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Community responses to malaria: interventions in sub-Saharan Africa

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Chapter seven

Contested interpretations of blood stealing rumours: a dispute between collaborating medical anthropologists and biomedics

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Introduction

Over the last twenty to thirty years, medical anthropology has featured more prominently in efforts to prevent and control infectious disease, particularly in less developed countries (Manderson. 2002). Both push and pull factors have seemingly contributed to this: the failure of purely biomedical interventions to lessen the burden of (infectious) disease, particularly HIV/AIDS, has, amongst public health and medical researchers, led to greater interest in understanding health-related behaviour and the role that social and cultural factors play in influencing such behaviour (Singer. 2009); and with reductions in centralized funding available for the social sciences (and academia in general), to continue their research careers, anthropologists often rely on “soft” project funding, which is more readily available for applied research. Medical anthropologists have therefore taken up conspicuous roles in international research consortia, working in collaboration with biomedical researchers¹⁶.

In spite of the increasing levels of collaboration between medical anthropologists and biomedics, the relationships between these disciplines remain complicated (Napolitano & Jones. 2006). There are inevitably epistemological differences that contribute to inter-disciplinary misunderstandings and complicate communication between researchers (Montgomery & Pool. 2011): biomedics’ reliance on positivism and anthropologists’ tendency towards constructivism is a common point of friction. Debates about the validity and relevance of difference types of evidence are therefore common and a linked area of disagreement is the scope of anthropologists’ research: although typically small scale by tradition, anthropologists usually seek to situate their research within the wider social, historical, political and economic context; biomedics, on the other hand, many view anthropologists’ role as more limited, linked to the intervention or what they see as the most pertinent health behaviours. Hence the points of inter-disciplinary tension inevitably play out within the individual and institutional social and power relations of collaborative research.

Neither biomedicine nor medical anthropology is however a monolithic discipline. Medical anthropology is a theoretically (and methodologically) “broad church”, comprised of scholars with diverse interests, approaches and theoretical orientations, carrying more or less policy-orientated research. Nonetheless, within the discipline, anthropologists working in applied (policy-

¹⁶ For example, Dr. Ian Harper in the project, “Tracing pharmaceuticals in South Asia: regulation, distribution and consumption”; Dr. Melissa Parker’s project, “Controlling schistosomiasis and soil-transmitted helminths in Uganda”; and Prof. Robert Pool’s projects, “The social and cultural context of malaria during pregnancy” and “Microbicides Development Programme MDP301: social science”.

relevant) collaborative projects alongside biomedics have been stereotyped as uncritical and atheoretical: as supporting hegemonic structures, rather than critically exposing them (Rylko-Bauer, et al. 2006). Using the example of a conflict that arose between medical anthropologists and biomedics, I argue however that such critique simplifies the complex local reality of collaboration.

Inspired by an invitation to discuss my experiences at the Conference of the Royal Anthropological Institute, *Anthropology in the World*, I describe and analyze the dispute around my attempts to publish an article on the persistence of rumours in a biomedical research site in sub-Saharan Africa. In discussing this dispute, I seek to explore what the responses of biomedically trained collaborators to the proposed article suggest about the relationship between the local politics of collaboration and inter-disciplinary epistemological tensions. Ultimately, I aim to highlight useful lessons for cross-disciplinary collaboration. To do so, I describe the collaborative research, outline the argument presented in the draft article, list the criticism that co-investigators levelled at the draft and analyze their responses¹⁷.

The research collaboration

The disputed article drew on data collected during social science research that constituted one element of an international research consortium made up of Northern and Southern institutions and funded by a large Western philanthropic organization. The multidisciplinary consortium investigated the effectiveness of a preventive intervention for infant malaria and incorporated randomized controlled trials (RCTs), other laboratory studies, cost-effectiveness studies, implementation studies, and a social science component that focused on the intervention's acceptability. The acceptability study, led by a team of medical anthropologists, was linked to a number of RCTs of the intervention, including one clinical trial in East Africa carried out close to Lake Victoria. This RCT – a phase III efficacy trial – entailed the enrolment of over 1500 infants by the local branch of a national medical research institute in partnership with a Western research institution.

The acceptability study entailed a multi-site programme of research employing a mixed-method approach to investigate the response of the participants, relevant health staff and the local communities to the intervention. To ensure access to the appropriate respondents, the research was conducted in collaboration with the local research centres that managed

¹⁷ Due to the on-going nature of this dispute I will not disclose the identity of the research consortium nor the local research centre.

the various RCTs and implementation studies. My role involved supervising (largely from afar via email and regular phone calls) data collection at the site near Lake Victoria and also (along with other members of a central research team) the coordination of data collection at other sites. Qualitative and quantitative data were collected using a range of research methods: we administered questionnaires, conducted semi-structured, in-depth and informal interviews, held focus group discussions, and carried out observations in the clinics and the community. A range of respondents were interviewed: the mothers and fathers of infants enrolled in the RCT (and of infants who had been withdrawn from the trial), RCT and other health staff and community leaders. The local researchers primarily undertook data collection, however, I collected additional data during four field stays of up to a month.

The acceptability research had a range of scientific objectives: to describe knowledge, perceptions, experiences and responses of trial participants, community members, and local health care providers; to identify and understand the mutual interactions between perceptions of, attitudes towards and experiences with other means of prevention and the intervention; identify and understand local barriers to the acceptance of and long-term adherence to the intervention; and to identify wider socio-cultural, national and regional factors that affect, or may affect, the implementation or acceptability of the intervention. Furthermore, this final objective made specific reference to the influence of broader cultural complexes and processes such as traditional aetiologies and healing systems, and “rumour complexes”. The study objectives are pertinent to the dispute regarding the draft because the biomedics made objections based on the scope of the research.

Blood stealing and the draft article

During data collection at the Lake Victoria site, researchers were often faced with reports of “blood stealing” linked to the RCT of the intervention and other medical research carried out locally. Initially, aware of the their possible implications for any future roll out of this intervention (see Geissler & Pool. 2006; Leach, et al. 1999; Newton, et al. 2009; Pool, et al. 2006), we decided that the rumours merited closer examination. Relatively soon, however, it became clear that they were not linked to the intervention per se.

Nonetheless, we deemed the rumours’ persistence in this highly researched setting to be worthy of exploration. After analysing the collected data, I wrote a draft article exploring the persistence of the rumours, which, following discussions amongst the team of medical anthropologists, was circulated amongst the proposed co-authors, one of whom circulated the draft more widely to other senior biomedics, who had worked at the site but were not

directly involved in the acceptability study. Below I present an outline of the article and some of the comments from the collaborating biomedics. The outline is divided into two sections: firstly, I present the rumours as they were described in the draft and, secondly, I describe the interpretation of the rumours and their persistence, which I presented in the draft's discussion section. Both sections are interspersed with the biomedics' comments, which I then summarize.

The rumours

The various rumours that we encountered during the acceptability study were often inconsistent, opaque, and intertwined. Respondents' descriptions were diffuse and when probed, they claimed ignorance or dismissed the rumours. Data were often second-hand and un-named others were said to believe or spread the rumours. Nonetheless, some key rumours were perceptible.

Biomedics' comments:

In their initial response to the draft, collaborating biomedics questioned whether this topic was covered by the Institutional Review Board approval for the acceptability study. The collaborators also commented that examining the rumours was not the primary objective of the study and suggested that this resulted in the uncertain descriptions of rumours and the ambiguity around those who spread the rumours. One biomedic remarked that, because of this, the research was not able to "find out the root cause of these rumours".

"Logo remo", roughly translated as "washing one's hands in blood", was the local expression that encapsulated the most commonly encountered rumour. This was used as shorthand for accusations that blood, sampled from trial participants, was sent overseas – usually to America or Europe – to be sold. "Blood stealing" was said to result in ill health or death, particularly when large amounts of blood were taken: respondents equated blood volume with life force, which therefore had to be protected, particularly amongst infants who have less blood. The "blood stealing" rumour drew succour from the exchange relationship that rumour spreaders posited between the travel allowance (given to mothers on scheduled clinic visits) and blood sampling. More rarely, the connection was made with the free treatment provided for infants participating in the trial.

Biomedics' comments:

Here the collaborators requested quantitative data on the occurrence of rumours: how many people talked about them and how many linked them to the travel allowance and the free treatment? Also by describing the rumours in this manner and providing quotations from respondents to illustrate the

description, the paper was said to lack “balance”. I was instructed by one collaborator to include pairs of quotations: one that described them and one “dismissing these rumours”.

Other stories about previous clinical trials and events prior to the arrival of biomedical research accompanied talk of “logo remo”. “Bleeding days”, for example, were said to be day-long community events, which took place at a local hospital: community members were invited, fed copious amounts of food by researchers and then subjected to “blood stealing”. During informal discussions, older respondents offered us examples of African blood stealers operating in the early twentieth century and white blood stealers who operated prior to the arrival of “research”. They provided anecdotes of encounters with the “jo log rembji”, (those who steal blood), of mysterious encounters at night with persons driving cars, unexplained murders, or people who lived outside of villages in large houses. Rumours about HIV/AIDS and research were also encountered: blood sampled from trial participants was said to be covertly tested for HIV and one outspoken respondent claimed to have read a newspaper article that traced research activities and HIV/AIDS prevalence. Based on this, he concluded that researchers were provoking or augmenting the local epidemic. As a labour migrant, he worked away from the area most of the year, yet, he forbade family members from participating in “research”. In previous years, newspaper articles had also been published which stoked rumours in the area of research participants being used as “guinea pigs”.

Biomedics’ comments:

The biomedics questioned the relevance of these other rumours. They requested that references to stories of “bleeding days” clearly outline that these events did not take place, in spite of participants’ responses. Indeed, one biomedic inserted the following text: “[the research centre] never provided food at large gatherings where blood samples were taken and we are not aware of other organizations in the area doing so.”

Research staff were familiar with the accusations of “blood stealing” and other rumours and, during the trial recruitment phase, they organized community meetings in response to an outbreak of blood stealing accusations that reduced trial recruitment and retention. Men and women who lived locally were invited and trial staff explained the blood sampling procedure. Staff emphasized that a small quantity of blood was taken compared to an infant’s total volume of blood. Community leaders were also invited to the research facilities to observe the processing of blood samples. Trial staff reported that after the campaign trial recruitment and retention improved.

Decisions regarding trial enrolment and continued participation were therefore taken against a background of rumours and the counter-rumour campaigns. Pragmatic necessities, gender relations, personal experience and trust however also influenced these decisions. The mothers of participating infants commonly praised the study and the free treatment provided to their children. Given the treatment charges levied in local clinics and limited cash-generating livelihood options, the free treatment motivated mothers to enrol their infants. Mothers also expressed positive attitudes towards diagnostic blood sampling, whether or not it was part of this trial: a blood test was viewed as necessary to diagnose illness and treat it correctly. Moreover, in some cases they rejected direct associations between the deaths of infants participating in the trial and stoically accepted that children “just die”. Many mothers contested the rumours and described those who spread them as “backwards” and “ignorant”.

Comments:

One biomedic requested quantitative data regarding the trial recruitment and attrition and suggested that the numbers were very small and hence that most trial participants “felt very positive about the study and [the research institute]”.

As well as the positive opinions, we also encountered concerns about biomedical research and some respondents linked these complaints to the rumours. In spite of the local research centre’s community meetings for the dissemination of study results, we came across claims of a lack of feedback from previous research and complaints about absent results from blood analyses. One mother, for instance, refused to be interviewed the acceptability study team unless she received some trial results, which she claimed not to have received. Respondents who reported that they had not been informed of study results wondered about the motives of the research and speculated about the purpose of blood sampling. Moreover, a small but vocal group of community members expressed pragmatic complaints about the beneficiaries of local research. They criticized recruitment policies, claiming outsiders were given priority. They complained that although trial participants were provided with transport to health facilities, passing research vehicles did not pick up ill community members. The research centre was also held responsible for a lack of improvement in the district’s infrastructure. However, these complaints were based on individuals’ opinions and did not necessarily reflect the local situation. For instance, field workers observed that by providing a refrigerator to enable vaccine storage and transport for vaccine delivery to the clinics the trial was supporting the local healthcare infrastructure.

Comments:

In reporting respondents' complaints about a lack of feedback from studies carried out locally, the biomedics commented that this must be phrased clearly to ensure that it was clear that results are regularly shared with participants and the wider community. If not, I was "perpetuating the rumour of 'no results'". The biomedics questioned the "scientific value" of including respondents' complaints about the research carried out locally: these were also "not rumours" and could be countered by positive statements about the research. The use of the term "vocal" was also queried.

Although some male opinion leaders were willing to express their concerns about "blood stealing" or HIV/AIDS and research, those who spread rumours were elusive. Respondents commonly referred to un-named others, but men were cited as influential figures, instrumental in the dissemination of rumours, and key actors in decision about trial participation. When challenged directly, those accused of spreading rumours often dismissed the rumours. For example, one woman reported that because of the rumours, her husband, a primary school teacher, demanded the withdrawal of his child from the trial and, on discovering that she had not fulfilled his request, proceeded to beat her. However, when interviewed, the husband claimed ignorance of the rumours and argued that he disliked the study because of the ineffective drugs. Some health workers accused former employees of spreading rumours in order to sabotage the trial through discouraging participation. Project staff specifically implicated one nurse and another former employee. One trial staff member believed that, despite what she had read in the study protocol, infants' blood samples were tested for HIV. This revelation, from another staff member, had discouraged her from enrolling her child in the trial. She later contradicted this statement claiming that it was unethical for the children of trial staff to participate.

Comments:

The biomedics asked about the characteristics of people who spread rumours, and criticized the lack of a clear description of the people, who did so. These account of health workers and trial staff members reactions to rumours were described as "rumour", "hearsay" and "anecdote".

Interpreting the persistence of rumours

In a setting where biomedical research has been carried out for more than a decade, despite the many positive opinions of this clinical trial, accusations of "blood stealing", experienced nearby in the early 1990s (Geissler. 2005), continue to be made and other rumours also persist. It is tempting to attribute this to a failure of the research centre to provide sufficient information to the whole community. Indeed, men – commonly blamed for spreading rumours – may have been neglected in efforts at "community sensitization", particularly

as they tend to have less contact with health facilities due to labour migration and lesser role in childcare, and this may play a role in the persistence of rumours. However, as found elsewhere (Geissler & Pool. 2006, Feldman-Savelsberg, et al. 2008), our data indicate that educated members of the trial community either believed or spread the rumours. It is therefore unlikely that rumours' persistence relates simply to misunderstandings propagated by ignorance.

Putting aside questions of whether people *believe* in them or not, the data suggest that rumours are embedded in social relations and have instrumental qualities. Husbands, absent from home during the informed consent process, may appropriate rumours to re-establish influence on household decision-making. As a result of labour disputes, ex-project staff may spread rumours to discredit their former employer. Those who report rumours and point to others as rumourmongers may also be employing the rumours instrumentally: by portraying men as rumourmongers and contrasting the influence that the rumours have on them with their own measured decisions based on the benefits of participating in research, women may be attempting to redress their unequal role in decision-making and assert their own responsibility for the healthcare of their children. Such utilization of rumours for personal aims resonates with the interpretation of rumours as resistance to research (Samper. 2002). Often, however, it is not biomedical research per se being resisted, rather its exclusionary features: the creation of participants and non-participants, employees and non-employees, insiders and outsiders. Although some of the complaints about the distribution of benefits from research in the area may be disputed, the perception of injustice or exclusion remains important. Whether founded or not, viewed this way, a rumour is a potentially useful means to articulate concern and/or to have an effect.

Comment:

One biomedic commented that no such "data" were presented on rumours having a possible instrumental component.

What is it about "blood stealing" that contributes to its persistence as a rumour? It is also possible that the sampling of blood in a trial that was (correctly) understood as treating malaria and "lack of blood" (anaemia), led to suspicions. However, similar rumours have also been reported around biomedical research and public health campaigns that have no association with anaemia nor involve blood sampling (Geissler & Pool. 2006). Yet blood, and anaemia have important context-specific understandings and the post-colonial resonance of blood sampling as a metaphor of exploitation, is a common theme in research on rumours in sub-Saharan Africa (Geissler & Pool. 2006, White. 2000). Nonetheless, it is clear from discussions with older

respondents (and other previous research (White. 2000) that “blood stealing” occurred prior to the arrival of biomedical research in western Kenya.

And why were HIV/AIDS-related rumours also encountered? It has been demonstrated that the social, political and cultural context of a disease can contribute to rumours of subversive testing and disease spreading (e.g. Polio in Nigeria (Jegade. 2007, Yahya. 2006, Yahya. 2007). Local fears of covert HIV testing were perhaps rooted in perceived individual and/or collective stigmatization. Individual stigmatization is linked to the interpretation of AIDS as a disease that results from breaking social norms (Ocholla-Ayayo. 1976). The process of collective stigmatization is perhaps more tacit, and its underpinnings potentially lie in the national distribution of political power and wealth since independence: infectious disease (particularly HIV/AIDS and malaria) and poverty are often perceived as most prevalent in this region. Moreover, national political events echoed concerns about inequality and discrimination: fieldwork was interrupted by social unrest that involved violence, largely along ethnic lines, which highlighted political divisions and inequalities.

I suggest that the persistence of particular rumours is less attributable to their specificities, but rather to their subversiveness: their capacity to interrogate and highlight exclusionary structures and probe areas of uncertainty. Indeed, although the social and cultural underpinning the rumours hint at themes of exploitation and inequality, the rumours themselves were often diffuse and inconsistent. Geisser (2005) suggests that the accusation of blood stealing, “...belongs to a store of hypotheses that can be applied to unclear or threatening social situations”. Although the rumours identified here were perhaps not sufficiently coherent to be termed hypotheses, the data suggest that people employed blood stealing and HIV-related rumours to highlight a lack of clear information on, and/or feelings of exclusion from the benefits of, medical research. Given that rumours may be based in concerns that are expressed at the confluence of interactions between highly distinct social and economic groups¹⁸, and they both draw succour from and cast into relief wider inequalities.

Comment:

The biomedics suggested that the rumours had little association with medical research as they also occur in other contexts.

In practical terms, it is uncertain to what extent the persistence of these rumours influenced trial recruitment or attrition because data were collected

¹⁸ What has been termed the “trial community” (Molyneux & Geissler. 2008)

after trial recruitment. Moreover, the rumours' influence on decision making was often unclear. During the trial mothers were often ambivalent towards the rumours; encouraged by the free treatment and the diagnostic blood sampling, they participated in spite of the rumours and played a role in the trial's success. Although some mothers withdrew from the trial, it remains uncertain whether this was because they were forced to do so by their husbands who had been influenced by blood stealing rumours, whether they believed the rumours themselves, or whether they had other reasons that they concealed with the rumours. During the trial, project staff blamed rumours for a drop in recruitment in specific areas and made efforts to counter the rumours, which they believed to have been successful. Furthermore, instances of rumours influencing trial recruitment and adherence in have been recorded in Mozambique, Ghana and The Gambia amongst others (Geissler & Pool. 2006, Leach, et al. 1999, Newton, et al. 2009, Pool, et al. 2006). Rumours have also had detrimental impacts on vaccination adherence in, for example Cameroon and Nigeria (Feldman-Savelsberg, et al. 2008, Jegede. 2007). It would seem that when trial recruitment or intervention adherence is affected by rumours, in a similar way to this trial, efforts are normally made to explain the nature of the research or intervention to the community. And, provided that a broad spectrum of the community is involved and that information is provided in an understandable format, these efforts are generally successful: rumours die down and recruitment or adherence returns to previous levels (Geissler & Pool. 2006).

Superficially at least, rumours can seemingly be dealt with. But rumours have the potential to articulate broader concerns regarding the exclusionary nature of medical research. Therefore, the persistence of rumours, whether influencing trial recruitment or not, suggests the need for greater community involvement in determining the distribution of benefits from medical research (Geissler & Pool. 2006). However, systematic research is required to further explore the nature and outcome of efforts to reduce the detrimental effects of rumours on trial recruitment and the influence of greater community involvement on the occurrence of rumours and their impact on trial recruitment.

Comments:

The biomedics raised questions about what exactly this "greater community involvement" entailed. Outside of the community events that they already organized, which included information days with food provided and which involved games and activities.

The responses to the draft

As the comments summarized above indicate, the draft was met with opposition from senior non-African members of the collaborating biomedical research centre. Although in the first instance, the article was only sent to one of these biomedics, it was distributed to other senior past and present staff members (four in total). In addition to the comments outlined above, relatively minor details, such as the length of time that field workers resided at the field site when carrying out data collection, were also queried. In contrast, the two African collaborators, who did not occupy senior positions, made few comments. One was a social scientist – the only member of the data collection team who remained at the research centre¹⁹ – and, as we had discussed the rumours and a possible interpretation during fieldwork, he suggested only minor adjustments. The other African scientist had been directly involved with the day-to-day management of the RCT. He therefore asked questions about a particular staff member who, to his knowledge, had spread rumours and disrupted the trial. He also made some minor comments on the manuscript but did not present criticism. Although he presented no objections, during a meeting in person, he commented that he was unsure about how the paper linked with the acceptability research.

Following the comments on the first draft of the article, a meeting was organized with most of the proposed co-authors at the research site. During this meeting, I was told by one of the senior biomedics that the local community do not *believe* in rumours and was accused of portraying the community as “primitive”. I sought to clarify the argument that paper presented and defend the draft against this accusation. I reiterated the central argument of the paper: rumours have a potentially instrumental quality, which is independent of whether someone believes in the literal interpretation. Presented in this way, the line of argument received a moderately positive response and it was agreed that I would re-write a second draft, to attempt to address their comments and to provide some of the balance that they sought. There was also discussion about how to structure the article in order to clearly separate the “data” from the “interpretation” and I agreed to try and address this point.

A second draft was then circulated some months after the meeting. In this draft, as is perhaps reflected in the outline above, I emphasized the contested nature of the rumours and included quotations from interviews with respondents who dismissed the rumours. I also qualified the complaints of respondents: for example, highlighting that, in some cases, these complaints were contradicted by other data, and hence were respondents’ personal opinions. In addition, I altered the structure and made efforts to highlight the

¹⁹ The other two member of the data collection team had moved on to other employment.

interpretive and exploratory nature of the article and stressed the need for further research to better understand the occurrence of rumours. These changes were however not sufficient and I was later informed by one of the collaborating biomedics, on behalf of the director of the local branch of the national research institution, that the article would not be approved for publication unless it was revised significantly.

I therefore was offered an alternative “storyline” to follow. It was suggested that I highlight the successes of the research centre in terms of the high levels of enrolment and retention in studies; I should also emphasize the efforts to engage with the community and detail the strategies intended to do so. The staff member indicated that although rumours do emerge, their impacts are largely restricted to mild reductions in staff moral. Furthermore, because our research was not designed to explore the rumours, nothing can be said about their origins.

Understanding the responses

Several issues potentially underpinned the biomedics’ responses to the article. Firstly, their comments may be grounded in an *objective* assessment of unsound data, flawed analysis and/or a poorly constructed argument. Regarding potential deficiencies in the data and the analysis, it should be noted that the collaborating biomedics found the same methods of data collection and analysis, along with the data themselves, sound enough to agree to co-author an earlier article that focused on the acceptability of the intervention²⁰. Moreover, some of the same co-investigators requested²¹ co-authorship despite making very minor contributions to the study and the manuscript. Although readers can assess for themselves the merits of the argument presented above, during the face-to-face meeting, the biomedics expressed limited enthusiasm for the central idea: the instrumental qualities of rumours, which do not require rumours spreaders to believe in their literal meanings. The objection to the draft based on exploring any rumours being a secondary objective is unfounded: studies of employing different methodologies have secondary objectives and the often these findings are published separately. The criticisms are therefore based rather in the context of the collaboration and inter-disciplinary relations.

It is likely that the research centre’s previous experience with newspaper reports of rumours played a role in the biomedics’ response to this paper.

²⁰ In the previous publication, we alluded briefly to the presence of rumours, but did not address them in detail.

²¹ The scientists emailed directly the principle investigator of the acceptability study.

Their comments suggested that the local newspaper reports from 2003, which claimed that researchers carried out research on “Human Guinea Pigs”, and to which I referred in the paper – remained a sensitive issue. The memories of this apparent negative publicity for the research centre therefore contributed to suspicions about any attempt to examine rumours. Moreover, several of their comments suggested that the collaborating biomedics had a predefined idea – perhaps with the newspaper reports in mind – of the article as an external critique of the research centre and, possibly, by extension, personal criticism. These assumptions about the nature of the argument presented underpinned their criticisms: for example, they were preoccupied with questions of “balance”, even when this was superfluous to the argument: for example when describing the rumours I was advising to include parallel quotations dismissing them. And the descriptions of respondents’ complaints about research activities were to be qualified with their ideas of the *actual* situation.

As a result of the disciplinary-specific terminology and different styles of conveying their findings, communication between medical anthropologists and biomedics can be problematic (Napolitano & Jones. 2006). This was however taken into consideration during the drafting of the article. Therefore, with the assistance of medical anthropologists with many years of experience of writing for this audience, the article was pitched towards an international/public health audience: for example, the structure reflected that of a medical publication and anthropological jargon was kept to a minimum. However, prior to sharing the article with the biomedics, communication between the anthropology team and the collaborating biomedics was limited. Specifically, the data analysis and the drafting of the article were carried out without consulting the biomedics. The poor communication during this period may have led to a perceived lack of ownership of the paper on the part of the biomedics and such feelings prompted the draft to be viewed as external critique.

Varying disciplinary epistemologies did however also play a role in the objections to the draft. The biomedics advocated the quantification of the rumours and the development of a profile of those who spread rumours. The latter was seemingly a tool that would somehow be of practical value to the research centre. Their dismissal of respondents’ complaints about the research centre as irrelevant and the assertion that accounts of staff members who had been influenced by the rumours as “hearsay” indicate a narrow conception of data. The biomedics were also wrong-footed by the exploratory and interpretive nature of the draft and, to a certain extent, this was accentuated by the subject matter: because the rumours themselves were amorphous and difficult to pin-down, the equivocality of the argument that I

presented unsettled the collaborating biomedics. This however also facilitated the efforts to undermine the draft. Put differently, the contrasting theoretical inclinations of the biomedics and the medical anthropologists, towards positivism and constructivism respectively, were made manifest by the nebulosity of the rumours and the exploratory nature of my interpretation. The biomedics sought certainty and when I could not provide this, the interpretation was deemed invalid, and dubbed “rumour” and “hearsay”.

The biomedics hence viewed the draft as an attack on the research centre for two reasons: the previous experiences of media reports of rumours and the poor communication that contributed to feelings of a lack of ownership on their part. The inter-disciplinary epistemological differences however underpinned the biomedics’ readiness to question the findings. This led the biomedics to employ two strategies to obstruct submission of the draft for peer review. In first instance, the draft and I were undermined. Indeed, some the biomedics’ comments on the draft, such as those on the lack of quantitative data were incidental and not pertinent to the argument put forward. This suggested that they were intended rather to challenge the legitimacy of the draft and its author. Second and ultimately, using this criticism as justification, they warned of certain rejection by the local publication committee. The significance of the publication committee was linked to the biomedics’ right to authorship, which was outlined in the contract agreed between the local research centre and my institution (at that time). By refusing to give up authorship, the collaborating biomedics ensured that the article had to be approved by the local research centre’s publication committee, whose decision they were able to pre-empt.

The process of obstructing the article’s submission for peer review therefore played out in the social relations of the collaboration and local research *partnership*²². The senior Western biomedics sought to undermine not just the draft but also my authority as a social scientist. As a relatively junior researcher, my interpretation was particularly contestable and to emphasize this, the biomedics played down the contributions of senior members of the medical anthropology team²³ and portrayed the article as entirely mine. In this way, the biomedics could also resolve the possible contradiction between their objections to the draft and the acquiescence with the findings of the previously published acceptability article. Furthermore, by voicing solidarity with the research participants, the researchers alluded to the existence of a

²² For an extensive discussion of partnership in international health research see (Gerrets, 2010)

²³ This was in spite of the fact that they were listed as co-authors.

trial community that linked them with trial participants²⁴. Moreover, I believe that the accusation of misrepresenting the community (as “primitive”) were intended to depict me as an interloper²⁵ in this trial *community*, and, thus, my interpretation was less worthwhile and easy to dismiss.

The attempts to obstruct publication also drew into relief institutional power relations within this trial community and the local research partnership. As was the case for this RCT, in sub-Saharan Africa, biomedical research is commonly carried out locally through a partnership between a local research institute/centre and a Western research institution. At this site, on the ground, this translates into teams of researchers comprised of local and expatriate researchers, largely employed separately by their respective institutions, carrying out the research. Within the partnership, institutional (bureaucratic, scientific and physical) (infra)structures are, in some cases, shared: for example, local and expatriate researchers participate in the publication committee. The ability of the senior biomedics to pre-empt the decision of the publication committee illustrates their power over the research centre’s production (publication) of scientific knowledge and the partiality of this committee.

The readiness of the biomedics to dismiss the argument put forward and obstruct peer review points to a perceived and enacted disciplinary hierarchy within the collaboration. Were the roles reversed and had the medical anthropologists critiqued so forcefully an article reporting the findings of this particular RCT, for example, the comments would have probably been considered irrelevant and ignored. However, it is unlikely that the social scientists would have been given an opportunity to comment on the paper: we can rarely demand authorship in the manner of those senior biomedics who contributed little to the medical anthropologists’ article on the acceptability of the intervention. And we certainly could not block publication via appropriating a publication committee.

Closing remarks

Lambert and McKevitt (2002) have argued forcefully for the utility of more *anthropology* in public health and less emphasis on qualitative methods in the absence of meaningful theory. Indeed, although the potential contribution of anthropology and other qualitative social sciences to public and international

²⁴ This is perhaps understandable given the years that the senior biomedics had devoted to the research centre.

²⁵ By making reference to the institutional review board, the biomedics had also sought to delegitimize the draft. The strength of this argument was however undermined by the research objectives included in the approved protocol that made specific reference to rumours.

health research is often heralded, as this case further illustrates, the relationship between biomedics and medical anthropologists remains complex and sometimes fraught. Hemmings (2005) places the responsibility for the “failure” of medical anthropology to contribute to the health sciences at the door of anthropologists, however, this conflict demonstrates the potentially key role of biomedics in restricting the contribution of medical anthropology. Only if biomedics are comfortable with a (minimally) critical approach to their work and prepared to engage reflexively with medical anthropology, will anthropology contribute more fully to public/international health research.

There are however *successful* examples of collaborations between biomedics and anthropologists, and this dispute is likely to be an extreme example of collaboration failure. Indeed, the dispute seemingly results from a confluence of context-specific factors (particularly the biomedics experience of media reports of rumours) and the inter-disciplinary epistemological differences. Moreover, before I shared this draft with the biomedics, this collaboration was successful, in the sense that an article based on the overall findings of the study was published. Nonetheless, this disputes illustrates some of the pitfalls of this type of collaboration and through describing my experience I hope to raise awareness of the potential strategies that biomedics can employ to obstruct the publication of research findings that they find objectionable. Even if the topics of enquiry are relevant and clearly defined in the study objectives, if they run counter to the interests of biomedics, given the asymmetries of power between researchers and disciplines, perceived criticism can be stifled. Therefore, when collaboration of this type cannot be avoided – for example, to ensure access to the field site and relevant respondents – I would advise the social scientists to negotiate greater contractual control over the research findings and their publication. I also advocate on-going dialogue with collaborating biomedics throughout the process of data analysis and interpretation. I failed to enter into sufficient discussion about the planned article prior to circulating the draft amongst the biomedics, which seemingly led to feelings of lack of ownership on their part. And this, I suggest, exacerbated their reaction to the draft.

This dispute has also provided some insight into the relationships of power with this research partnership and trial community. The use of the threat of rejection by the publication committee to stifle perceived dissent, illustrates the power of Western scientists within the partnership. Furthermore, although the Western biomedics were keen to express solidarity with the local community, they were just as ready to dispute the opinions of community members: protecting the local community from its supposed portrayal as “primitive” did not however extend to defending community members’

expressed opinions, which appeared to be subservient to the public image of the research centre. Perhaps I was mistaken to expect reflexivity from researchers who had invested heavily in the local research centre and reviewed the article as unwarranted criticism. The senior biomedics' reaction must also be seen in the context of the realpolitik and pragmatism of international public health research, a sector in which public relations and reputation are far more valuable than an anthropologist's interpretation of the persistence of rumours and more useful than concerns about the beneficiaries of medical research.

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