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Social Science And Medicine in The Sudan

A Sociological Review *

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Introduction

Where do social science and medicine come together?

The presence of socialscientists in medical settings is no longer as "unusual" as it was some decades before. In fact the extensive research in health and human behaviour throughout the world has highlighted the fact that the health action is but a social action. To begin with, there is a social system that can be described when one person does something to increase the health of another. The health actor in such a system may be a doctor, a chemist at a water treatment plant, or a neighbour consulted about the baby's lack of apetite. The client may be a single patient, a family, a community, a nation, or the whole human species (Polgar, 1962)

Robert Straus (1957) has made a significant observation about medical sociology that helps to explain its current orientation. Straus suggested that medical sociology was divided into two separate but closely interrelated areas: Sociology in medicine and sociology of medicine.

The sociologist in medicine is a sociologist who collaborates directly with the physician and other health personnel in studying the social factors that are relevant to a particular health disorder. The sociology of medicine, on the other hand, has a different emphasis. It deals with such factors as, the organization, role relationships, norms, values, and beliefs of medical practice as a form of human behaviour (Cockerham, 1982).

However, anthroplogists on the other hand have directed our attention to the fallacy of the empty vessels. The vessels in this instance are the clients of health action and one cannot exchange them for new ones. Medical workers, who wish to pour the new wine of scientific ideas into these vessels often forget that they are not empty:popular

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health culture is the wine that fills them, and ignoring this often results in spilling the new wine on the ground. The question of the effect of culture on the response of the health clients is now a well recognized fact and area of research (Cf. Wellin, 1958, Zborowski, 1952 etc.)

In fact, despite the light which these approaches throw on the relation between the social and the medical, it seems that in our developing countries we need to have a more broader outlook than this fragmented view. Both our medical and our social problems need to be taken on a more encompassing macro-perspective. To this effect, a closer look at the relationship between health look at the relationship between health services and other systems of society and those at the international level should be undertaken.

Social Science And Medicine In The Sudan:

The state of the Sudan is no exception to other developing countries, as the introduction to modren health practicies and institutions came as a concomitant if not a consequence to the entry of European colonizers. This is not to say taht hospitals in their modern organization werenot present during the era of the Turkish rule which preceded the Anglo-Egyptian rule in the 1890's A few hospitals were founded then attached to major military centres, though exclusively run by European doctors. This historical background, however, affected to a considerable extent the shape and type of health practice and health institutions which came to formulate the present model of health care in the Sudan. Besides that, the newly emerging class of health practitioners - mainly physicians - came to be a prestigeous group- attracting the best of the students in the country. The profession itself acquired a high status. It's affiliation with the white doctors ' at its early beginings and its h igh social stand

afterwards in addition to the success and plausibility of modern medical practices - all these added to the formulation of the image of the physician in society (cf. Squires, 1958, Bayoumi, 1979). This image however, furthermore affected the socialization of the medical student and his professional consciousness. As a result, a sense of self containment affected the outlook of most of the members of the medical profession towards other disciplines. This, was augmented by the slow progress and late coming crystalization of research linking medicine to other fields of specialization - mainly social sciences.

On the other hand, the development of social science research in the Sudan has not catered - particularly in its early manifestations - for searching into socio-medical phenomena. The anthropological tradition which flourished during the colonial period was mainly interested in problems of studying tribal communities of the Sudan as a precedence for the inception of the policy of indirect rule", which was followed by the British in their governing of the country (cf. Asad, 1973). This early evolution of anthropological thought, however, left its prints on the subsequent studies which followed independence in the 1960's and 1970's. This may be the reason for the absence of socio-medical studies following the anthropological or the sociological tradition. In fact, this period and that of the 1980's witnessed the emphasis of social research on themes related to development. The inaugration of many development projects during this period is probably the main reason behind this 'fad' of sociology and anthropology of development, particularly as these studies were often financed by foreign institutions.

However, despite these features of this period, we find some sort of shift of interest in the sparse socio medical writings that appeared in this period compared to those of the period that preceded it. This can be

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seen from the fact that out of the 15 articles of a socio-medical nature that appeared in Sudan Notes & Records in the priod between 1918 and 1974, 8 articles were focusing on traditional medical practices of the native Sudanese (c.f. Hussey 1923, Abdel Halim 1939).Ostensibly, this number came down to 2 articles out of 9 scattered articles that appeared in the period between 1963 - 1982 (i.e. mainly after independence). There appeared a diversification of interest which ranged from psychiatric studies, health services, demographic variables etc. Again, this diversity can be seen from the titles of the few masters dissertations that appeared during the same period. In fact, the 4 theses that appeared between 1967 - 1974 had 4 different unrelated titles of completely isolated interests.

This sketchy presentation, however, may show that research in this area was mainly a 'chancy' enterprise, unguided by any pre-arranged plan or any 'problem' orientation. This is besides the scarcity of research of this nature whatsoever.

In fact, the question that readily arises in this respect is that: what factors affect the rise of interest in a certain research topic ? Or to put it more clearly: who initiates the interest in certain problems and tailor them for research needs in our developing world? This question, however, is closely related to the politics of research in the third world, it had its implications on research in the area of social science and medicine

Another aspect of the problematics of research in this area of interest, is the lack of coordination between the different fragmentalized research enterprises. This makes it difficult to arrive at some sort of a concrete 'orientation'or any cumulative effect of these research activities.

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However, despite these facts, one has to mention certain positive developments which appeared in the last few years. One of these developments is the slow but sure infiltration of social science subjects into medical educational institutions. To mention some examples; the higher college for Nurses (recently attached to Khartoum university) offers two courses of sociology for their students. Also similar courses are provided at the faculty of Health (also recently attached to Khartoum University) and the College of Radiological Sciences. The newly, established faculties of medicine in the newly established universities, tried to do the same, though they are still hesitant. This development can introduce the medical student or technician to the potentialities which social science can offer to medical practice or research. It can also offer a better environment for cooperation between the social scientist and the physician or health worker.

The other development is represented by the up-surge of the activities of national and foreign NGO's in the field of health. These activities, however, led to a number of reports, seminar papers and studies related to problems of social science and medicine. In fact, these materials were illuminating and activating. But since they are mostly technical and evaluative in nature, they give little theoretical indepth to the problems in consideration (cf. El Nahas 1990, Samira Amin & Mohamed Kheir 1990).

Conclusion

We can conclude that the realm of socio-medical research in the Sudan showed different types of inconsistencies, besides being meagre compared to other areas of social research. This was partly due to the heritage of

social research in the Sudan which was initiated by the colonial authorities to serve certain pragmatic ends, and which left its prints on the research work that followed afterwards.

The emphasis on isolated problems at the micro-level and the lack of coordination between the different researches that took place-all resulted in astate of fragmentalization, lack of coordination and thus a weak theoretical grounding for socio-medical research in the Sudan. Despite the rise of interest in socio-medical research in the last few years, a lot remains to be done to bring research in this area to an organized form. This task, however, calls to the fore the necessity of earmarking certain research priorities and establishment of a strong base of interdisciplinary research. Again, a link between the micro-and macro-levels of analysis is indispensable.

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