# Critical reflections on the micro-ecological approach to home care for people with HIV/AIDS

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While much of the more general social science literature on HIV/AIDS related behaviour (particularly in the more medically oriented journals) is still dominated by simplistic models that assume that the individual is the locus of rational decision-making, anthropologists have insisted that broader structural issues of inequality, poverty and exploitation are really the key to understanding 'risk'. Although there are notable exceptions, the middle ground between individual agency and constraining structure, has remained relatively neglected. This is remarkable, given that it is here that agency meets constraint and that people negotiate actions and meanings in the praxis of everyday life. It is also here that any effective intervention needs to be focused. Anke Niehof's paper focuses on this important level of analysis by looking at the role of the household in home care for those with HIV/AIDS. In order to do this she develops a 'micro-ecological' model (MEAH), built up from a number of other models and ideas (Tronto's phases of care, the HHPH framework, the CEMMA model).

My main problem with this new model is not that it is not interesting or relevant – because it is both – but that it is not new. It is not any more than the sum of its parts, and does not give us more understanding or explanatory power than we already had with the separate originals. For example, the section on applying the MEAH model to a case study relies to a large extent on Tronto's framework, and the wider constraints of politics and gender inequality on HIV/AIDS that are also invoked have already been analysed in great detail by Paul Farmer (1992, 1997, 1999) and more recently by Cathrine Campbell (2003), though neither is mentioned here.

The concept of household – the central element in the model – is also problematic. What is a household? Niehof says that while her model is poorly applicable to people not living in households, it does apply to those in one-person households. But how are they different? How, in the situations of rural-urban and international migration, political disruption and social disintegration that characterise large parts of Africa, do we delineate the 'household'? To be fair, Niehof does acknowledge that the concept is problematic, but nevertheless goes on to use it as though it were not. She does critically – if only briefly – reflect on the shortcomings of the concepts of 'coping' and 'community' that are so often uncritically used when discussing the care of those with AIDS, so it is a pity that this critical reflection does not extend to 'the household' as well. Part of the problem may be an over-reliance on the recent book by Barnett and Whiteside (2002).

Perhaps reference to the wider literature would have given more scope to develop a critical approach to this central concept.

But there are other problematic and unexamined concepts at the heart of this model as well. For example the "*adequacy of care* is judged by the extent to which *care needs* are *properly identified*, are *positively appreciated* by the person to whom the care is given, and are *communicated and integrated*. At the same time, the *adequacy of care* is to be judged '*objectively*' by assessing the *measurable health effects*" (I have italicised the problematic concepts: as ambiguous and loaded with assumptions as they come). Adequate for whom? Measurable by which standards? Niehof discusses the importance of the emic/etic distinction, but seems to uncritically assume that etic is the objective (presumably biomedical) perspective. For example in Table 1 the etic perspective has to do with *measurable effects*, while the emic is all about *intentions*. It could easily be argued that 'measurable health effects' is every bit as emic as 'health care intentions,' just as it could be argued that the etic perspective could also be seen, from another vantage point, as the biomedical emic.

I fully agree that disciplinary boundaries tend to impede understanding of various aspects of HIV/AIDS and obstruct the development of solutions to the problems it generates, but what a particularly anthropological perspective could perhaps contribute to this interdisciplinary mix more than any other, is a critical reflection on those central concepts that are taken so much for granted.

## Note

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