Improving health worldwide

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

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Forewords:

“The social sciences provide a critical perspective on the institutions and practices of medicine and healthcare and also help to deliver more effective interventions for individuals and populations. These two contributions are very well illustrated by the array of social scientific studies currently in progress at the London School of Hygiene & Tropical Medicine.

These include system and policy level investigations, studies of interventions and programmes, a focus on some of the most urgent public health problems of the age, and all with international and comparative dimensions. It will be the integration, demonstrated here, of social scientific perspectives with those of biomedicine that will make possible more complete understandings of the complex ways in which individual and population health patterns arise, and as a result, better and more humane healthcare.”

“As a physician, I chose to train in anthropology to address issues arising from delivering medical and health interventions both in Canada and in Africa. Not only am I acutely aware of how cultural contexts shape health and interventions to improve it, but I also am convinced that social sciences are essential to address the global health challenges of the future particularly as delivering health becomes more technologically complex.

The School has a long-standing reputation for advancing sociological and anthropological work in global health. Social scientists here are providing important insights into the lived realities of those affected by ill health, the layers of institutional and global forces that shape health and medical care, and the production of global health knowledge, including the actors and relationships involved. It is excellent to see the School investing further in its social sciences.”

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Introduction: working together to improve health

Health is about people, and is shaped through interactions between the practices of individuals, groups and institutions. By understanding how health, and equity in health, is a product of specific social and political environments, the social sciences can help shape health improvement. The social sciences also provide a reflective and critical voice on what we mean by health, how this is best evidenced, and the complex impacts and interactions of clinical and policy interventions.

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

We are bolstering our investment in the social sciences at the School, through new recent core posts in anthropology and sociology. This publication is an opportunity to showcase this vital work, bringing together social scientists engaged in health research across the School to explore the current and future contributions of social sciences to improving health for all.

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

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Experiencing health

Patient and community engagement

A brief history of our social science

Health priorities and policies

Social sciences shaping health

Developing and delivering interventions

Focus: Malaria

Health research practices

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

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

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

Advancing health policy analysis
The School has long played a key role in developing methods for health policy analysis. In 1994, Professors Gill Walt and Lucy Gilson developed one of the first frameworks for public health policy analysis, known as the ‘policy triangle’, comprising ‘context’, ‘process’, ‘actors’. Researchers are continuing to develop the field of health policy analysis to make it more relevant for health and development decision making.

Integrating the social and biomedical in clinical trials
Microbicide gels are widely used in clinical trials for HIV prevention. Robert Pool, Shelby Steeves and Catherine Montgomery have been working as part of a multidisciplinary team on clinical trials investigating people’s experience of trial procedures, the impact of the microbicide gel on their everyday lives, and ethical issues related to trial participation.

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

Policy participants and their agendas
Policy-making is in part shaped by what different participants bring to this process. Ben Hawkins is researching the role of organisations including supermarkets, drinks companies and trade associations, on key policies such as minimum unit pricing for alcohol, the plain packaging of cigarettes, and policies such as minimum unit pricing for alcohol, the plain packaging of cigarettes, and the impact of global trade agreements on the global tobacco industry. This research uses concepts of ‘framing’ from the field of interpretative policy analysis to understand the ways in which corporate players attempt to define issues affecting their underlying interests. For instance, the alcohol industry often presents alcohol-related harm as being limited to a small minority of problematic drinkers, at whom policy should be targeted and who should be held individually accountable for their actions.

He also analyses the ways in which industry engages in the policy-making process through official and unofficial channels, for example by lobbying officials, legislators and ministers through trade associations and consultancies. This work explores ethical issues around the collaboration of academic researchers with industry and the corporate financing of research, as well as issues about the reliability and strength of the evidence on which governments base policy decisions.

Political science: Achieving public health goals requires the making and implementing of policies, either within governments, or other bodies with a mandate to act on behalf of the public. The political sciences start from a recognition that there will be winners and losers in virtually every decision, with trade-offs between multiple possible outcomes and social values. Debates over obesity, sexual health programmes, the influence of the tobacco industry and the relative importance of human rights and health equity, all reflect the contested nature of health policies within and across societies.
Experiencing health

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

Preventing hepatitis C

The Stayin Safe project, led by Mapalagama Hemu and Tim Rhodes, explores the accounts of long-term drug injectors who have avoided Hepatitis C alongside those who have been exposed. The team has conducted in-depth life history interviews with participants focusing on protective practices, such as a preference for using new needles, not using other people’s syringes, injecting at home, and taking charge of the drug preparation process. They found that these were motivated less by concerns about infection or response to harm reduction messages, than by short-term pragmatic concerns including privacy, pleasure and maintaining social relationships. Avoidance of infection was thus a small part of a bigger picture. The ESRC-funded study demonstrates the pragmatic value of sociological studies exploring participant perspectives, and its findings are being used by harm reduction projects in the UK. We learn that interventions might facilitate Hepatitis C prevention, not by delivering repeated Hepatitis C health promotion messages but by focusing on participants’ pragmatic concerns.

Gender-based violence

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

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

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

Conflict and health

The School’s Security, Conflict and Health Research Programme takes a multidisciplinary approach to questions of security in relation to health, global health governance for security, disease control, interpersonal violence, environmental change, health system strengthening and contributions to state-building. Coordinated by Natasha Howard and Patricia Strow, the Centre is currently working in areas including:
• exploring practitioner and user perspectives of reproductive health service provision in Afghanistan;
• assessment of maternal and child health interventions in conflict-affected areas of India;
• evaluation of family planning services in post-conflict Nepal;
• critical analysis of theories of health security politics.

Using social theory

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

This project also seeks to advance how social theory is applied in empirical research.

Methods innovation: Community-academic partnerships

Peru has high levels of intimate partner violence and socioeconomic inequality, and significant abuse and discrimination against sex workers in particular. As part of multiple research efforts to investigate how different forms of violence shape health, Supriya Steinman is using qualitative methods in central Lima to investigate how structural factors affect low-income sex workers’ vulnerability to violence and their capacity to manage health risks. This qualitative research is organised as a community-academic partnership, which involves Peruvian sex workers and activists in the design of research tools, recruitment and interviewing of participants, as well as data interpretation. This approach seeks to reduce power differences between researchers and participants, to offer members of a marginalised community a greater voice, and to facilitate access to ‘insider’ accounts.
Patient and community involvement

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

Concepts of community

In the UK, as elsewhere, community-based interventions have developed in response to ‘social exclusion’ and the need to address health and social inequalities at local levels. These programmes commonly focus on engaging ‘the community’, to encourage their participation and contribution to the design and implementation of interventions.

**Big Local** is a long-term innovative programme that aims to achieve lasting change in 550 areas in England, by providing a mixture of funding, finance and support.

PhD student Joanna Reynolds is using ethnographic methods to explore how ‘the community’ is conceptualised and enacted in different sites of the Big Local programme.

Patient involvement in care

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

Focusing on the public involvement activities of a healthcare improvement programme in London, they are looking at patient engagement ‘the community’, to encourage their participation and contribution to the design and implementation of interventions.

**How prisons shape health**

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

Public trust in vaccines and medicines

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

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

Patient citizenship as a negotiation

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

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

Timeline: A brief history of social science at the School

- Margot Jefferys appointed as first medical sociologist at the School, where she struggled to gain acceptance for medical sociology on equal terms with medicine, epidemiology and statistics.
- Jenny Roberts appointed as the School’s first health economist as part of the Centre for Extension training in Community Medicine, set up by Professor Jerry Morris (pictured left) to retrain public health professionals moving from local government to the NHS.
- Professor Bill Brass develops population science at the School and in 1974 founds the Centre for Population Studies, working in statistics, bio-demography, economics and sociology.
- The Ross Institute Evaluation and Planning Centre for Health Care and Nutrition Policy Unit are created, each including a range of social scientists.
- Appointment of an historian, Virginia Berridge (left), and a medical sociologist, Phil Strong, and launch of the AIDS Social History Programme.
- Core posts in health economics, anthropology, sociology and history, each contributing to their discipline as well as public health and health services research.

In 2010, the Faculty of Public Health and Policy moves to its new buildings at Tavistock Place.
Social sciences shaping health: diverse perspectives

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

A new publication focusing on Health Economics is published in June 2013, to coincide with the 35 years of the development of the discipline at the School.

Anthropology

Recent studies have focused on issues of inequality and the consequences of embedded power relationships that emerge when engaging with biomedical systems, development agendas, and local and global political systems. The commitment to seeing things from other people’s perspectives often means that one’s own values and assumptions may be questioned, including notions of ethics, risk, moral values and imperatives of development. As a result, this questioning frequently becomes part of the research process.

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

Clare Chandler

Geography

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

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

Steve Cummins

Political Science

Political science research at the School aims to shed light on the functioning of the policy processes underlying health policy debates. Our work has a strong focus on local politics and health, with particular attention paid to the power and influence of key stakeholders in shaping global and local health agendas. The pioneering work of Bill Walford and Lynne Disegi has in many ways defined the field, highlighting the need to understand policy processes and outcomes through focusing on the power of key participants, the importance of context and the content of policies. Current research also focuses on the influence of corporate and civil society in shaping health debates, and on how political and bureaucratic institutions influence the uptake and use of scientific evidence.

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

Justin Parkhurst

Sociology

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

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

Tim Rhodos

History

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

“The Olympic regeneration in East London (ORiEL) project is exploring how the new Queen Elizabeth Olympic Park and related regeneration in Newham, East London, might affect the health of local young people and their families. The project explores how health, wellbeing and the amount of physical activity that young people do has changed over the past three years, before and after London 2012. ORiEL also looks at people’s changing environments. Evaluating the changes that people experience in their neighbourhoods can reveal the importance and role of urban regeneration for improving population health.”

Alex Mold

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Developing and delivering interventions

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

Caring support for disabled children

Maternal and child health

The Maternal & Child Health Intervention Research Group has been using social science for intervention design and evaluation for over a decade. They recently designed home visit interventions to reduce newborn death in Ghana (the NewHearts trial) and to improve nutrition and child development in India and Pakistan (MOTHER trial) using formative research methodologies. They have also designed two contrasting interventions to improve the performance, motivation and retention of community based agents in Uganda and Mozambique. The first uses a technology-focused approach while the second uses community mobilisation.

The team uses various methods to collect formative research data, including trials of improved practices, in-depth interviews to understand current behaviours such as child feeding and focus groups to design and pre-test materials. These interventions are then rigorously tested using randomised trials and learning from families, communities and key informants, which has proved a valuable investment of time and resources.

Health Systems Integration and strengthening

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

Examples of research include:

- The Good Health at Low Cost project, led by Ding Baidoo-Bonsu, on why some low and middle income countries and their health systems succeed in achieving better health outcomes than others
- The Integra Initiative, evaluating the cost and health impacts of different models of integrating HIV and reproductive health services and how health systems context, process and people factors influence successful integration, and
- Sandra Mounier-Jack’s research on the interventions to reduce newborn death in Ghana (the NewHearts trial) and to improve nutrition and child development in India and Pakistan (MOTHER trial).

Focus: Malaria

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

Diagnostics

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

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

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

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

Mosquitoes

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

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

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

Trials of young people’s reproductive health

Information about the reproductive tract of young women can enhance understanding of the reasons for high prevalence and incidence of HIV and other sexually transmitted infections (STIs) among adolescent girls in Southern and Eastern Africa. The Reproductive Health in Adolescent Girls in sub-Saharan Africa (RHAGSA) Project is a collaboration between the School, the Institute for Tropical Medicine in Antwerp and the National Institute of Medical Research, Tanzania. The project involves collecting information through questionnaires and self-administered vaginal swabs with 400 in-school girls aged 17 – 18 in Mwanza, Tanzania.

A social science study is under way to assess the acceptability among adolescent girls, parents and community members of doing research on reproductive health among minors, of the planned informed consent process including issues of confidentiality and the proposed biomedical procedures. Initial findings of this research have revealed that while some parents mistrust biomedical research, most are supportive. Many parents expressed interest in knowing the results of their daughters’ STI tests, and informed consent procedures were modified to address parental concerns and clarify participant confidentiality.

The questionnaires have also been revised to reflect more common terminologies accepted by adolescents in this setting.

As part of the MRC-funded Measuring Neighbourhood Environments Project, Sophie Hawkesworth and colleagues in the British Women’s Heart and Health Study have been exploring how best to measure the effect of place on health among older people in the UK. The research is comparing different methodological approaches, including primary ‘street-level’ environmental data and using Google Streetview for 20 towns across the UK, to explore how both objective characteristics and perceptions of the neighbourhoods where people live influences their health behaviours and social participation itself influences people in ways which introduce bias to estimates of intervention effects in trials. For example, formally signing a consent form may lead to or strengthen commitment to behaviour change, and questions answered for research assessment purposes may stimulate new thinking about a behaviour which may be a prelude to action.

Where participants in both intervention and control arms are assessed using the same content as intervention components, the effect of the intervention measured between arms may either over or underestimate the true effect size. Multidisciplinary social science approaches using both quantitative and qualitative data are being developed to evaluate how research participation effects are introduced, to guide how research in this area may be taken forward, and to inform the interpretation of existing evidence.

Capturing the health effects of place

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

Disparities in outcomes. The study is also using qualitative Global Positioning Systems studies to explore how older people in the UK interact with their local environment and which space they consider their ‘neighbourhood’.

Free bus travel and wellbeing

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

Inequalities in road injury

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

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

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

Researching research in East Africa

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

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

“Anthropology allows you to make connections and see things in context. As part of my research I found myself joining the Anglican Mothers Union, walking miles with community health workers on home visits and learning the art of poultry keeping with a local youth group. These experiences, seemingly disparate and less obviously connected to medical research, taught me the important lessons about both people’s lives in rural communities and their perceptions of medical research.”

Gemma Aellah

Model laws and the criminalisation of HIV transmission

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

“A strong social movement has emerged over the last decade that calls for a major transformation of mental healthcare in order to address the high levels of untreated mental illness reported in developing countries. NickiThorogood and Sara Cooper are taking a critical social science approach to investigating this social movement. This approach emphasises that knowledge assumptions have profound practical and political consequences, helping to shape the kinds of questions that can be asked, and thus the solutions that can be generated. Their work draws on the sociology of scientific knowledge and postcolonial studies to consider the kinds of paradigms, and associated assumptions and power dynamics that are structuring knowledge on the mental health ‘treatment gap’. They are asking how underpinning knowledge structures of mental health policies, research and practice mediate ideas about what counts as significant questions, appropriate modes of analysis and acceptable kinds of solutions.”

Nicki Thorogood

A critical perspective to global mental health

International ethical guidelines for the conduct of medical research and informed consent forms conjure the image of an informed, autonomous and perhaps even altruistic “research subject”. By contrast, popular images of research subjects in poor countries often suggest unknowing victims of industry-funded medical research. Anthropology PhD student Birgitte Bruun has been exploring lay engagement in state and donor-funded transnational medical research in Lusaka, Zambia. Her study shows that people know that they are in a research project, but that they also engage in the project as a source of healthcare and as a development project. Depending on their experiences, the same individuals may shift between engaging as beneficiaries, learners, volunteers, jobseekers and as critical citizens—ways of exploiting by powerful and foreign researchers. All these ways of engaging resonate with moral and historical connections and see things in context. As part of my research I found myself joining the Anglican Mothers Union, walking miles with community health workers on home visits and learning the art of poultry keeping with a local youth group. These experiences, seemingly disparate and less obviously connected to medical research, taught me the important lessons about both people’s lives in rural communities and their perceptions of medical research.”

Birgitte Bruun

Lay engagement in transnational research in Zambia

These insights encourage reflection not only on the norms implicit in international research ethical guidelines, but also on wider questions of social justice in an unequal world and how to engage with this inequality when conducting medical research in low-resource settings.

MY ON-LINE HIV AND AIDS RESEARCH AND PUBLICATIONS

IT IS ALL BECOMING LESS VISIBILITY TO BE ABLE TO ENGAGE WITH THIS INTELLECTUAL COMMUNITY OF INTERDISCIPLINARY RESEARCHERS..." Danyel Grace

MY VISITING ETHICS FELLOW 2013 – 14

"The Wellman & Partner Study"
Education and capacity strengthening

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

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

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

Recent PhD award topics include:
- The medicalisation of age and femininity
- Constructing identities through the narratives of people diagnosed with cancer
- South African primary healthcare in the era of HIV/AIDS treatment and care
- A sociology of Kenyan fieldworkers’ critical perspectives and the practice of medical research
- The politics of research evidence uptake for health policy: male circumcision in Malawi
- Masculinity, health beliefs and implications for health policy in Trinidad and Tobago
- Organisational factors influencing the implementation of the universal prevention policy
- Factors affecting the transmission of hepatitis C in British prisons
- Health and economic implications of patient protection for pharmaceuticals
- The science, medicines and policy of pseudoscientific supplements, 1950-2004
- Disability in the Western State post 1970

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

Looking ahead: beyond disciplinary boundaries

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

Aidan Aslop
Director Research, Partnership and International, Economic and Social Research Council

“Our funding for social sciences is generated from multiple sources nationally and internationally, and includes significant support from the UK Economic and Social Research Council, where the School’s grant success rate is well above average. We are proud to now have over 100 social scientists within the Faculty, and with three recent senior appointments in anthropology across both high and low income settings, we are further strengthening capacity and look forward to further developing our research, teaching and learning in these areas in future.”

Professor Richard Smith
Dean, Faculty of Public Health and Policy

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

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