the instruments used, the validity of the results obtained, the time span of the study, the comparability of the results with those studies done elsewhere... and the validity of the sampling frame.<sup>3</sup>

WHO subsequently increased its support of the social sciences in several of its special programs. For instance the International Collaborative Study on Medical Care Utilization started in 1964 and given WHO cosponsorship in 1967 involved several social scientists in its design and execution.<sup>4</sup> The perspective of the social sciences was drawn upon by WHO in the report of its first Scientific Group on the Development of Studies on Health Manpower (1970).<sup>5</sup> The draft of the final report was based partially on the work of a social scientist special consultant. In 1972, the WHO/RECS Division completed a working document on a framework to improve planning and the development of health services.<sup>6</sup> Written by Secretariat and consultant social scientists, this document focussed on the organization and priorities of national health planning activities. Its principal concern was with the development of an orderly appraisal of "ways of deliberately bringing about social change so as to effectively develop and use scarce resources (human and material) in ways which will enhance health."

The work initiated by the RECS Division was subsequently amalgamated into other activities of WHO. Its initiative involving the contribution of the social sciences in health services research was reaffirmed in the 1979 report of the Global ACMR Subcommittee on Health Services Research. The

concerns of the Global ACMR Subcommittee involving social sciences input included: the definition of social health indicators; a people's health behaviour; the role of community participation; and effective means of information dissemination.

Work involving the social and economic factors affecting the occurrence and the control of onchocerciasis was recommended by a Working Group in 1971. That work was undertaken as a collaborative effort between the World Bank and the Malaria and other Parasitic Diseases Division in WHO.

The UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases was established in 1976 to foster research involving six tropical diseases (malaria, schistosomiasis, filariasis, trypanosomiasis, leprosy and leishmaniasis). An initial listing of studies dealing with the socio-economic aspects of parasitic diseases was completed in 1975.<sup>8, 9</sup> This bibliography was extended further to include 31 annotated studies in 1979.<sup>10</sup> Four reports in the 1979 listing referred to Latin American (schistosomiasis--St. Lucia; Chagas disease--Brazil; and Colombia). Additional steps involving the social sciences input in this special programme were recommended by temporary consultants and secretariat staff. These recommendations included:

- The assignment of postdoctoral research training fellowships for social scientists studying these tropical diseases.
- Encouraging the establishment of full-time positions for social scientists in national research institutes or programs.
- A compilation of more comprehensive bibliographies of social science research relevant to the occurrence and control of parasitic diseases.
- Fostering interdisciplinary, collaborative research.

In 1979 WHO convened two meetings of a Scientific Working Group on Social and Economic Research (SER) under its Special Programme for Research and Training in Tropical Diseases.<sup>11, 12</sup> The activities then initiated by the SER Working Group included:

- Two literature reviews, one on behavioral science methods for use in tropical disease control, the second dealing with economic studies of malaria, filariasis and human trypanosomiasis.
- Initiation of three feasibility studies.
- Review of the social perception of these diseases and the role of community participation in their control.

- The identification and listing of researchers and institutions involved in these types of research activities in the member countries.
- To encourage social scientists to apply their talents to the study of tropical disease transmission and control.

The SER Working Group of the Special Program serves as a grant review body for research applications with an assigned budget of US\$489,000 for 1979 and projected budgets of US\$489,000 for 1980 and US\$750,000 for 1981.

The WHO Special Programme of Research Development and Training in Human Reproduction established in 1972 drew extensively upon the findings and research methods of the social sciences in its program and investigations. The Seventh Annual Report (1978) of this program cited the need for basic social information about family planning decisions, the acceptability of how services were provided and the social values of families.<sup>13</sup> Under this special programme work was also undertaken focussing on the psychosocial aspects and the health services' implications related to induced abortion.

In its 1976 report the WHO Mental Health Programme cited three objectives to be attained relating to the psychosocial factors affecting mental health.<sup>14</sup> These were:

- To apply existing research knowledge to improve health care.
- To develop techniques to facilitate the dissemination of relevant psychosocial information to health planners.
- To assemble information upon which action programs could be based concerning the health needs of uprooted and migrant people or those experiencing rapid social change.

This partial inventory of WHO activities during the past decade involving the social sciences indicates the nature of the commitment that has been made to strengthen training and research activities involving these disciplines. This involvement received the support of a number of other special program areas such as: maternal and child health; the effects of mass campaigns; and the role of traditional medicine in primary health care.<sup>15</sup>

#### Institutional Support in the Region

Several social forces have served to stimulate and develop social science health training and research in recent years in Latin America. These factors have included the stimulus provided by: (i) the universities and governments of the member nations; (ii) the impetus given by PAHO from the early 1950s; and (iii) the special technical assistance rendered by a number

of international agencies (e.g., UNESCO, World Bank, FAO, or the Special Programmes of PAHO/WHO) and the programs of some internationally-oriented philanthropic foundations.

The social sciences have been a part of PAHO's programs since the fifties and their use in PAHO has been influenced by their general situation as related to health at any given juncture. During the fifties, cultural anthropology was introduced to ascertain the factors that prevented or hindered the adoption of public health measures. In the late fifties and early sixties it was the turn of economics to contribute to the adoption of those measures in the framework of economic development and planning. In the mid-sixties social psychology and sociology were brought into manpower training, and in the seventies the social sciences were used in the analysis of the state and social medicine. At this time there was also a revival of traditional medicine in connection with extending the coverage of health services.

One of the first attempts to make use of the social sciences in PAHO programs was the hiring of an anthropologist by INCAP in 1950 for a project to determine the nutrients needed to improve the diet of five Indian villages. The difficulties placed in the way of the program by the social resistance of the population prompted the use of the social sciences to study the obstacles encountered. The anthropologist involved in the study concluded that: "This case has shown that many of the problems that arise during the course of a research program using human subjects can be solved successfully if adequate knowledge of the culture of both the subject population and the project personnel is available and is applied."<sup>16</sup> As a result of this experiment, an intercountry program was launched. From 1953 to 1956 an anthropological survey was conducted in the countries of Central America and Panama which resulted in a series of publications about health programs.<sup>17</sup>

These experiments were not without their difficulties. The sociologist hired to analyze the situation observed:

There had been differences between anthropologists and administrators over matters of appropriate responsibility, recognition and prestige, freedom of publication, usefulness of reports, and advice. After one rather hectic separation, the Director-General, concerned about the utilization of social sciences in the agency, decided to retain a consultant. As first stated to me, the retained consultant reported, the problem was to account for the Bureau's experiences with anthropology and anthropologists."

The consultant sociologist worked from 1956 to 1958 and proposed a plan for the establishment of a permanent research service with four components:

1. The place of social science research in Bureau operations should be spelled out, both philosophically and administratively. Primarily, social scientists would be employed to serve health programs as research specialists and not as health administrators or health specialists.
2. Two kinds of social sciences positions were recommended, headquarters and field positions, where personnel would be attached to the regional staff and assigned for research to specific operating projects and programs, respectively.
3. By working with foundations, national governments, graduate schools of medicine and public health throughout the Americas, and especially in Latin America, to improve social science education and the education of social scientists, the Bureau might well help to alter certain general conditions of science and society which now have a negative effect on the performance of its mission.
4. The Director-General of the Bureau should have an outside social science advisory committee to guide and support the matters noted above. This committee should be composed of distinguished social scientists from Latin America and elsewhere, and a minority of distinguished health professionals with social-medicine orientations.<sup>18</sup>

In their consideration of the medical curriculum and the recommendations which were made, the seminars on the teaching of social and preventive medicine sponsored by PAHO (1955, 1956, 1968 and 1974) provided an assessment of the expanded role envisioned through a period of 20 years involving the contribution of the social sciences.<sup>19</sup> Interest in this field grew from an initial general endorsement of these topics to specific recommendations about the strengthening of the social sciences component. At the 1955 Viña del Mar seminar a short list of social sciences curriculum topics was identified such as: medical social problems of the family and the community; knowledge about health services, and the utility of including the concepts of social anthropology and ecology in the curriculum. No social scientists were then designated either as part of the "core staff of a good department" or as part of a part-time teaching staff of a model department.

The second PAHO-sponsored seminar held at Tehuacan in 1956 identified the need "for the essential content of the instruction in preventive and social medicine to include" a consideration of the general concepts of social psychology, general sociology, ecology and social anthropology. The curriculum materials to be dealt with included general ideas about social problems; and social, economic and cultural attributes of a region or a country. Social scientists were not included in the listing of the core academic staff, but social anthropology was listed among the disciplines to be drawn upon on a part-time basis from other university departments.

As part of its program "to further the use of the Social Sciences in relation to health and medicine", the Milbank Memorial Fund initiated its program of support for training and research in the Americas. Particularly during the decade of the 1960s, this foundation's activities involving Latin America included:

- The awarding of training and faculty fellowships for social scientists (e.g., Claudio Jimeno, Chile; José Alvarez Manilla, México; Reginaldo Zacarra de Campos, Brazil; Jorge Segovia, Argentina).
- Reviews of the teaching of the social sciences in schools of public health (Rodríguez, 1966-67) and faculties of medicine and schools of public health (Piovesan, 1967).
- Convening of seminars to review teaching and research (Social Science and Medical Education in Latin America,) 1965; and Social Science and Health Planning, 1967.
- Interuniversity travel grants for social scientist teachers and researchers.
- Social science consultants to particular programs.
- Financial support of the Colombian National Health Manpower Survey which involved social scientists.
- Financial support for the position of a full-time social scientist on the staff of PAHO (1966-68).
- Joint financial support with PAHO of a comparative analysis of medical education in Latin America, 1967-68 (J.C. García, La Educación Médica en la América Latina, OPS, No. 255, 1972).

In 1963 the Pan American Health Organization and the Fund sponsored a Round Table on Health Manpower and Medical Education in Latin America. In March 1964 the Government of Colombia and the Association of Colombian Faculties of Medicine, with the support of the Pan American Health Organization and the Milbank Memorial Fund, assumed responsibility for a survey of medical education and health manpower in that country. These studies included: medical and nursing education; the supply of health manpower; an inventory of health facilities; an analysis of mortality and morbidity; an economic analysis of health services; and a national health survey. These studies were completed in 1967, and the methodology and preliminary findings were presented to representatives of all countries in the America at the International Conference on Health Manpower and Medical Education held in Venezuela in 1967 and to the National Conference on the

Results of the Health Manpower Study held in Colombia in 1967. That same year the Milbank Memorial Fund arranged a Round Table on Social Science and Health Planning for the purpose of subjecting the methods and selected findings of the National Health Survey phase of the broader manpower study to review by scholars experienced in social science or public health research.<sup>20</sup>

It was not until the middle of the sixties that some of the recommendation made in the fifties were acted upon, particularly the objective "to improve social science education and the education of social scientists." In this area the Milbank Memorial Fund in 1965 convened a Round Table Conference on the Social Science and Medical Education in Latin America.<sup>21</sup> Attended by 21 participants, 18 of whom were Latin American teachers and researchers, this review included an appraisal of the social sciences curriculum in the training of the health professions and the major directions taken in research. The meeting drew upon information obtained from a survey of approximately half of the medical schools in Latin America and a bibliography of about 200 studies was then used as a basis for the review of trends in research. Among the themes considered at this meeting were:

- General review of the social sciences in Latin America.
- Overview of research on social science and medicine in Latin America.
- Four research case studies on: culture and norms of disease; child-rearing practices, nutrition and social status; social status and illness in Brazil; and planned social change and health programs.
- Four studies on the sociology of medical education including: medical student selection and appraisal; quality of medical care; evaluation of public health training programs; and the relation of medical training in professional practice.
- Review of three teaching programs involving social sciences, respectively; anthropology in preventive medicine; sociology in an integrated clinical setting; and a social science program in a school of public health.

The appraisal of the social sciences health research relating to Latin America, most of which had been completed in the previous decade, included a substantial body of work done by North America scholars. Few studies written at that time by Latin American social scientists had been published in the widely circulated North American or European journals. The periodicals which were used had a limited circulation or were published on an irregular basis. The content of the research dealt predominantly with anthropological studies of the role of traditional medical care. Few social health surveys had been

completed. Little attention was then paid to topics such as: the recognition of disease symptoms; the interface between traditional and modern medicine; the actual use of health services; the health of urban populations; or the organization of health and welfare services. Based on this review of fifteen years ago, only a handful of social scientists were known to be employed by government health ministries or in academic medical research institutes. The research then being done was undertaken for the most part by a few social scientists attached to departments of preventive medicine in medical schools, to a lesser extent such scholars working in schools of public health and there were only then a few instances involving academic departments of social sciences where an interest was taken in health issues.

The 1965 Milbank Conference cited a number of problems faced by social scientists involved in health research. These included:

" Inadequate financial support, the limitations imposed by part-time teaching positions, the scarcity of quantitative resource materials, the threat often posed by the findings of social surveys to the guardians of traditional values, and the often inadequate academic training of social scientists."

Interdisciplinary research involving physicians, other health workers and social scientists had rarely been tried. At this conference the issue of collaborative work provoked a debate involving the analogy of a marriage.

" The social sciences were likened to a very young bride groom who had just wed an old bride, medicine. The propriety of the match, the nature of the dowry and the wife's dominant position and impregnability to change were all questioned by social scientists. Medicine could provide the union with prestige and financial stability, but fear was expressed that medical imperialism and the imposition of pragmatic and action-oriented standards would reduce social scientists to the position of subservient technicians.

" Some physicians felt the honeymoon should be short and that the social scientists should assume responsibilities comparable to those shouldered by medicine. They urged the social sciences "to grow up", to tackle those problems of pressing concern for the welfare of society".

The major conclusion reached by this conference was that "few social scientists worked in Latin America, and only a handful of these scholars have been concerned with the field of health." The report of the meeting also noted that "often working in professional isolation, these scholars are frequently severed from the growing literature in the field. In turn, their own endeavours in teaching and research too often remain unknown beyond national boundaries. The participants recommended that: more meetings

reviewing research methods and findings be convened; liaison links be established with interested international organizations; a clearinghouse or depository of research documents be set up to be used as a general resource for this field; and training programs for undergraduate and graduate studies be developed.

In 1965 the Milbank Memorial Fund put up the funds to enable PAHO to perform a study on the teaching of preventive and social medicine. PAHO convened an expert group to review a report on the teaching of preventive medicine completed by Shepard and Roney in the United States and to consider how a comparable inquiry could be undertaken in Latin America. A social scientist with experience in comparative research was hired, and the preliminary studies revealed the need to extend the study to encompass all of medical education in order to explain the development of the preventive and social aspects of medical education. This was the beginning of a research enterprise of hemispheric scope whose results were published by PAHO in 1972 under the title of Medical Education in Latin America.<sup>22</sup> In addition to the baseline information which was collected about the scope of social sciences instruction in the medical curriculum, the 1967-68 PAHO study was a valuable example itself involving social sciences principles in the analysis of a complex institution--medical education and the organization of medical faculties.

During the analysis it was confirmed that the behavioral science, defined as those comprised in sociology, anthropology and social psychology, were taught in 79 per cent of the full course medical schools with an average of 44 hours per student of which 30 per cent involved practical work. The study concluded that: "Few schools teach the social determinants of diseases, and those that do combine the subject with epidemiology. Few schools teach preventive behavioral in the states of health and illness, and those that do cover the subject only partially, and spend most of the time on the relationship between physician and patient. The medical profession and the health services are covered together with the administrative aspects, and few are the cases in which the instruction takes a sociological approach."

This "image" of the social sciences as part of basic instruction and as geared to induce changes in attitudes and general behavior has gotten in the way of attempts to apply them to the solution of concrete medical problems.

The findings of this study lent weight to the view that PAHO should collaborate with the countries in improving the teaching of these disciplines and in the training of social scientists. The outcome was that in 1969 the Organization set up with intercountry regular funds a program designated AMRO-6216, Behavioral Sciences in Training of Health Personnel; the purpose was to develop and promote the application of norms, principles, models, and materials for the teaching of behavioral sciences and to train professors in their use, to evaluate health science schools in the organization and development of instruction in the health science, and to promote and collaborate in the development of research projects in behavioral science applied to health problems related to teaching.

About the time that the comprehensive PAHO review of medical education started, two other assessments of the teaching of the social sciences, supported by the Milbank Memorial Fund were also completed. Between 1966-67 Rafaela Rodriguez obtained extensive information on social sciences instruction provided at nine of 10 Latin American schools of public health.<sup>23</sup> Each school included this field in its curriculum and three had autonomous departments of social sciences. This report found little uniformity in the concepts or the research findings presented to students. Rodriguez called for more research to be undertaken, a commitment which she found was absent in most programs. There was a need to document the "in the current social, psychological and cultural features of the classes, and to make the teaching of these sciences more concrete and practical" She noted "there is a great need of books on the social sciences in school libraries." The most crucial deficiency, however, was the shortage of social scientists who were experienced as teachers, well trained in research, and were firmly established academically to provide continuity in these efforts.

Based on a review in 1967 of social sciences instruction and research in the medical faculties and schools of public health in six Latin American countries, Armando Piovesan of the University of Sao Paulo confirmed the findings of other studies about the shortage of experienced social scientists working as teachers and researchers, the scarcity of studies dealing with major health problems and the difficulties in obtaining required bibliographical references.<sup>24</sup> Piovesan recommended among other steps the establishment of a Latin American Center of Social Sciences Applied to Health which would serve as an information clearinghouse, coordinate research materials and strengthen the field by convening meetings dealing with training and research.

As part of its continuing program to strengthen the teaching of social and preventive medicine, PAHO convened working groups in 1968 and 1974 to consider the need for textbooks for this field. The 1968 Committee outlined the curriculum components for several of the subdisciplines comprising social and preventive medicine. For the social sciences the curriculum was designated to include:

- Basic concepts applied to health problems - human growth and development, learning and motivation, the family and small group behavior, social stratification, social values and attitudes.
- Social etiology and social epidemiology - stress and illness behavior, and social factors affecting the course of illness.
- Preventive health behavior - concepts of health and disease, health behavior related to health promotion programs and disease prevention, doctor-patient relations, rehabilitation, disability and death.

- Social-psychological aspects of medical care - the work and organization of the health professions, the organization of medical practice and health services.

The 1968 Committee's major recommendation was that textbooks be prepared which were adapted and relevant to Latin American experience. For the social sciences the Committee observed that: "no material has been prepared for medical students." It recommended that a subcommittee be established to develop a program which would assist in the assembling of relevant teaching materials.

In 1971 a project in support of the teaching of the behavioral science was presented to the United Nations Development Program (UNDP) for financing, and approved in 1972, thus setting in motion the program PAHO/AMRO-6223, Teaching Behavioral Sciences, which continued until 1975. During these years a series of activities were carried out that bolstered the development of the social sciences. Traveling seminars were conducted along with working meetings of experts in social science and advisory services to medical schools; teaching materials were supplied and fellowships awarded. It was under this program that PAHO collaborated in establishing the first graduate course in social medicine in Latin America in 1973 at the Institute of Social Medicine of Guanabara State University, Brazil. This program was designed with the technical and financial assistance of PAHO and the W. K. Kellogg Foundation. The course was geared to train physicians.

As part of its UNDP program to strengthen the social sciences, PAHO convened in 1972 the first of a series of meetings held in Cuenca, Ecuador involving 14 participants from 11 nations.<sup>25</sup> The general objectives of the several meetings held between 1972-74 were:

- To prepare curriculum models for the teaching of the social sciences applied to medical problems.
- To develop teaching materials.
- To stimulate the development of: (i) the application of social sciences to medical problems; and (ii) the use of research methods among social scientists working in health faculties.
- To provide consultation for research studies investigating the relation of social factors and health problems.
- To stimulate the development of postgraduate courses in social medicine.
- To distribute and systematize research involving the social sciences under the aegis of PAHO, and to translate and circulate important documents in this field.

In 1974 PAHO convened its second Working Group dealing with textbooks for preventive medicine and its subdisciplines. Since the 1955 Viña del Mar meeting, the participants noted that the concern of two decades earlier with comprehensive patient care had expanded to include an emphasis on health institutions and systems which affected the provision of medical care and the dynamics of health action programs. The social sciences were listed as one of the five principal components of the preventive medicine curriculum. "Specifically, the Committee recommended delegation to the Committee on the Social Sciences Applied to Health of the Responsibility for the initial selection of articles, and for the drafting of a proposal for a communication mechanism for exchanges of literature in this area".

In 1975 a program leading to a Master's Degree in Social Medicine was started with PAHO's collaboration at the Metropolitan Autonomous University at Xochimilco, México. This program was designed: to review the theoretical and practical concepts dealing with the socioeconomic aspects of health; and to develop persons trained in research, planning and teaching. This program was conducted under an agreement between the Mexican Department of Health and Welfare, the Pan American Health Organization and the Metropolitan Autonomous University. This agreement permitted the participation of Latin American fellowship holders and provided for support by PAHO/WHO.

In the early seventies there was an increase in funds provided by PAHO to the program on teaching behavioral science. In 1976 its designation was changed to: Education and Research in Social Sciences Applied to Health. The addition of research in this program coincided with a renewal of interest in PAHO, in the second half of the seventies, in supporting and collaborating with the countries in drawing up national research plans. The increase in the support to research in the social sciences by PAHO coincided with greater attention being focussed on primary care and coverage under public and social security benefits. This shift was reflected in the Program and Budget of PAHO in 1977 with the establishment of AMRO-5170, Promotion of Primary Health Services, and AMRO-5100, Health Services to Rural Areas. In 1979, a project was initiated which included the involvement of the social sciences in programs of research on the extension of health services' coverage (AMRO-5101, Study of Methods for Promoting Community Participation in Primary Health Care). The objective of this project was to develop methods by which a member government may consider the characteristics of communities and the nature of the sociocultural factors that may hinder or facilitate participation in health programs. It will also seek to develop technologies for determining the characteristics and internal dynamics of the traditional community systems in the member countries.

During the past decade there has been a revival of interest started in the fifties in traditional medicine, but now the emphasis is not only to discover the factors hindering the acceptance of health measures, but to seek ways to promote the participation of the traditional health system in state

health programs. As a result, anthropologists have again been called upon to collaborate in these studies, though now the contribution is primarily from the phenomenological school of thought that predominated in the anthropology of the seventies instead of the positivistic schools that were dominant during the fifties.

Overall, during the three decades between, 1950-80, PAHO and a number of other organizations participated actively in the development of the social sciences related to training the health professions and health research. By 1980, unlike a quarter of a century earlier it was no longer a question of whether the social sciences applied to health research would or would not be supported by international agencies, universities and the governments of member countries. That decision had been answered firmly and positively. But one issue which had not been so directly dealt with was how such assistance could be most effectively provided to these emerging disciplines involved in health research.

#### Review of Research: 1950-80

Since the beginning of the 1950s, the field of social sciences involved in health training and research has expanded sharply. During this period it has made a growing and substantial contribution to research knowledge about a broad range of health problems. The dilemmas initially faced by this field were the paucity of well trained social scientists, a general lack of research experience in health matters and the scarcity of established institutional teaching and research positions where this type of work was supported. While at first during this period the social sciences applied to health were seen by many medical observers as a single academic discipline, there has been a growing recognition of the different conceptual and research strategies followed in anthropology, social psychology, sociology, economic and political sciences, and also within each of these fields, the coexistence of different approaches which may be incompatible under the same listing. The expectation of medicine that the new field should deal with problems of an applied nature has not always been easily accepted by social scientists who on occasion have chosen to ask different questions or who have looked at different facets of a particular health problem.

Internally within the social sciences generally, and in particular in the application to health training and research, a cleavage has evolved in terms of the conceptual formulation of issues and the range of what constitutes acceptable research strategies to deal with these matters. On the one hand there is a broad approach which defines health problems in terms of a functional analysis of cultural values or the organization of institutions and systems, and based on this perspective, analyzes the occurrence and the social meaning of disease, the use of services or the organization of health care. Until recently, these broad concepts constituted the predominant approach adopted in social science health training and research. Starting in the early

1970s, different models for training and research were proposed for Latin America which rejected the previous work as tools of the establishment merely reinforcing the status quo. In particular, the predominant approach was seen as an expedient response to the demand for "quick empirical information for solving problems," which contributed "a formalistic description of the relationship between those problems and other areas of production processes".

In contrast to the more broadly established and traditional social science approaches to the training of health professionals and analysis of health problems, a new alternative was endorsed in 1972 at a meeting of social medicine specialists and social scientists held in Cuenca, Ecuador.<sup>26</sup> It was concluded that: "an alternative theoretical framework must be formulated on a scientific basis". This approach was defined as "an explanation of change as a historical process that makes it possible to maintain a critical and self-critical awareness and a constant need to question one's own categories.". Based on this model the means of economic production and the formation of social classes became integral to the analysis of health values and behaviour, the use of services and the organization of medical care. Since the 1972 meeting a growing body of academic work dealing with health problems in Latin America has been published based upon the conceptual premises which were enunciated at Cuenca.

Unlike the mid 1950s the present of the social sciences related to health research is one where a considerable body of work has been completed which represents mixed interests and emphases. These groupings of interests co-exist in terms of: basic and applied research; micro or macro analyses; the separate subdisciplinary approaches of anthropology, social psychology and sociology; a functional and systems approach in sociology versus a Marxist conceptual framework; styles of research alternately emphasizing detailed social survey research techniques, ethnomethodological appraisals or analysis anchored in class divisions and the mode of economic production. While there has been a vigorous expansion generally involving the social sciences in health matters, these divisions have curtailed any broad sense of unity or direction from emerging up to the present time. Some of these splinter academic interest groups have only a limited dialogue with each other, and may not know or choose to ignore each other's major research work. This situation is apparent for instance in the selective historical documenting of the work done in the field with different accounts emphasizing a favored perspective while excluding other materials. One important implication of the current situation affecting the social sciences in Latin America is that external assistance programs may be unaware of both the extent and the diversity of the work which has been done. Inadvertently, they may become "locked in" to support a particular approach and because of its conceptually parochial perimeters, valuable research done by other social scientists is not drawn upon by choice or through scholarly ignorance. Beyond these matters is the fact that the Region encompasses 32 nations and for the Latin American nations there are no established or widely used means of circulating the results of social science health research inquiries.

Before turning to a more detailed consideration of how research in the field has grown in the past 25 years, it is apparent that two of its central needs are: (i) to consolidate what has been done; and (ii) to develop steps involving the critical review of social science health research relating to specific health problems. These steps would transcend and would be of benefit to all member nations since none has the means to undertake such a comparative assessment, and in some instances this may be precluded by other considerations. The consolidation and critical review which is called for here in this report's recommendations would not resolve some of the dilemmas now characterizing the field, but it would provide a more solid benchmark to determine the means and the conditions of establishing more effective ways of providing assistance to health research involving the social sciences.

#### Development of Research Bibliography

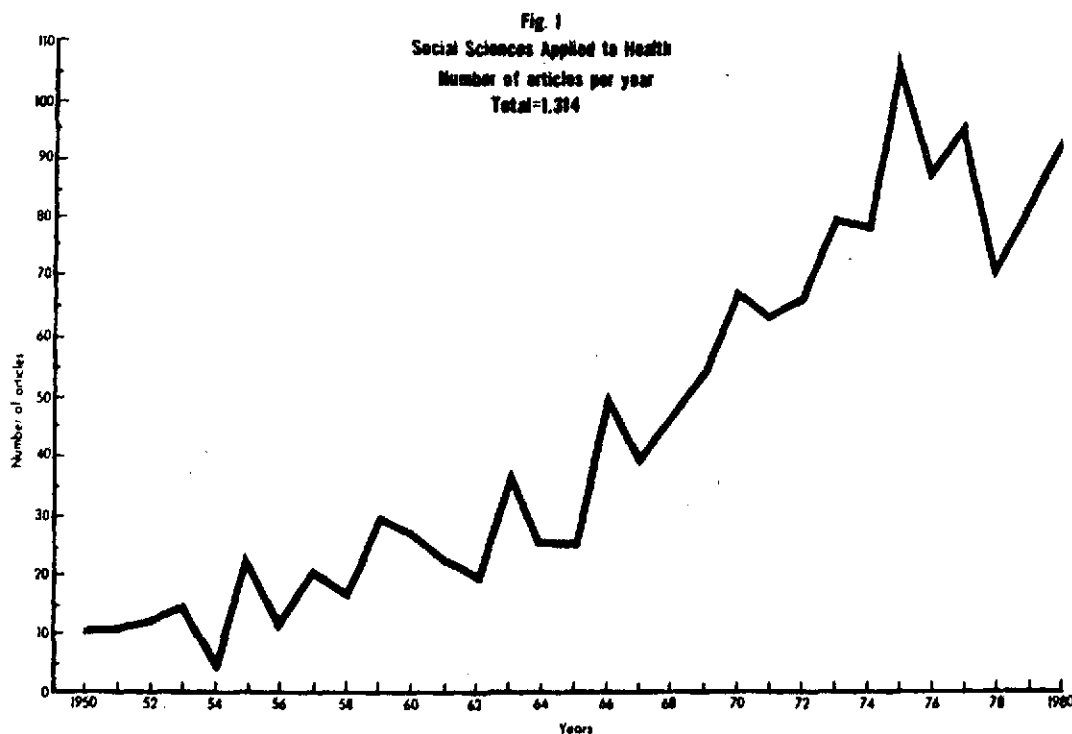
The Latin American research literature on the social sciences applied to health, despite its volume and quality, is almost unknown outside the Region, and at times even within the country in which it is generated. This is largely due to the difficulties involved in publishing and distributing papers. Much research exists in mimeograph form or is published in journals with limited circulation. There are no specialized periodicals with a wide circulation. These factors combine with the difficulties of translating papers and an ignorance of the procedures for securing their publication in foreign journals.

As a first step to implement the recommendations made by the PAHO/ACMR at its 1979 meeting, PAHO initiated a program which is still underway to assemble a bibliography of social science health research for Latin America. By May 1980 some 1,300 references had been listed (viz Appendix I). This bibliography was assembled: (i) on the basis of available bibliographies, (ii) through consultation with researchers and institutions working in the field, and (iii) by reviewing a number of social science and medical periodicals. This preliminary compilation will be augmented by additional sources. The review given here considers some of the general trends which now appear to characterize this field.

The criteria used to include references in this listing were initially broad and encompassed work done by social scientists as well as health researchers who had used social variable analysis in their inquiries. No judgment was made about the quality of the work, a step which is recommended when specific issues are considered in the future. Each reference was classified by: author(s); source; content matter; and coded on a computer listing for retrieval.

In general, based on the sources already identified, it is apparent that the proportion of references in traditional medicine declined between 1950 to 1980. Conversely, there has been a substantial increase in the amount

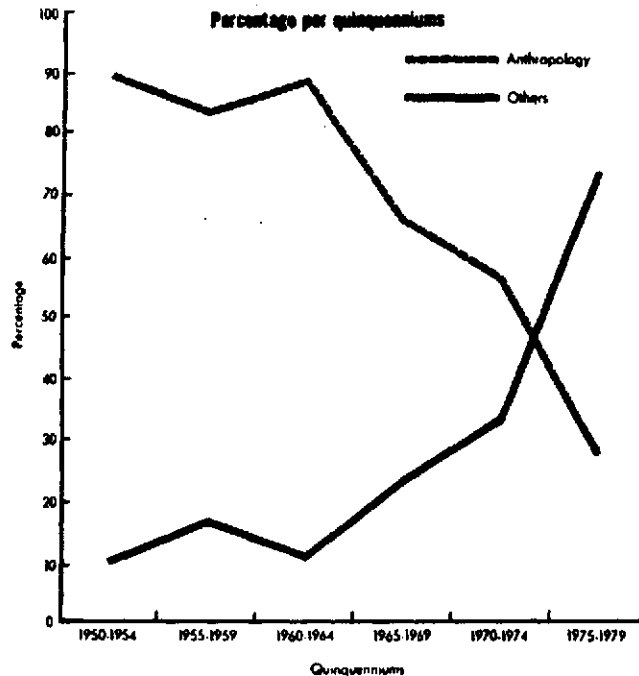
of research done dealing with medicine and health in the broader context of a nation and the nature of health systems. During the three decades considered in this review there has been a consistent increase in the volume of references involving social science health research in Latin America (Figure 1).



During the 1950s the average annual volume was 11 references; during the 1960, 20; and since the 1970s the volume has grown to about 60 references per annum. Not only has the volume of the work done expanded sharply, but as noted, there has been a marked shift in the representation of the social sciences disciplines contributing to this type of research. Anthropological studies which dominated the field in the 1950s accounted for only about 28 per cent of the research by the end of the 1970s. (Figure 2)

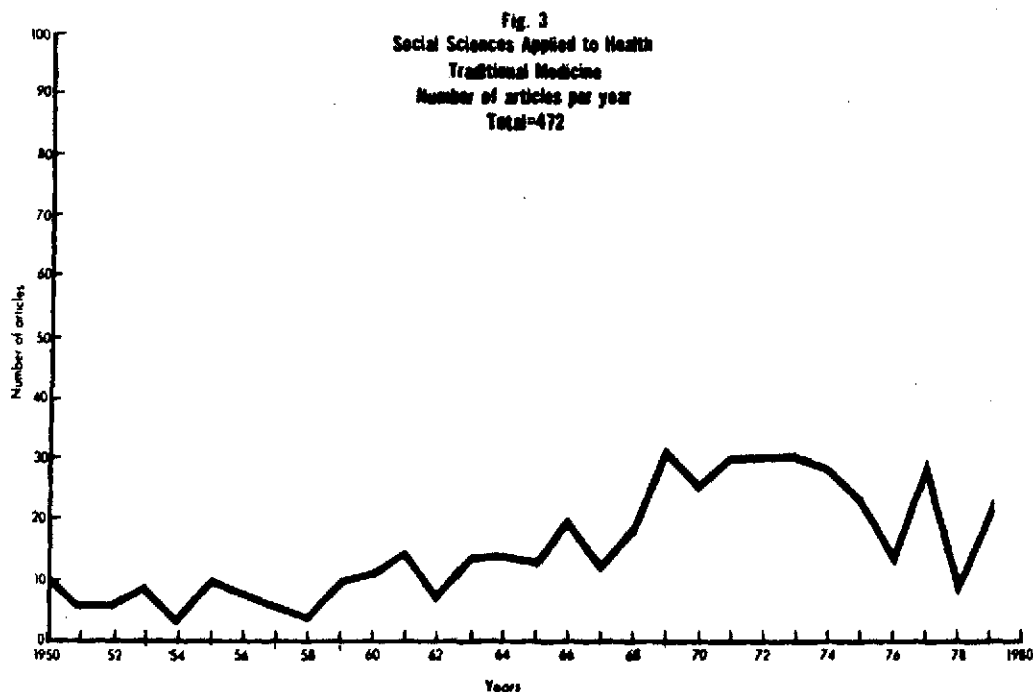
The papers listed in the bibliography were classified for this analysis under four headings: (i) traditional medicine; (ii) health practices; (iii) the health-and-disease process; and iv) human resources.

Fig. 2  
Social Sciences Applied to Health  
Social Disciplines  
Percentage per quinquenniums



Traditional Medicine. The output of research on traditional medicine increased steadily throughout this period but as a proportion of the total, its commanding lead during the 1950s narrowed in the late 1960s. In the 1970s it dropped to about 22 per cent of the total output of social science health research (Figure 3).

Traditional medicine is defined to include the native medical systems (healers, therapy and beliefs) of populations predominantly of third-world, developing, and recently independent countries. These medical systems are not dependent on scientific technology and ideology; most of these practices antedate contact with European countries. The term "traditional" is used instead of "primitive", "folk" or "preliterate" to avoid the evolutionary implication of scientific medicine. The literature on traditional medicine falls within different categories, such as: ethnomedicine which refers to the definitions, beliefs, attitudes and meanings of diseases and to the socialization and personality of the lay healer; ethnopharmacology which covers drugs and medicinal plants; mental health, and maternal and child health.



During the 1950s studies in traditional medicine focused on drugs, medicinal plants and the magical aspects of aboriginal medicine. Most of this work was based on personal observation and participation. Case and community studies, frequent in that period and continuing into the mid-seventies, considered health and illness in the total social context of a community. In the study of a Brazilian village, for instance, it was noted:

" The beliefs concerning health and disease held by the people of Itá are part of their view of the world, which includes the cult of the saints, their belief in forest and water spirits, their faith in pages and midwives, their dependence on prayers and incantations, and their knowledge of herbal folk remedies. These many beliefs and practices fuse magic with empirical knowledge. It is still fundamentally a magical view of the world, even though scientific knowledge is encroaching upon magic with increasing velocity."27

This perspective was shared by most investigators at the time. These views were: (i) a dual picture of Latin American society in which traditional and modern societies co-existed; (ii) the adoption of an "adversary" model in which the magical and irrational elements of the traditional society were in conflict with and had to be supplanted by the values of modern society; and (iii) the magical healer or witch doctor was seen as an aberrant personality with psychopathological traits who would fade or be forced from the scene with the advent of scientific medicine. These studies made a number of important contributions. They provided information on the cultural practices and beliefs in connection with health and illness, and the distribution of certain diseases in Indian populations. This research encouraged and guided those health workers who regarded the social aspects of a people as significant in accounting for the health-disease process. The anthropological methods for the study of the community were added to the practical work required of students in many medical schools of Latin America. During the 1960s, however, it became apparent that some of the limitations of this micro-analytic and descriptive approach to small rural communities precluded any inferences being made about the situation in the country as a whole, or the organization of its health system.

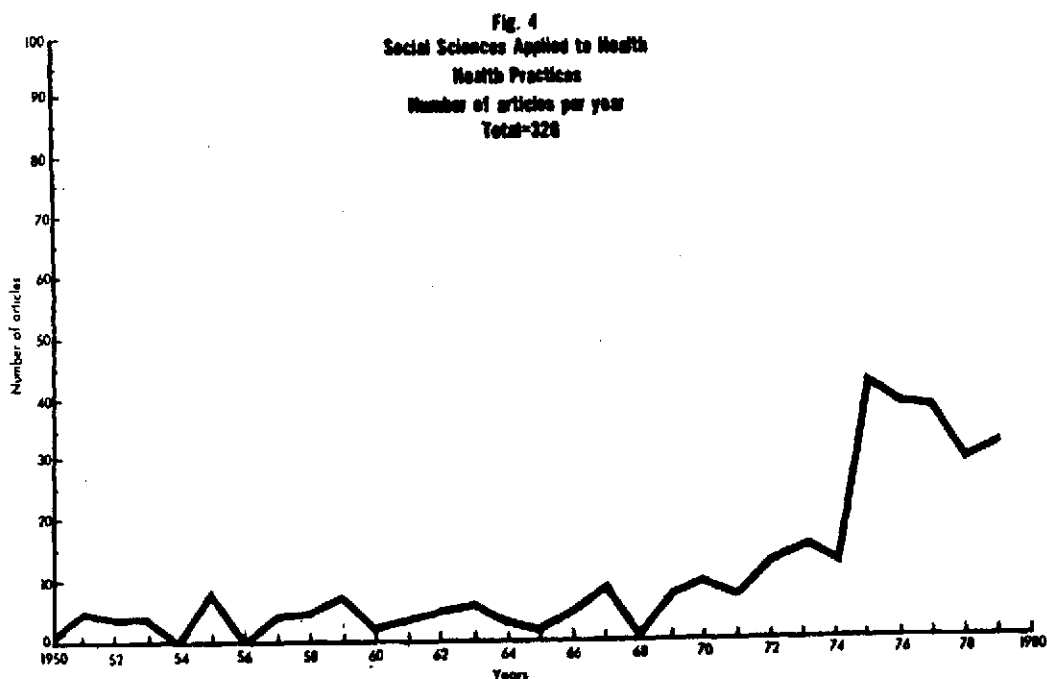
In the late sixties and early seventies the studies done up to then came under fire for not considering the meaning of traditional medical practices for the populations of the countries or the "positive" features of the witch doctor who was now called a "healer". Studies here included these about: the cognitive abilities of the witch doctors of Zinacatecas; the creativity and intelligence of "healers;" the pharmacological properties of medicinal plants.

The new approach of anthropology in the field of traditional medicine derives from the Phenomenologist school. According to this approach the epidemiology of the natural sciences is inapplicable to sociocultural phenomena because social acts have properties that are absent from other aspects of the world namely, the property of meaning which is only subjectively perceivable. Phenomenology rejects the separation between the observer and the observed, which is central to the methodology of personal observation and participation, and observation must be viewed as a "lived experience". The study on illness and shamanistic curing in Zinacantan is an example of this new perspective about traditional medicine where an indian healer controlled almost all the medical practice in a community and much of the religious ritual.

The reappraisal of traditional medicine during the 1970s included a series of studies on alternatives to scientific medicine and the involvement of traditional healers in government health programs. These studies include work examining the program of health promoters in Guatemala and the use of Cakchiquel Indians as health agents, and an appraisal of four forms of medical care available to the mestizo population of a town in central Mexico where it

was concluded that no single system could alone meet the needs associated with any disease. These studies are examples of a considerably broader body of research which has relevance for the concerns of a number of governments and international agencies with ways to extend primary health care and the feasibility of using traditional healers in public programs.

Health Practices. The literature on medical practices was relatively meager until the 1970s when it then became the leading subject (Figure 4). The predominance of anthropology during the fifties in the social sciences applied to health in Latin America makes it difficult to distinguish sharply between traditional medicine and medical practice since the latter heading includes studies on obstacles to the introduction of modern scientific medicine. The model proposed by some anthropologists for these studies was of the "adversary" kind implying conflict between modern and traditional medicine. Examples of this approach include the use of boiled water in a Peruvian village, a program of nutritional research in Guatemala, or the impact of political forces on community health programs in Mexico. These studies were usually sponsored by government agencies participating in the introduction of programs for the prevention and control of disease with aid provided under the United States Point IV Program.



The early 1960's saw the introduction of sociology and social psychology in the study of hospitals, health centers and the nature of the physician-patient relationship. Examples of this work are studies of: the use of powdered milk by expectant mothers in a dispensary in Santiago, Chile and on the hospitalization of patients in the metropolitan area of Greater Santiago; the organization of medicine; the organization of a Peruvian mental hospital; and a sociological analysis of the physician-patient relationship.

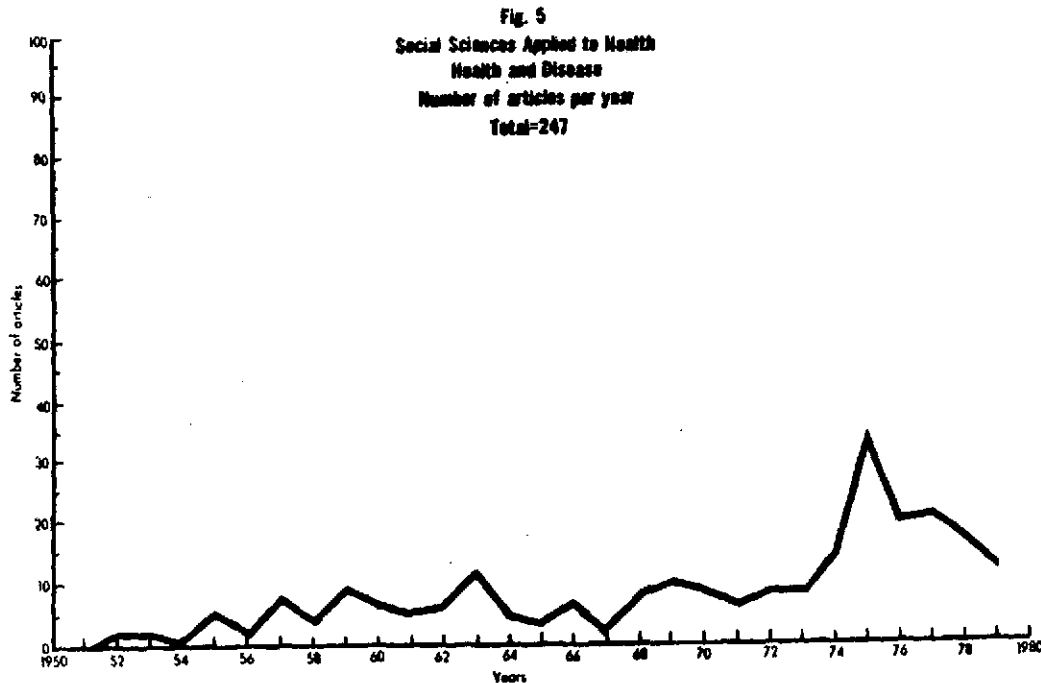
Also characteristic of the 1960s was the contribution of the social sciences to an analysis of the economic aspects of medical practice, particularly in relation to health as a factor in the functioning of the economic system and to planning in the health sector. One such study dealt with the conceptual and methodological problems of health programming. The many publications of the National Health Survey of Colombia in the late sixties constituted a major advance over the general trend of microsocial studies. At the national level medical practice became an object of analysis because of the need to plan health services. This development was uneven, however, because while macrosocial work was being done by government agencies, the medical schools were continuing their community studies and similar research into microsocial problems.

At the beginning of the 1970s some Latin American social scientists working in the health field criticized the studies of medical practice done up to then for failing to take into account broader social phenomenon of health. They initiated a search for new theoretical models such as a study in 1963 on the labor market for physicians which sought to relate medical practice to the social structure. Another analysis in 1975 focused on the rise of preventive medicine in advanced societies, and characterized it as a stopgap discipline, i.e., one that endeavored to devise a solution to the problems confronting medicine which had failed in practice. It had lingered as an illusory solution. A notable feature of these studies was their critical view of current medical practice.

Economists also joined in the new trend, which may be designated as political economy. One such study dealt with capital accumulation and government health care in Brazil. In recent years there has been increased attention paid to the role of the state in the provision of health services. These studies, national and historical in focus, sought account for the rise and development of medical practice in terms of national and economic structures.

Health and disease. Social factors are commonly included among the determinants of disease and its distribution. However, in many of the studies listed in the bibliography (Appendix I), social variables are treated without reference to the social meaning of the concepts. This approach was more evident during the 1950s and 1960s when few social scientists were working in the health field. Output on the social aspects of the health-disease process

increased during the 1970s particularly with the contribution of a new generation of epidemiologists with academic grounding in the social sciences (Figure 5).



While in some nations of the Americas (e.g., Canada and the United States) social scientists have on occasion chaired national health/legal fact-finding commissions or contributed substantially to such research, relatively little work along these lines has yet occurred in Latin America. This situation is accounted for by inter alia: the limited funds which are assigned for sizeable social health surveys; policies relating to the need or utility of such inquiries; a concern with the social implications of potential findings; and a paucity of Latin American social scientists trained or experienced in this type of research work. In the bibliography assembled by PAHO, there were only a few examples of this approach and the two alone on the largest scale both involved external technical assistance. The International Collaborative Study on Medical Care utilization started in 1964 (and later sponsored by WHO) involved 11 study areas in seven nations (including Argentina, Canada and the United States) and it included a sizeable number of

social scientists. A number of social health indicators were used in the analysis of: the recognition of the symptoms of illness and disease; the attitudes, knowledge and perceptions associated with the use and the accessibility of services; and the relation of social and economic factors affecting the differential use of a range of health services. In a number of Latin American research centers the findings and the methods of this extensive report are not now well known either as a basis for replication or modification in comparable investigations.

A number of social scientists both from Colombia and external consultants were involved in the 1965-66 Colombian National Health Survey of 8,961 households comprising 51,476 individuals. This extensive national survey which dealt in part with the relation of social circumstances with the occurrence of illness and the use of health services was provided with technical assistance by PAHO and partly financed by the Milbank Memorial Fund. What is unusual in the findings of the Colombian survey is that while the issue of social class and health status has often been considered conceptually by social scientists in Latin American, this national inquiry provided a detailed documentation of this matter.

" The findings of the National Morbidity Survey confirm for Colombia trends that are observed elsewhere. The place of residence, education, income and occupation are all circumstances that relate to the number of diseases that the individual will suffer and the kind of medical care he will seek, can afford, or is available to him. In general, poor people in Colombia reported having had more diseases and made less use of the health services than persons in more comfortable circumstances. The findings of the survey confirm that (1) the diseases reported vary with the social level, (2) the diseases treated by physicians are only a fraction of the diseases reported by the population, (3) the use made of health personnel and facilities varies with the social level, and (4) there are marked regional differences in the utilization of health services".<sup>28</sup>

The extensive documentation afforded by the Colombian National Health Survey of the relation between the social and economic circumstances of a people, the occurrence of illness and the use and accountability of health services has not been replicated on the same scale elsewhere in Latin America. Its findings in this regard involved the use of social variables, but this step was taken largely without a critical appraisal of the conceptual and social policy implication of those measures. A number of questions along these lines were posed in an analysis of the national survey's findings in 1962.

" Are investments in health services the most effective way to improve the national welfare? The question, though a disturbing one, is posed by some planners and economists who argue that other activities can be

equally or more effective in raising the national level of health. The problem posed by Sir John Simon, Chadwicks's successor, in his first annual report as medical officer for the City of London. As Sir Simon wrote, it was his innermost conviction that no health system could meet the needs of the time or cure the radical ills that beset the substructure of society unless it was properly recognized as important and vigorously undertaken as a duty to improve the social lot of the poor."<sup>29</sup>

The dominant themes of the 1950s were alcoholism and mental and venereal diseases. These studies on alcoholism and mental illness focussed on Indian populations and seemed to reflect a general concern of the social sciences applied to health with the indigenous population at that time.

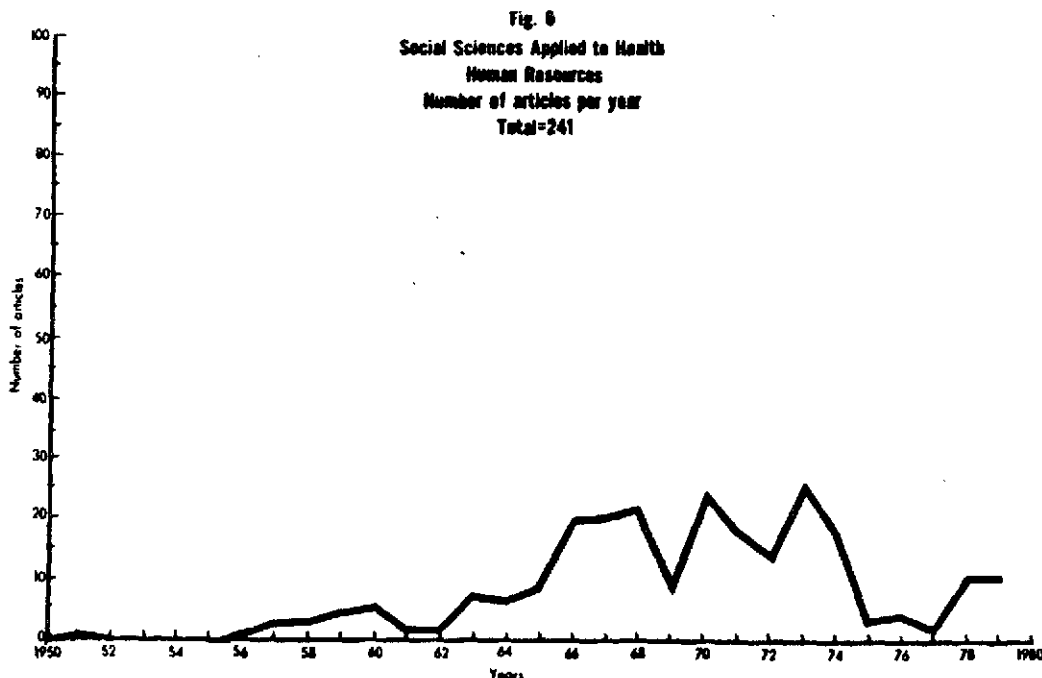
In the late 1950s an interest emerged in the social factors associated with food and nutrition and during the 1960s many studies were published on these subjects, some by endocrinologists and pediatricians. Examples of papers on social factors related to nutrition are those dealing with the role of some socioeconomic variables in animal protein intake among Guatemalan indians, "La Malnutrición y los Hábitos Alimenticios", and "Creencias Médicas y Nutricionales en un Grupo Socioeconómico bajo de la Ciudad de Guatemala".

In the 1970s there was an increase in the number of articles on the social determinants of disease and a change in the approach to them. By mid-decade some authors were criticizing the predominant paradigm, which conceptualized disease as a biological phenomenon of the individual. They proposed alternative analytical categories with which the health-disease process could be viewed as a social process. Analysis along these lines produced such papers in México as: *Enfermedad y Desarrollo*, *Análisis Sociológico de la Morbilidad en Dos Pueblos Mexicanos*; *Morbilidad, Ambiente y Organización Social*; and a Brazilian epidemiological study of traffic accidents. Toward the end of the decade several studies were published that focussed on occupational medicine. Examples of this work included several studies on occupational health in the construction and sugar industries. In 1979 there appeared in print the first part of a study endeavoring to relate the industrialization process, the family structure, and maternal and child health in a region of Venezuela. Also in 1979 a study published in Ecuador on *Epidemiología: Economía, Medicina y Política*, critically reappraised epidemiology from the standpoint of the social sciences.

Human Resources. Medical education was one of the first subjects to be studied in the field of human resources in health. This output stemmed largely from the interest in training physicians during the 1960s. During the 1950s and much of the 1960s higher education received special attention from government in Latin America. The introduction of preventive and social medicine in the curricula of medical schools created jobs for social scientists, many of whom took as their first object of study the teaching of

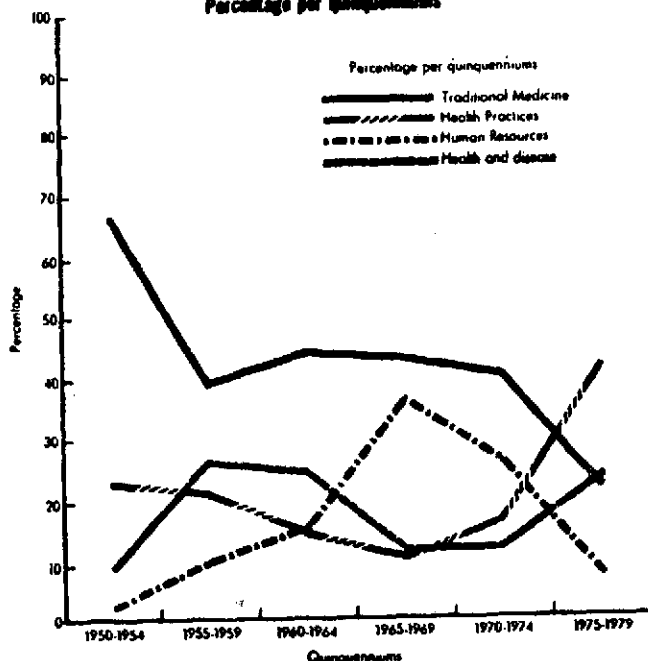
the social sciences and later the teaching of medicine. By the end of the 1960s and the beginning of the 1970s in Latin America experiments were being tried with different ways of training personnel with the social sciences incorporated as central and essential components. The study "La Educación Médica en América Latina" published by PAHO in 1972 culminated a series of efforts to analyze personnel training and its relationship to the social structure. Studies were also done on manpower planning at this time.

Toward the middle of the 1970's interest in this field began to flag, reflecting the general situation of higher education at the time and new policies in health manpower training. The surge in the number of graduates, the result of a massive influx of students in most countries during the 1960s, combined with a saturation of the market and fiscal crises to prompt a shift in the position of the state on manpower training toward the training of auxiliary personnel. The social scientists were affected this shift, gravitating toward analysis of the health services. The quiescence of the student population at the end of the 1970s was offset by rising labor unrest among health workers at all occupational levels and, reflecting this change studies began to be done about the articulation of training, the labor market, workers' labor rights and differential income levels.



Trends and Current Issues. The research reviewed here between 1950-80 has been analyzed under four main headings. This division is heuristic since in any given period there are certain issues which fall into each of these categories. During the 1950s all fields were concerned largely with traditional medicine and its principal guiding discipline anthropology. Studies of medical practice, for example, examined the factors that facilitated or hindered the introduction of scientific medicine. Something similar happened in studies of the health-disease process, in which in most cases the focus was on pathology in indian communities. To this were added two other features: the predominance of foreigners, mostly North American, among the researchers and the hegemony of positivism in research. During the Second World War american anthropologists had been employed by the United States in underdeveloped countries. When aid to Latin American countries began during the 1950s, they were employed in health programs because of their experience in studying the introduction of Western culture into indian populations. At the time the influence of positivism was foremost in the social sciences in the United States which explains why most of the investigators working in Latin America were also of that school. The presence of distinguished american anthropologists in health programs in Latin America made possible a great development of traditional medicine and the training of specialists in this field.

Fig.7  
Social Sciences Applied to Health  
Percentage per quinquenniums



During the 1960s sociologists and economists were invited to work in the health field as part of the development movement which regarded social aspects as fundamental to the modernization process. In the 1970s the output of sociology in health grew more slowly than that of anthropology and even of economics, partly because of a lack of personnel trained in the positivist school. It is not surprising, then that one of the first objectives was concerned with the teaching of the social sciences and the role of these in the medical schools. The studies of communities and health institutions such as hospitals and health centers grew out of the fact that sociologists were employed chiefly in medical schools, schools of public health and some dental schools. This period of accommodation and apprenticeship coincided with a general growth of the social sciences in Latin America, which, influenced at first by positivism, later turned to other conceptual premises in interpreting the Latin American situation.

By 1980, the stimulus provided by the earlier substantial support sustained the continued expansion of the field with an increasing number of social scientists being involved in the teaching of health professions, undertaking health related research and assuming senior academic staff posts, and on occasion, by appointment to administrative positions in government programs. The broad range of these activities was exemplified in the work of a number of social scientists who were met on a visit by Working Group members in early 1980. These activities included:

- Faculties of Medicine. Most medical schools in Venezuela had one or more social scientists; in 1976, 30 of the 545 professors in Brazilian departments of preventive medicine were sociologists or psychologists.
- Graduate Programs in Social Science. Both in Mexico (Universidad Autónoma Metropolitana) and Brazil (Universidade Estado de Rio de Janeiro), graduate training leading to a master's degree involved social scientist faculty members.
- National Ministries of Health/Welfare. The Venezuelan Ministry of Health employed 40 sociologists, 20 psychologists and 4 anthropologists. Its Division of Research and Evaluation was directed by a sociologist. The Venezuelan Central Office for Coordination and Planning (CORDIPLAN) was also headed by a social scientist. Eleven of 26 staff members were social scientists in the Planning and Development Division of the Brazilian National Council for Scientific Development. The National Institute of Nutrition Research and Social Medicine of the Ministry of Public Health of Ecuador had a complement of staff of social scientists.

- Research Institutes. A full-time staff anthropologist and social scientist consultants contributed to the work of the Mexican Institute for Research on Medicinal Herbs; in Ecuador, the Centre for Health Research and Evaluation employed a full-time sociologist and had drawn upon social scientist consultants.
- Schools of Public Health. Most had social scientist faculty members and some had autonomous departments of social science, e.g. UNAM-Mexico; Fundacao Oswaldo Cruz - Brazil.

These examples indicate a broadening acceptance of social sciences in health affairs and through time their appointment to senior administration positions (e.g., Associate Dean, National School of Public Health, Oswaldo Cruz Foundation (Brazil); Director, Division of Research and Evaluation, Venezuelan Ministry of Health; or membership (Perú) on the WHO Scientific Working Group on Social and Economic Research, Special Programme for Research and Training in Tropical Diseases.

While solid gains have been achieved in terms of the growth of social scientist manpower involved in health affairs, like some other major areas of medical scientific inquiry, a number of problems still persist and limit the potential contribution of this field, particularly in the area of its input to health research. In some other fields for instance there is no firm information about the number of basic medical scientist working in particular areas, their location and the nature of the facilities available to them. This is also now the situation relative to social science health-related manpower. It is not known accurately in 1980 for instance: how many social scientists are involved in research; the extent to which their training prepares them for such investigation; what their actual direct research experience is; what disciplines are involved (e.g., anthropology, social psychology, sociology, etc.); or in sufficient detail what types of health-related research have been undertaken.

In this situation when external efforts are started to initiate particular types of research on specific diseases or health problems, the existing social science manpower capacity and resources to do this type of work may be unknown and a mismatching of interests and experience can, and on occasion, does occur. The initiation of research involving the social sciences on the occurrence and control of specific tropical or parasitic diseases for instance may presuppose that there is an interest in these issues, that social survey experience may be drawn upon in such investigation, and that staff positions providing for a continuity of involvement have been established. Often, none of these conditions occurs.

By 1980, both WHO and PAHO had established program development and research priorities which involved the social sciences. In terms of effectively implementing these research policies involving input from the

social sciences and in setting guidelines for the research to be undertaken, there is a need to know more about the capacity of existing social science manpower resources and facilities which are available. If more extensive work along these lines is to be undertaken, as appears to be indicated, particularly in a number of PAHO/WHO special programmes, then a number of basic steps which would contribute to the overall strengthening and consolidation of the field are indicated. These are dealt-with in the recommendations of this report.

As indicated by the review initiated by the PAHO/ACMR, a substantial body of social science health related research in Latin America has emerged between 1950-80. While unquestionably there is a need for more financial support to expand these efforts, an even greater priority is to consolidate what has been done and to prepare guidelines to assist the development of this type of research in the future. There is a need for "bridging" links to be established which bring together and review such research from an international perspective. For instance, scholars who may be interested in or who might contribute effectively to certain programs may be inadvertently uninformed about them, and in turn, be unknown to those initiating them. On the site visits to some 24 teaching and research programs in 1980, only two social scientists who were met were familiar with the program objectives of the WHO/SER Working Group under the UNDP/World Bank/WHO Special Program, only a few knew of the research initiated by the WHO Special Programme in Human Reproduction and only one scholar was aware of WHO's concern with traditional medicine as a component of primary health care. The absence of a register of social scientist health researchers may also mean that the full range of capable and experienced individuals may not always be turned to, when externally sponsored investigation is being undertaken. On occasion, the selective support given to some individuals or groups has not always accorded well with their recognition in their own nations or abroad and in some cases has involved the importing of external consultants for work which could have been handled locally.

The compartmentalization of the social sciences to deal with specific diseases or health problems entails both advantages for this type of inquiry as well as having certain drawbacks. This approach permits attention to be directed to a narrow range of specific social and economic factors which may be involved in the etiology or the control of a particular disease. By this means research attention may be concentrated on a limited number of factors of immediate concern and the extent to which social participation programs may modify particular outcomes. At the present time the standard procedure is to start with a specific disease or health problem and then, to survey the research literature for studies involving an analysis of social and economic factors. An inherent dilemma in this commonly used approach is that it starts from the disease, not from the benchmark of the people or the society where it occurs. Relevant social science research which is seen to fall outside of a particular disease or health problem listing as indexed in a bibliographical

cataloguing system may remain unknown or not be drawn upon. In some instances, for example, while little direct research may have been done about the role of community participation in the control of a specific disease, parallel inquiries may be available which indicate under what conditions people participate or do not take part in a broader range of voluntary or public programs, what values are associated with the acceptance or the rejection of social innovation, and under what circumstances a sustained involvement is maintained. Likewise, more broadly gauged research findings may be available about how people in general recognize disease, who they turn to for assistance, how they use services and what social factors influence accessibility.

A balance is indicated between these two approaches, the one more disease-oriented, the other based on the existing social values and the organization of society. If the former is stressed to the exclusion of the latter, it may result in "operationally manageable" research, but as a result of its "tunnel vision," it may "miss its mark" in terms of the actual social dynamics of how people live, what they do generally about their health care and the broader conditions affecting how health services are paid for and provided.

The reviews of social science health research initiated in the past decade by WHO, other international agencies and some university and research centers constitute a useful starting point in documenting what has been done. Throughout these several reports there is a constant theme stressing the need for a more detailed and analytical assessment of this research work. Each available compilation is incomplete by itself in its scope. No thorough or detailed review has been done which assesses the concepts and the methods of these inquiries, or the utility of the findings relative to specific health problems.

#### Program Support for Social Science Health Research

Based upon its review of social science health research in Latin America, the ACMR Working Group proposes that support be given here over a period of years in terms of a general framework of development. The short-term objectives listed include means to foster the coordination, the consolidation and a review of these research activities. Upon the completion of these preliminary steps, consideration could then be given to a number of long-term objectives. The Working Group lists a number of long range objectives which would be subject to modification or extension as the work proceeded based upon the initial review.

Five steps are proposed for consideration under the short-term objectives with their completion to be scheduled within the two years (1980-82). These steps are the establishment of: (1) an Advisory Committee on Social Science Health Research; (2) strengthening the position of the PAHO

officer responsible for social science training and research; (3) development of a social science health research bibliography for Latin America; (4) an evaluation of research methods used in the analysis of 2-3 designated diseases or health problems; and 5) distribution of the report.

Based on the work carried out to meet the short-term objectives, consideration could be given to the feasibility of implementing a number of long-term objectives which would include: (6) the preparation of a Directory of Social Scientist Health Researchers; (7) the preparation and distribution of research bibliographies; (8) the establishing of depositories of research reports; (9) the review of social health indicators; and (10) the use of social science research consultants.

#### Short-Term Objectives (1980-82)

##### 1. Advisory Committee on Social Science Health Training and Research.

At the present time there is no designated review body within PAHO which is charged specifically with the development and the review of the diverse social science activities in training and research which are now supported. The need for such coordination has been recommended in several reports. The establishment of a designated Advisory Committee would provide an external, prestigious and informed resource which is now not available. Based on the site visits to some programs in 1980 it is apparent that there were some contrasting perspectives about the role of international agencies involved in the support of the social sciences. In some quarters for instance it is felt that PAHO had a sizeable research funding capacity, a situation which does not obtain. Questions have also been raised about the basis for the assignment of existing research funds with the terms set for such review not being well known in the field. The establishment of an Advisory Committee would be a positive step in assisting the social sciences activities of PAHO and serving as an external "sounding board" in the review of specific programs.

In the area of training fellowships the Advisory Committee's responsibilities could include the review of policies and guidelines for support provided to the social sciences. Among the matters to be considered could be: the designation of review criteria for each category of fellowship; the balance to be achieved between pre and post-doctoral support; a consideration of the allocation between subdisciplinary fields (e.g., anthropology, social psychology, sociology, etc.); the identification of outstanding training programs in Latin America and elsewhere; the establishing of curriculum training standards for pre and post-doctoral studies (e.g., course categories, dissertation requirements, etc.); a consideration of the number of fellowships required; the intra-regional distribution of fellowships; and the balance between training fellowships, travel awards, and faculty exchange programs.

The membership of the Advisory Committee should include distinguished researchers representing the social sciences and the related health professions. This Advisory Committee could be struck to report directly to the ACMR. Its specific functions would include: a review of guidelines and policies for PAHO training and research programs for the social sciences; serving as an external review body for research grants for these fields; and the preparation of annual reports to the ACMR on the state of the field.

2. PAHO officer responsible for social science training and research. Between 1966-68, PAHO appointed on a pilot basis a social scientist to its headquarter's staff. Since 1968, this position has been incorporated as a full-time staff position. The activities undertaken under this aegis by PAHO have been listed. They represent a sizeable commitment and through the years valuable technical cooperation has been provided, and the emphasis has been to foster training programs for social scientists attached to health professional faculties, the development of model curriculae, and the dissemination of relevant literature, and the support of social science research.

The statement of program objectives stipulated by PAHO for the social sciences between 1980-83 was:

This project is primarily designed to assist the Member Countries in promoting and conducting research on the social factors involved in the occurrence and distribution of diseases as well as those that aid or hinder the extension of health services, the incorporation of social sciences into the training of health personnel, and the organization and conduct of post-graduate studies in social medicine.

A large part of the cooperation in 1979 will be focussed on a study of the impact of research on the health field, including the collection and publication of information on researcher workers, research institutes and on-going projects in Latin American countries.<sup>30</sup>

The Working Group endorses this statement of program objectives. However, it believes that if a substantial effort is to be launched in strengthening the component of social science health research, then additional financial resources need to be assigned for this purpose.

Pending the consideration of the Working Group's report to the ACMR and the decisions then reached, the assigned funds for 1980-83 would appear to permit only a modest commitment to be made in strengthening social science health research. The Working Group strongly recommends that consideration be given to augmenting substantially these budget categories for the years 1980-83.

The full-time position of a PAHO staff officer responsible for education and research in the social sciences applied to health is indispensable to the general development of this field. This position is

integral to the ongoing collation of program information about training and research involving the social sciences, the development of a research bibliography, the planning and convening of research evaluation seminars and, in general, to keeping informed about current activities in the Americas. If the recommendation concerning the appointment of an advisory committee is endorsed, this PAHO staff officer would serve as the principal program coordinator for the committee's activities.

3. Development of research bibliography. The mandate set for the ACMR Working Group in June 1979 dealt specifically with the place of social health indicators in health research, the methodologies used and their potential application. In the initial review of the work to be done it became clear that before such an assessment was feasible, several prior steps were required which involved assembling information about the extent and the types of research which had been done. This work started on a preliminary and pilot basis indicated the feasibility of developing a more comprehensive and standardized listing. Much of what is done tends to fall between the established classificatory systems or is published in not readily retrieved sources.

The valuable indexing of health research for Latin America undertaken by BIREME, for instance, documents the references listed in the major medical and scientific journals in the Region and elsewhere. By definition, these sources are unlikely to contain much work representing social science-oriented health research. In its first volume (January-July 1979) this source listed: one article on health services' research; one article on traditional medicine; two articles on the health of Latin American indian peoples; and seven articles listing some form of socioeconomic analysis of health care. Likewise, some of the standard social sciences and health texts list primarily studies done in the United States, Great Britain or Europe. However, the bulk of Latin American social science health research is unknown or not recognized in these widely distributed reports. For example, only 18 of 2286 references in Freeman's Handbook of Medical Sociology or 6 of 795 references in Mechanic's Medical Sociology refer to studies involving Latin America. Of these citations, virtually all were written by non-resident scholars. (The reverse dilemma occurs in Latin America).

Based on visits to a number of major training and research centers there appears to be a strong and widespread interest among both social scientists and medical researchers in the compilation and the circulation of a research bibliography on Latin American studies. Undertaken by PAHO staff in conjunction with the Advisory Committee's counsel, this work would involve:

- i. Compilation of Existing Sources. The preliminary search during 1979-80 was facilitated by the PAHO Headquarters' Library, BIREME, the contributions of a number of researchers and the assignment by PAHO of a temporary staff position. Most of these assembled materials have not yet been classified or annotated. The Working Group recommends that this work be extended and continued during 1980-81.

- ii. Classification. As different listing are used in medical and social science research, no uniform classification codes have evolved for social science health research. The assistance of librarians specializing in the codification of references is needed to develop an information listing and retrieval system which is congruent with existing schemes and reflects reliably the major substantive areas.
  - iii. Annotation. Following the more extensive compilation and the initial review of a system of classification, the annotation of the major research reports should be undertaken. The counsel of the Advisory Committee would be useful in developing a uniform basis for this annotation, e.g., major concepts dealt with; types of health problems or diseases; sources of information; questions asked or hypotheses; research methods used; major finding obtained, etc.
  - iv. Computerized listing. Facilities for the computerized listing and retrieval of bibliographical references are established at PAHO Headquarters Library, BIREME and some major universities. Some of the materials already obtained have been entered into this system on a trial basis. As more references are assembled, special social science health research discs can be assigned which provide an efficient and economical means of information storage and retrieval. Information contained here can be provided on a computer printout basis to meet specific requests and these sources can be continually updated.
4. Research Evaluation Workshops. Pending a more complete compilation of social science health research, on the basis of what is now available it is apparent that several broad categories of health problems have been studied by social scientists. Upon the completion of the general research bibliography, one or more small interdisciplinary workshops could be convened to evaluate the research which had been done in terms of: the concepts and research methods used; the questions asked; the utility of the work done; and to develop research protocols for work to be done in the future. Stemming from the reviews made by these workshops, research review articles could be prepared which could be published in widely circulated publications such as the PAHO Bulletin or as a series of short monographs could be assembled which would summarize the current state of knowledge about social and economic factors related, for instance, to specific tropical or parasitic diseases or other issues. Drawing upon an interdisciplinary evaluation, these reviews could stimulate further inquiry into areas which correspond to priorities established by WHO/PAHO and serve as a means to pinpoint areas meriting further analysis. These reviews could be a positive means of mounting strongly based interdisciplinary inquiries through the development of demonstration research protocols.

5. Distribution of report. On the site visits to researchers and institutions in early 1980 members of the Working Group received considerable assistance and were provided with numerous references. At best, the present report constitutes a working draft whose dimensions require modification and expansion. As a courtesy to those who provided information and as a means to expand the scope of the review particularly as it may relate to specific issues designated by the PAHO/ACMR, it is recommended that copies of the report upon revision by the ACMR be sent with a request for comment to, inter alia: (i) researchers and institutions known to be working in the field of social science health research in Latin America; (ii) the Chief Librarians of the major libraries (university and government) in Latin America; (iii) PAHO Zone Directors; (iv) international agencies which may have been involved or supported these types of inquiries; (v) philanthropic foundations known to have supported health research in Latin America; and (vi) the Director of BIREME.

#### Long-Term Objectives

The following points are listed by the Working Group as further ways that social science health research could be strengthened in the future. They are not presented at this time as recommendations, but rather as matters whose feasibility and utility could be considered by an Advisory Committee if such a body is established. In the Working Group's judgment these steps would not be costly, and their implementation would serve to consolidate and disseminate the social sciences health research which is being done.

6. Directory of social scientist health researchers. No listing has been established of Latin American social scientists involved in health research. The establishing of a directory of this group (which would not be sizeable) would serve two purposes. First, it would facilitate the more widespread circulation of materials to potential users; and secondly, this source could be drawn upon as a means of updating annually the bibliographical listing of social science health research. Through this process the referencing system maintained by BIREME would become more useful to researchers dealing with these issues and in turn would be seen by them to be a useful resource. This does not now appear to be the case. Since it was established, BIREME has not received requests, for instance, dealing with psychological reviews, socioeconomic research or health promotion.

7. Preparation and distribution of research bibliographies. One of the major problems cited in appraisals of the field is the issue of convenient and direct access to relevant research sources. To resolve this problem the Advisory Committee may consider a number of feasible steps which would include: the preparation of special purpose bibliographies; their circulation; and the establishment of research report depositories.

The efficient offset rotoprinting system linked to its computerized bibliographical listing now maintained by BIREME makes it feasible to produce quickly and economically bibliographies dealing with special research issues. This system could be adapted to the preparation of annotated social science health research bibliographies dealing with specific diseases or health problems. The availability of these especially prepared bibliographies could be listed in the volumes published by BIREME and provided to major Latin American libraries and research centers.

8. Depositories of research reports. Even if relevant research references may be known, direct access to these materials may be difficult due to the limited reference holdings of many Latin American libraries. This situation extends to the listing of the addresses of researchers or journals which might be contacted to obtain copies of reports. On step which it may be useful to consider in the future would be the actual assembling of the major research documents as original materials, copies or on microfilm. By means of external technical assistance programs, depositories of these research material could be provided to major universities, research institute and government programs involved in social science health research.

9. Social health indicators. In recent years considerable attention has been paid to the development of social health indicators which can be used to assess, inter alia: different aspects of health behaviour; patient-therapist communication; health values and attitudes; social and economic circumstances; social risk factors related to health, work and employment status; the use and accessibility to health services; and factors involved in individual and community participation. A general listing of health indicators including social health measures is compiled by the Clearinghouse on Health Indexes, U.S. Public Health Service.<sup>31</sup> In addition, a detailed appraisal of the concepts and methods involved in a number of widely used social health indicators was completed in 1977 by Elinson, Mooney and Siegmann.<sup>32</sup>

At the present, pending the completion of the social sciences health research bibliography, no accurate assessment can be given of the current use of social health indicators in this type of research in Latin America. A review along these lines and a consideration of their potential use could be appropriately undertaken in the more detailed reviews which are recommended of available social science research dealing with specific diseases or health problems. In the Working Group's judgment there is considerable potential here to extend the scope of the analysis now being done. As is the case for the general situation of this field in Latin America, a persistent dilemma is the absence of an accessible source of information about the full range of potential analytical tools, and how they are used and analyzed. Requests for such information were made at some of the research centers which were visited.

As the general work consolidating social science health research proceeds, consideration could be given by the Advisory Committee to several

steps relating to the research use of social health indicators. These could include: (i) a consideration of their current and potential use in research relating to specific disease or health problems; (ii) the assembling of a depository of the details of the methods used, e.g., what measures are used, how information is obtained and analyzed; and (iii) the publication of a listing of the social health indicators and how copies of these materials may be obtained in the PAHO Bulletin with a depository established at the PAHO Headquarters Library.

10. Social Science Research Consultants. A broad diversity of social science research methods has evolved in recent years. Particularly in the analysis of statistical findings, a number of specialized procedures have been developed in the classification and definition of commonly used terms in social and community health surveys, the measures used to assess social and economic conditions, scales to assess attitudes and values, the extension of social health indicators and the adoption of statistical computer packages designed for social sciences inquiries. While these tools have not yet been extensively used in social science health research in Latin America, it is apparent that regardless of their conceptual premises there is a growing momentum along these lines which parallels the more widespread use of quantitative social survey research techniques adopted elsewhere.

It should be no longer acceptable in social science health research to undertake or publish research which is methodologically incomplete, inaccurate or which transcends its data base. The research methods which are now available are complementary to the type of research used in epidemiology and medical research which incorporates statistical analysis, careful attention to sampling and controls and the operational definition of terms. It is still the exception rather than the rule for social scientists being trained in Latin America to have a grounding in multivariate probability statistics, computer programming or actual experience in large-scale social or community health surveys. In a number of instances where extensive sources of relevant secondary statistical data are available, their use by social scientists is partially precluded due to a lack of familiarity with the appropriate analytical procedures. In some of the work being done there is an unnecessary duplication of effort devoted to the design of surveys or the operational definition of items where substantial comparable work has already been completed elsewhere.

At a number of centers conducting social science health research visited in 1980, the question was raised of the possibility of PAHO/WHO providing short-term external consultants who could work with researchers in the design and the analysis of their research. The principle of providing such support has been adopted in facilitating social science research being fostered under some of WHO's special programs. An extension of this principle to augment more broadly this field in Latin America, when such assistance is requested, merits consideration by the Advisory Committee.

Summary of recommendations and long-term program objectives

This report of the ACMR Working Group appointed at the XVIII Meeting in 1979 concludes that a strengthening by PAHO in the area of social science health research is feasible, not costly, and warranted. Technical assistance along these lines would be congruent with achieving a number of program priorities established for the 1980's by PAHO/WHO.

The Working Group submits five recommendations for immediate consideration and five matters for review in the future as part of an integrated strategy for the development and the strengthening of social science health research in Latin America. The first two recommendations relate to the administration by PAHO of this program through the establishing of an Advisory Committee and a reinforcing of the resources assigned by PAHO for these purposes. Recommendations three to five and the five long-term objectives are listed as specific ways that may be considered to develop these efforts. In summary, the program recommended by the Working Group includes:

I. Recommendations

1. Establishing an Advisory Committee on Social Science Training and Health Research

That the responsibilities of the ACMR Working Group be redefined as an advisory committee on social sciences training and health research. The functions of this advisory committee reporting to the ACMR would be to serve as a senior external advisory group concerning the social sciences activities undertaken by PAHO, to develop policies and guidelines concerning training fellowships and research submission in this field, and to seek ways to foster the general strengthening of social science health research. The advisory committee would report annually in its work to the ACMR.

2. Strengthening resources assigned to the PAHO officer responsible for social science training and research

That to coordinate and to keep informed about the wide range of social science health related activities undertaken by WHO/PAHO at headquarters and in the field, international agencies and the member nations in the Region, and to provide the necessary secretariat support for the advisory committee, the resources and facilities assigned to the PAHO staff officer responsible for the social sciences be substantially strengthened.

3. Development of research inventory

That the advisory committee during 1980-81 be responsible for the further development of the social sciences health research inventory.

4. Research evaluation workshops

That the advisory committee during 1980-81 be responsible for the convening of one or more interdisciplinary specialist working parties to review research related to specific health problems.

5. Distribution of report

That to augment this review and to foster the collection in the future of social science health related research, copies of this report be circulated with a request for comment to: (i) individuals and organizations from whom information has already been obtained; and (ii) from those whom it is felt might be concerned or who might assist this review.

II. Long-term objectives

6. Directory of social scientist health researchers

That a directory of Latin American social scientists involved in health research be established as a means of more widely distributing reports and of maintaining an ongoing inventory of current research.

7. Preparation and distribution of research bibliographies

That under the aegis of BIREME annotated social science health research bibliographies be prepared dealing with specific diseases or health problems, be listed in BIREME's index of medical research, and made available to major libraries and research centers in the Region.

8. Depositories of research reports

That major social science health research documents be assembled, and by means of external technical assistance, depositories of these materials be established at major universities, research institutes and government programs involved in social science health research.

9. Social health indicators

That a review of current social health indicators be undertaken considering their actual and potential use relative to research dealing with specific diseases or health problems, a PAHO depository of these measures be established as a general resource for investigators, and a publication listing these measures be undertaken.

10. Social science research consultants

That active consideration be given to providing short-term consultants to assist in the design and analysis of proposed or ongoing social science health research, when such assistance is requested.

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	1980-81	1982-83
Total		PR
181,000	201400	
Personnel - posts	149,200	170,400
Personnel - consultants	10,800	10,400
Staff Duty Travel	10,000	10,000
Contractual Services	11,000	10,600

For the two fiscal years, 1980 and 1981, a maximum of \$11,000 or 6.1 percent of the assigned budget, is available for contractual services, and a total of \$10,800 or 5.9 percent of the assigned budget for consultants. If both of these budget line categories were designated to assist in promoting and conducting research, they would represent 12.0 percent of the assigned budget (or a total of \$10,900 each year for 1980 and 1981).

31. U.S. Public Health Service. Clearinghouse on Health Indexes. Division of Analysis: NCHS: DHEW. Hyattsville, Maryland.
32. Elinson, J., A. Mooney and A. E. Siegmman, Health Goals and Health Indicators: Policy, Planning and Evaluation. Boulder, Colorado: Westview Press, 1977.