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Invitation and call for papers

***Symposium 'Beauty & Health', 12 December 2008
University of Amsterdam***

The annual symposium of the journal *Medische Antropologie* (12 December 2008) will have as its theme 'Beauty and Health'. The editors invite you to contribute a paper on this theme. An invitational article by Alexander Edmonds 'Beauty and health: Anthropological perspectives' appears in this June issue of the journal. The article that intends to motivate and encourage participation and writing of papers can be sent to paper writers on their request. At the end of this call you will find a brief sketch of the theme.

The symposium will take place at the University of Amsterdam. Venue is Het Spinhuis, Oudezijds Achterwal 185, Amsterdam. The symposium will consist of thematic discussions based on submitted papers of the participants. During the symposium there will be no formal presentation of papers, but only a short introduction to be followed by a discussion.

A selection of the symposium papers will be published in the summer 2009 issue of *Medische Antropologie*. Registration for the symposium is possible until 30 November via the website of Medical Anthropology & Sociology Unit www.medical-anthropology.nl under Agenda: "Beauty and health", click: Register, fill the form and submit. Participation is limited to 35 people, and registration will be processed in order of arrival. The symposium fee is €25 to be paid at the symposium. Participants will be given access to all papers no later than a week in advance of the symposium. They are expected to read all the papers in preparation of the symposium.

Those who are interested in submitting a paper should provide a title plus brief abstract together with their registration, before 1 November. The complete paper should be sent as an attachment per email to Anna Aalten: a.j.j.aalten@uva.nl before November 28, 2008. Papers may be either in English or in Dutch. Drafts and work in progress are welcome.

About the theme 'Beauty and Health'

In most societies beauty is seen as a sign of health, presenting the body as the materialization of wealth and power. But as anthropologists we are also familiar with an astonishing range of aesthetic ideals and body modification procedures that are violent and harmful to the body. The beauty ideal of a slim and youthful body leads to practices, such as severe dieting and cosmetic surgery, which carry their own health risks. And then there is the growing importance of 'aesthetic health', the notion that

continuous improvement of the body is possible and desirable. Beauty can thus be both 'for' and 'against' health. 'Beauty and Health' in its many varieties, is a theme that prompts reflection from several focus points, not only anthropological, but also psychological, medical, sociobiological and historical.

Anna Aalten and Alexander Edmonds, symposium organizers

Obituary Pieter Hendrik Streefland (1946-2008)



Pieter Streefland, professor of Applied Development Sociology and core member of the Medical Anthropology and Sociology Unit of the University of Amsterdam, died on the 3rd of January 2008 after a long illness. He was only 61. He was a gifted teacher and writer and an excellent organizer who initiated several teaching and research programmes in the field of health and development. The focus of his work was always on the intertwinement of poverty, politics and ill health, particularly in Southern Asia and Africa.

He studied sociology at the Free University of Amsterdam, specializing in the sociology of non-Western societies. In the early 1970s he did research among sweepers and scavengers in Karachi, Pakistan, focusing on social conflicts within this outcast community. The study resulted in his PhD dissertation and later on in a book *The Sweepers of Slaughterhouse* (1979). Several articles on the social organization of urban sanitation followed. His description of the work of sweepers and cleaners is one of the first examples of sanitation ethnography. He discussed both the monetary aspect of the work, such as options for relative high income for private cleaners, and the stigmatization that accompanied the work.

After returning from Karachi, he joined the South and Southeast Asia sub-department of the University of Amsterdam to teach the sociology of South Asia. He went to Bangladesh to study the role of non-government organizations in the development process, which resulted in various articles about the plight of the rural poor. He continued to be involved in applied research in Bangladesh and in 1987, jointly with the Centre for Social Studies of the University of Dhaka, published *Different Ways to Support the Rural Poor*. Professor Mushtaque Chowdury of BRAC Bangladesh has written his personal memories of working with Pieter Streefland in a separate tribute, following this obituary.

In 1978 he joined the Royal Tropical Institute (KIT) in Amsterdam where he headed the newly erected section of Primary Health Care, which consisted of public health doctors and social scientists. His focus was on problems of health, health care and development, particularly in South Asia, and later also in Africa. He conducted related

research in India, Bangladesh and Nepal and was involved in advisory work with regard to health development programmes. Among studies he conducted were those on the distribution of medicines at the village level in Thailand, on the socio-cultural background of the AIDS epidemic in Southern Africa, and on the revitalization of Primary Health Care in Uganda. He led a multi-centred study on Social Science and Immunization. His last research was a study of chronicity, poverty and care in a Zambian town.

In 1990 he became professor of Applied Development Sociology at the University of Amsterdam. In his inaugural lecture *Seeking a Balance*, he sketched the liminal position that health social scientists held between their sociological and anthropological colleagues on one side and epidemiologists and medical scientists on another. His lecture was a strong plea for interdisciplinary respect and collaboration. It was also an advice to social scientists to present the data of their research in clear and accessible language in order to attract the attention of policy-makers and to convince them of the relevance of a social and cultural perspective on health and health care. His own writing was exemplary in that respect.

He published extensively on issues of health and development in journals such as *Social Science & Medicine*, *Health Policy & Planning*, *Health Policy, Development & Change*, *Human Organization*, *Public Administration & Development*, the *Bulletin of the World Health Organization* and *Medische Antropologie*. He co-authored *Enhancing Appropriate Medicine Use in the Karakorum Mountains* (1996; with Z.A. Rasmussen, M. Rahim & A. Hardon) and the *Manual of Applied Health Research* (1994, 2001, with 13 other authors). He edited *Problems and Potential in International Health* (1998) and co-edited *Implementing Primary Health Care* (1990) and *African Primary Health Care in Times of Economic Turbulence* (1995). His last publication 'Public health care under pressure in sub-Saharan Africa' (2005) has been reprinted in this issue of *Medische Antropologie* as a tribute to his entire work. A complete list of his publications can be found on the website of the Amsterdam School of Social science Research: www.assr.nl.

He held several positions outside the university such as chairman of the Dutch Society of South Asia scholars and member of the advisory committee of one of the main Dutch non-government development organizations.

He was one of health social scientists who organized a six weeks introduction course in applied medical anthropology that was held in Thailand, The Philippines and Bangladesh. He also contributed to the design of the Amsterdam Master's in Medical Anthropology (AMMA) in 1997, and the Dutch Master in Medical Anthropology and Sociology (MAS) in 2004. Until he became ill he headed the AMMA exam committee, designed and chaired its modules on social and historical meanings of infectious disease and on health and health care in Asia, and functioned as MAS director.

His contributions to the scientific quality and social relevance of the Unit's research and educational programs have been invaluable. We will miss him for his loyalty, his insight and sharp analyses, his inspiring supervision of students and his unbending principles.

Sjaak van der Geest

Pieter Streefland – A friend

When a colleague wrote to me from Amsterdam breaking the news of Pieter's sudden demise, I could not believe. I heard he was sick and his health deteriorating but the news was devastating. I knew him for many years ever since I joined BRAC¹ in 1977. He was already a friend of BRAC and its founder Mr. F. H. Abed. Pieter and Abed knew each other since the early days of BRAC when he first visited Bangladesh as a young graduate.

I myself worked with him on many occasions, starting in early 1980. At that time BRAC was working intensely in the villages of Sylhet, Manikganj and Jamalpur for emancipating the poor from exploitation. *Conscientization* was the main thrust. BRAC believed in making people conscious of their situation and then help them to act in realizing their rights. This is what the great Brazilian philosopher Paolo Freire theorized as 'conscientization'. Another idea being discussed at the time within BRAC was the need for providing income opportunities to the poor. Though small loans to the poor was first disbursed as early as 1974, this as a major intervention was initiated in 1979 when the Rural Credit and Training Project (RCTP) was first implemented in five upazilas (sub-districts). Thus both the conscientization and micro-credit were run side by side. While the output of micro-credit was rather straightforward this was not the case with the other. We at BRAC research unit struggled to measure the outcome of the two. At this stage Pieter Streefland came to our rescue. A group of mid-level field staff spent two weeks with him in a village under the Sulla Project in Sylhet. Sulla was a remote village with no modern amenities such as electricity or even sanitary toilets but Pieter had no problem. It was amazing to see how he mixed with our field colleagues and the villagers. It was quite an interesting exercise with remarkable outcome. A research design was developed with the potential to measure the outcome of the two types of BRAC experiments. We used to call this the 'Streefland model', which was implemented for a number of years with amazing success.

The second time I came in direct contact with him was in the late 1980s when we started developing a project on nutrition, particularly how to use local resources to provide the needed nutrition for the poor. Pieter invited us to Amsterdam. As my colleague Azmat Ara Ahmad and I arrived in Amsterdam we found Pieter waiting for us at Schiphol. The next day was Sunday and he spent the whole day with us showing us around including taking us on the famous Amsterdam boat ride. The next day we started our workshop on designing a nutrition intervention programme.

One of the most productive engagements I had with him started when he mooted the idea of a multi-country research project on immunization. That was mid-1990s and a lot of attention was being paid globally on improving immunization coverage in developing countries. Pieter was an opportunistic person in the sense that he grabbed any new opportunity particularly if it had the potential to help the poor in developing countries. He believed that with the development of new vaccines and increased international investments in making vaccines available to the developing countries, the opportunity would be lost if the countries and communities fail to take advantage of this. He thought that our knowledge of the communities' views on and attitudes

towards vaccines and immunization was shallow at best. To take the full advantage of this new opportunity would require better understanding of why some communities accept vaccinations easily while some others resist. It was critical to widen our knowledge base by using social science research. It was such a powerful rationale that he easily found many collaborators in the academics and sympathizers among the multilateral and bilateral donors. We decided to work with him on this, which came to be known as the *Social Science and Immunization Project*. Quickly he built a strong multi-country team comprising of countries as diverse as Bangladesh, India, Philippines, Thailand, Malawi, Ethiopia, The Netherlands and the United States. Through this project that I came to know many academics such as Anita Hardon and Trudie Gerrits in Netherlands, Paul Greenough in USA, Veena Das in India, Pilar Ramos-Jimenez in Philippines and Thavitong in Thailand. We worked on this for a couple of years and were able to identify issues that subsequently helped shape immunization policies in developing countries. Through this we together organized numerous meetings and consultations, one of which was held in Bangladesh. Many papers and books came out as a result of this. I had the opportunity to work with him on one of the papers that reported major findings.² I still remember working with him on the manuscript in a dorm at Mahidol University in Thailand and in a *zoo* outside Manila, Philippines through the courtesy of our common friends and collaborators Pilar and Thavitong. The book that we published out of the Bangladesh work received his close editorial inputs.³ I also had the privilege to work with him on two other articles that examined the role of non-governmental organizations (NGOs) in health development⁴ and measuring community participation.⁵

He was an enthusiastic supporter, sympathizer and promoter of BRAC. When we first mooted the possibility of starting a School of Public Health at BRAC he was one of the first to come out strongly in favour of this. He attended the first international meeting in Rajendrapur in 2003 that gave shape to the idea. He has always been very keen in developing research capacities in developing countries.

Pieter was a great humanist. He is no more today but his contributions remain. We show respect to him by reiterating our commitment to what he stood for, the dream that he had to see the lives of the poor improve.

A. Mushtaque R. Chowdhury

Dean of James P. Grant School of Public Health, BRAC University, Bangladesh

Notes

- 1 BRAC is the largest NGO in the world employing almost 100,000 people, with the twin objectives of poverty alleviation and empowerment of the poor.
- 2 Streefland, P, Chowdhury AMR & R-Jimenez P. Patterns of vaccination acceptance. *Social Science & Medicine* 49: 1705-16 (1999).
- 3 Chowdhury AMR, Aziz KMA & Bhuiya A (ed.s). *The near miracle revisited*. Amsterdam, Het Spinhuis (1999).

- 4 Streefland P & Chowdhury AMR.. The longterm role of national non-governmental development organizations in primary health care: Lessons from Bangladesh. *Health Policy & Planning* 5: 261-66 (1990).
- 5 Chowdhury AMR, Karim F & Streefland P. *Evaluation of community participation in an MCH setting in rural Bangladesh*. Rural Studies series #9. Dhaka, BRAC (1995).