

Using sensorial anthropology to understand syndromic diagnosis in sleeping sickness

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HYGIENE
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Okot's story

Okot's neighbor:

Is that boy feeling normal or is something wrong with him?

How does he sleep?

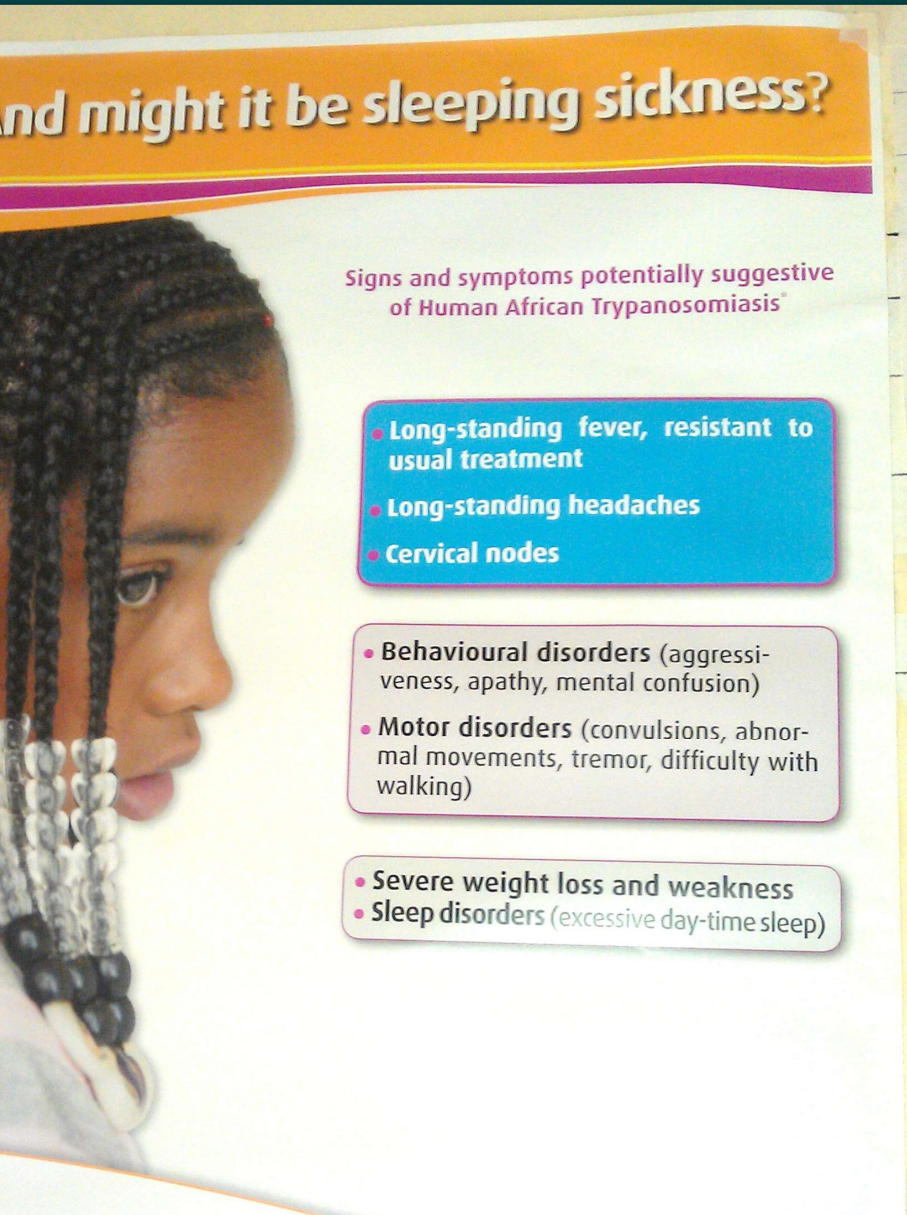
How does he behave?

How does he eat?

Okot's uncle:

- "If he is in the room, his colleagues complain of mosquito bites but he can sleep up til morning"
- Okot could "eat now, then after a short time he again feels hungry"
- "He looks healthy, but the healthy part, I'm seeing it on the face which looks somehow puffy. The body is not fat like the face."

How Rose sensed sleeping sickness in Okot



- Okot unaware, sensed by people around h
- Health worker detected but:
 - Outside of routine practice
 - Drew on local communal as well as biomedical knowledge
- Local vs biomedical images differed
Sleeping, Hunger & Fatness (?)

Fig: WHO poster which hangs in health facilities in sleeping sickness-endemic areas across central Africa

Anthropology of sensations

Sensing symptoms is a physical and cultural act (Mark Nichter)

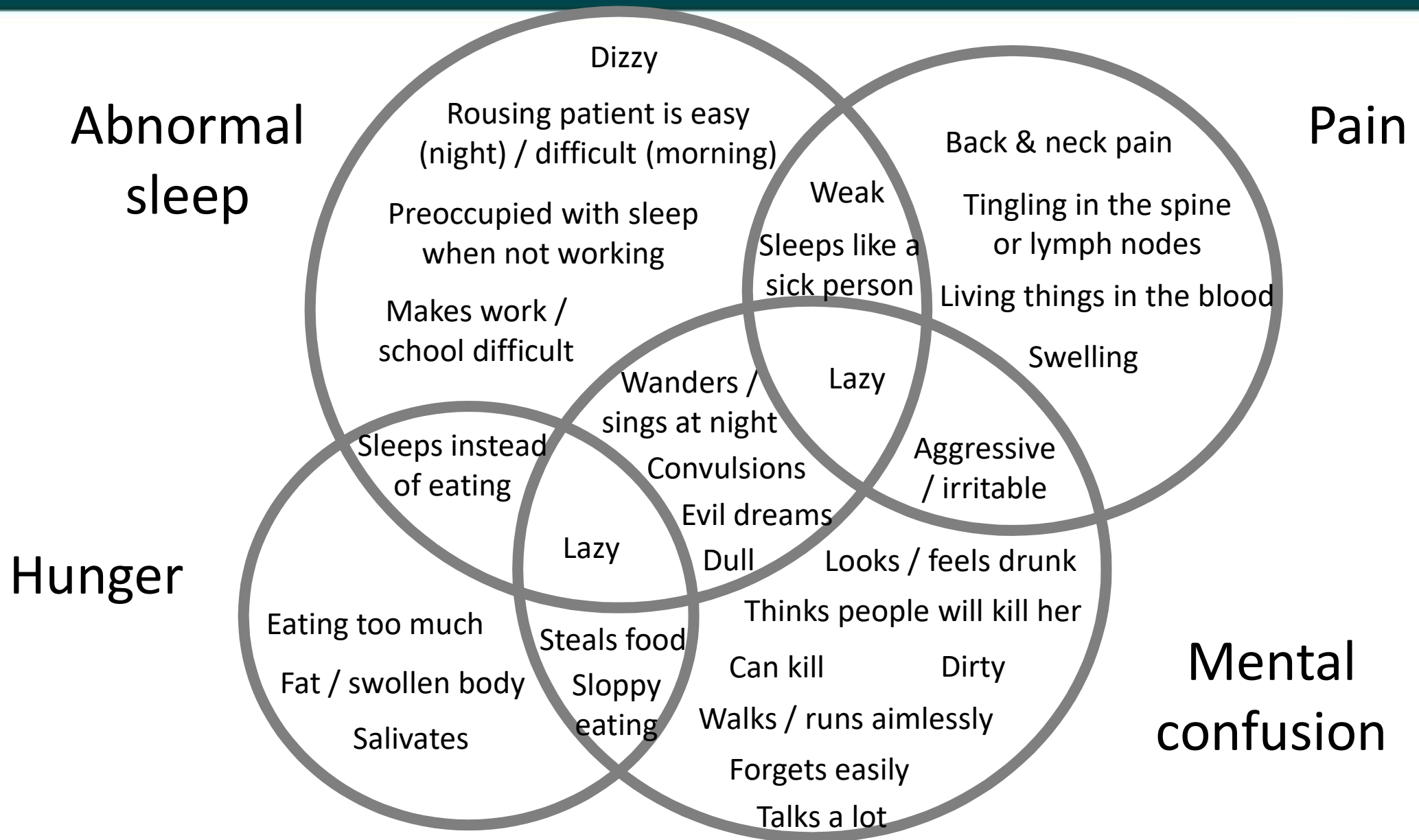
Sensing:

- Different cultures & social settings extend the senses in different directions
- Sensations resonate within one's social network

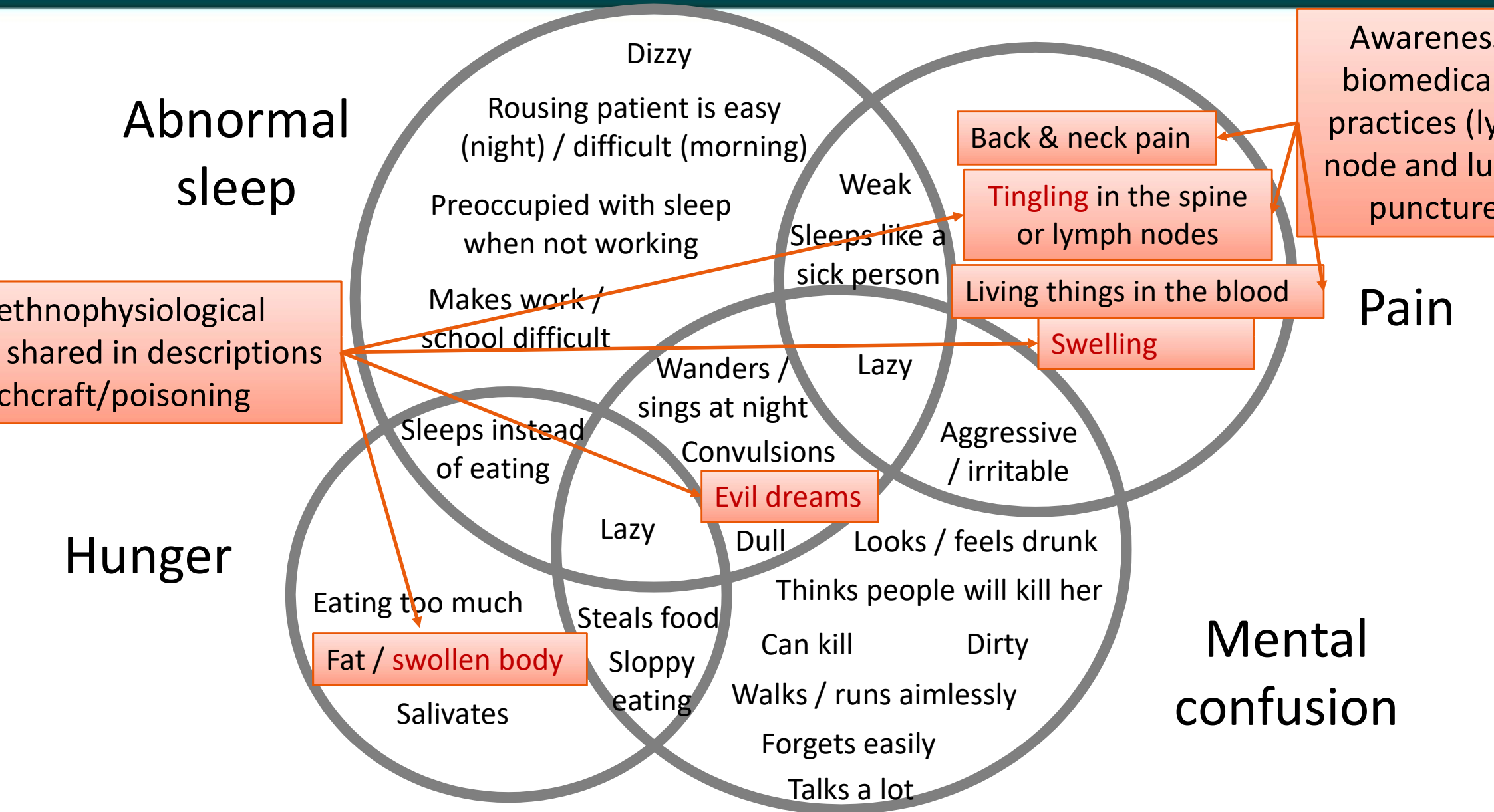
Symptom-making:

- Cognitive process drawing on metaphor/homology
- Cultural scripts help us dismiss vs deal with sensations as disease symptoms

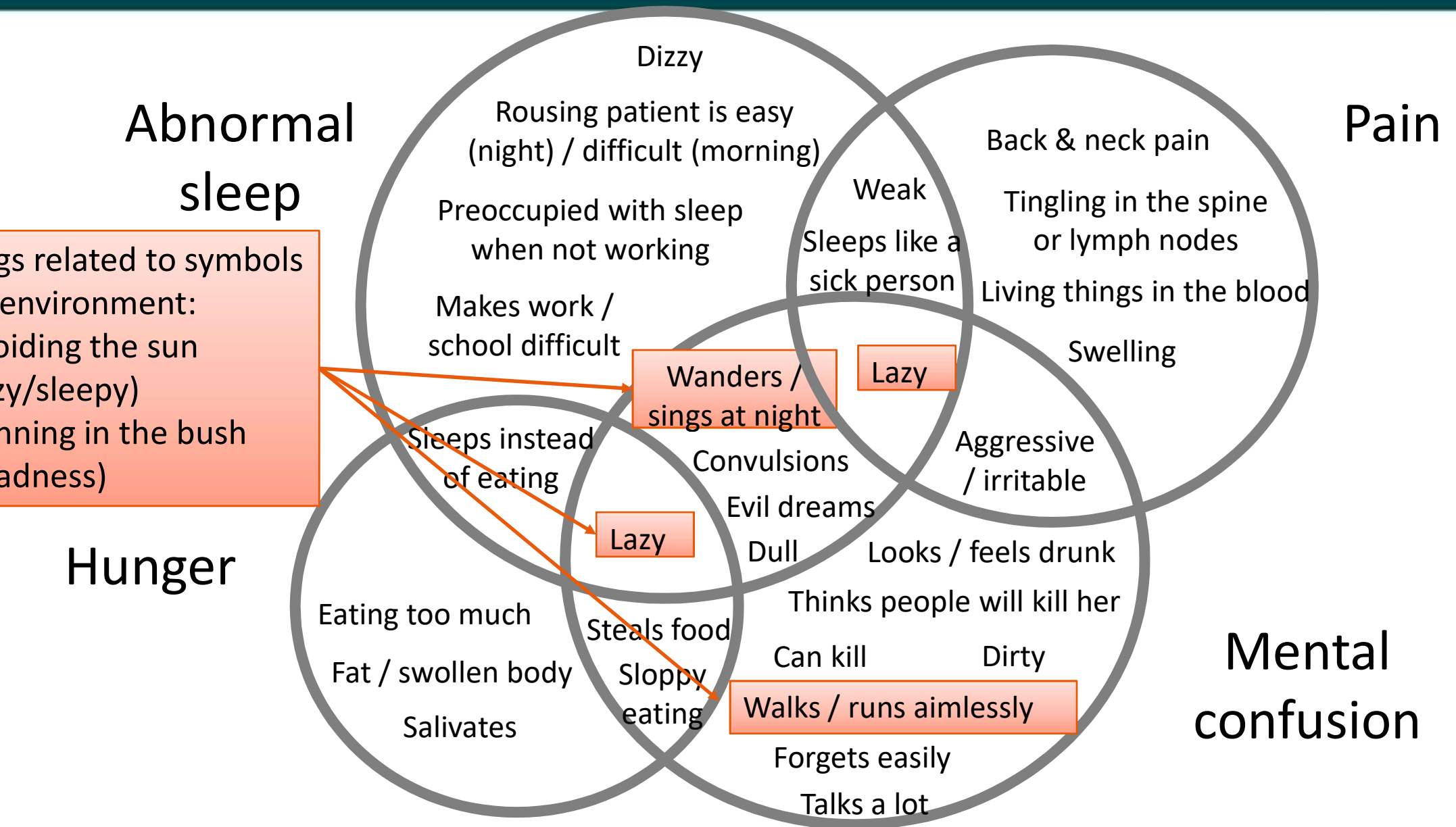
'The Sensorium': the domain in which sensing enables cultural expression, including definitions of risk and safety



Local syndromic image of sleeping sickness



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Local syndromic image of sleeping sickness

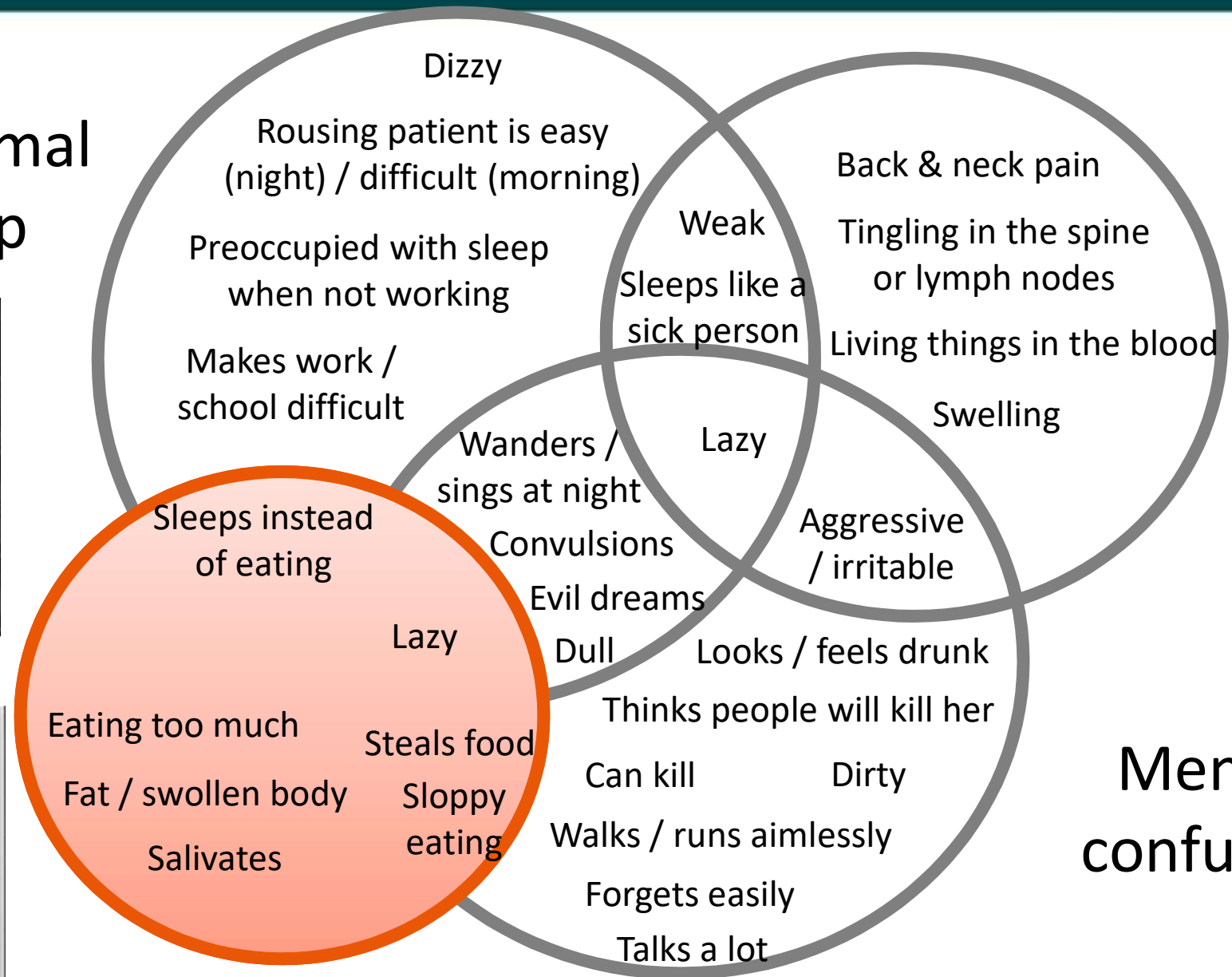
Abnormal sleep



Hunger



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Implications for NTD programmes

Everyone uses both 'biomedical' and 'local' knowledge because sensing disease is a *social* process

Syndromic knowledge in local image influences peoples' experience:

- Before (lab) diagnosis: sometimes led to case detection
- After diagnosis: helped people understand feelings in their bodies
- After treatment: helped people sense when the disease influence on personality / body had resolved (or not)

Local knowledge contributes to saving lives!

- Useful to spend time 'correcting'/interrogating validity of individual local symptoms?
- Capitalise on local holistic ways of knowing disease through interlocking syndromic images
- Incorporate more people into our Communities of Practice