



Music and health communication in The Gambia: A social capital approach



Bonnie B. McConnell

Australian National University, Australia

ARTICLE INFO

Article history:

Received 11 May 2016

Received in revised form

17 September 2016

Accepted 17 September 2016

Available online 19 September 2016

Keywords:

The Gambia

Health communication

Music

Song

Social capital

Sensitive topics

ABSTRACT

Drawing on ethnographic research with *kanyeleng* fertility society performers and health workers in The Gambia (2012–2013), this paper uses a social capital approach to analyze the relationship between musical performance and health communication. Health communication research has demonstrated the important role of social capital in mediating the impact of interventions. Music research has drawn attention to performance as a site in which social relationships and obligations are produced and negotiated. In this paper, I bring these two perspectives together in order to open up new ways of thinking about musical performance as a culturally appropriate strategy in health communication. Drawing on participant observation as well as individual and group interviews with performers and health workers (126 participants), I argue that *kanyeleng* performance facilitates health communication by building on existing social networks and forms of social capital. This research contributes to a paradigm shift in research on performance and health communication, moving away from individual-focused behaviour change communication, and toward a culture-centered approach that considers community participation in relation to broader social and structural issues. This research suggests that musical genres such as *kanyeleng* performance may help build trust between health professionals and target communities while also facilitating information dissemination and public debate on sensitive health topics.

© 2016 Elsevier Ltd. All rights reserved.

1. Introduction

A growing body of research has examined music, and particularly song, as a culturally appropriate health communication strategy (e.g. Holstad et al., 2013; Panford et al., 2001; Barz, 2006; Barz and Cohen, 2011; Bastien, 2009; Panter-Brick et al., 2006; Aubel et al., 2004). In the Senegambia region specifically, research has demonstrated that song may be an effective health communication strategy for malaria prevention (Panter-Brick et al., 2006) and maternal and child health (Aubel et al., 2004). Culturally appropriate interventions aim to integrate “the form and content of intervention messages with the values, symbols, lifestyles, traditions, customs, and norms of the targeted population” (Bekalu and Eggermont, 2015:441; see also Panford et al., 2001). While music research has drawn attention to the importance of particular musical forms in facilitating health promotion (e.g. Barz, 2006; Barz and Cohen, 2011), much research on performance-based health communication interventions has focused

on content and outcomes (Obregon and Tufte, 2013). Not well understood are the processes of audience participation and social interaction in particular performance genres that shape how people respond to interventions (Obregon and Tufte, 2013; Petraglia, 2007; Sherry, 1997).

Drawing on ethnographic data from research in The Gambia (2012–2013), I employ a social capital approach (Lee and Kam, 2014) in order to analyze relationships between musical form, musically-facilitated social interaction and health communication. Bringing social capital theory (Bourdieu and Wacquant, 1992) into conversation with research on music and social interaction (Turino, 2008), I analyze the way the form rather than the content of participatory *kanyeleng* fertility society songs contributes to health communication goals in rural Gambia. This research contributes to a paradigm shift in research on performance and health communication, moving away from individual-focused behaviour change communication, and toward a culture-centered approach that considers community participation in relation to broader social and structural issues (Obregon and Tufte, 2013; Barz, 2006; Barz and Cohen, 2011; Dutta, 2007, 2015).

E-mail address: bree.mcconnell@anu.edu.au.

2. Methodology

2.1. Study context

As a result of colonial and post-colonial political and economic marginalization, the Gambian public health landscape presents particular challenges for health services provision. Dramatic health disparities in The Gambia and elsewhere in West Africa represent a manifestation of structural violence, which Galtung defines as violence that is “built into the structure and shows up as unequal power and consequently as unequal life chances” (Galtung, 1969:171; see also Wilkinson and Leach, 2014). The concept of structural violence underscores the ways in which suffering and inequality are produced by socio-political and economic relationships and histories. The per capita expenditure on health in The Gambia (US\$31) is among the lowest in the world (World Bank, 2014). As a consequence of funding cuts and neoliberal economic policies, in The Gambia today many rural health posts lack access to even the most basic equipment and medicine. Low pay and poor conditions has also resulted in extremely high turnover rates among government health workers (Sundby, 2014). Approximately 66 percent of health funding comes from international development partners (DoSH, 2007), which makes sustainability challenging.

With the exception of staff salaries, most health communication funding in The Gambia comes from international development partners. This means that the activities of the Directorate of Health Promotion and Education in the Ministry of Health and Social Welfare are frequently determined by the priorities of international donors rather than local experts. The prevalence of short term, vertical, disease-specific programs (Pfeiffer et al., 2010) also limits the ability of the Directorate to make long-term plans and respond to problems that they identify on the ground.

The literacy rate in The Gambia is approximately 51 percent (UNICEF, 2012). This means that oral forms of communication are particularly important. One of the legacies of the British colonial administration in The Gambia is the ongoing disparity in access to health information and care between urban and rural areas (Sundby, 2014; UNICEF, 2012). In rural areas, where the majority of the population is illiterate and access to health professionals and mass media communication is limited, oral communication forms, such as musical performance, represent the primary way that people receive information.

2.2. Methods

I conducted ethnographic research in The Gambia between June 2012 and October 2013. Methods included participant observation and individual and group interviews with performers and health workers (126 participants). I conducted follow-up interviews via Skype in 2015–2016, as well as analysis of video recordings of kanyeleng performances that took place in 2014. Ethical approval for this research was obtained in advance from the University of Washington Human Subjects Review Board and a research permit was provided by the Gambia National Centre for Arts and Culture.

During the research period, I participated in and observed the day-to-day activities of kanyeleng performance groups and health organizations in the Western Region. I chose to focus my attention in the Western Region because this is where most health organization offices are located, including the Directorate of the Ministry of Health and Social Welfare (MoH), as well as numerous non-governmental organizations involved in health communication work. In order to gain an understanding of the experiences and perspectives of performers and health workers in more remote areas of The Gambia, I also made four short research trips to each of the five regions of the country in order to observe performances

and conduct interviews. While kanyeleng are particularly active in Mandinka and Jola communities (Hough, 2010), I also consulted with kanyeleng who identified as Fula (Fulbe), Wolof, Serer and Serahule. Mandinka are the largest ethnic group in the country, comprising approximately 36 percent of the population (Gambia Bureau of Statistics, 2003). In this paper, I focus specifically on analysis of Mandinka performances, which feature Mandinka-language songs as well as rhythms, melodies, and dances that participants identify as Mandinka. Because The Gambia is ethnically diverse and highly integrated, however, many of the groups I worked with included members from diverse ethnic backgrounds.

During the research period, I participated in meetings and events organized by the Ministry of Health and Social Welfare, the Gambian Committee on Traditional Practices Affecting the Health of Women and Children (GAMCOTRAP), and the Allatentu Support Group for people living with HIV/AIDS, among other organizations. I also conducted sustained participant observation with one kanyeleng group based in Talinding in the Western Region, as well as more infrequent participant observation with three other kanyeleng groups based in the Western Region towns of Brikama, Kembujeh, and Farato. My observations were documented in field notes after each event.

I conducted 32 individual interviews and 21 group interviews (2–10 people per group) with a total of 126 participants. Participants included 97 performers who were involved in health communication activities, and 32 health workers. Health workers included individuals working in the area of health communication at the Ministry of Health and Social Welfare, GAMCOTRAP, the Gambia Red Cross, the United Nations Children's Fund (UNICEF), the Women's Bureau, the Association for the Promotion of Girls' and Women's Advancement (APGWA), and the Allatentu Support Group for people living with HIV/AIDS. Performers were approached and interviewed (with consent) based on their involvement in health communication activities and their relationship with the health organizations noted above. As a result, my interview sample was not random. Interviews were semi-structured, focusing on performers' and health workers' experience using musical performance as a tool for health communication.

I conducted interviews in English and Mandinka, according to the preference of the interviewees. Interviews took place in locations chosen by the consultants (homes, offices, and public venues). I translated Mandinka interviews and song texts myself with support from Bakary Demba and Awa Jatta. My analytical strategy employed the qualitative data analysis techniques of grounded theory (Corbin, 2008) as a means to access emergent ideas in my multi-modal data. I used a systematic process of coding to develop concepts from data with the goal of going beyond “surface meanings or presumed meanings” (Charmaz, 2000:525). The themes of social interaction and the value of social relationships were generated through this process, which guided my decision to apply a social capital lens to understanding the role of kanyeleng performance in health communication.

2.3. Kanyeleng female fertility societies

Among the most prominent musical performance groups in The Gambia, kanyeleng female fertility societies frequently collaborate with health communication organizations to educate the public about topics such as malaria, reproductive health, HIV/AIDS, Ebola, childhood diarrhea, female genital cutting, and exclusive breastfeeding, among other topics (McConnell, 2015b). Kanyeleng groups are traditionally comprised of infertile women or women whose children have died (Hough, 2010, 2008, 2006; Skramstad, 2008; Weil, 1976; Fassin, 1987). According to kanyeleng beliefs, a

Download English Version:

<https://daneshyari.com/en/article/5046896>

Download Persian Version:

<https://daneshyari.com/article/5046896>

[Daneshyari.com](https://daneshyari.com)