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Herbert Muyinda, Ph.D.

Anthropology

Makerere University, Kampala

Born in 1966 in Kampala

Studied Public Administration and Management at Makerere University, Kampala, and Anthropology at the University of Copenhagen

FOCUS

PROJECT

Medicines, Uncertainty, and Health Care Dilemmas in Uganda

My project is about being a medical professional and being uncertain and indecisive about the next step to take (dilemma) when providing care to patients, because institutional, political and social processes of healthcare lead to shortages of medicines. It is also about innovativeness, sacrifice, and improvisation; how both medical practitioners and patients try to overcome problems and make the best out of the little that may be available, in order to overcome challenges of persistent shortages of medicines in health facilities. In Uganda, the persistent shortages and uncertain availability of medicines raise moral, managerial, and political questions for medical practitioners; and serious socio-economic challenges for those who need the medicines. Availability of medicines in health units, accuracy of diagnosis, and prescription and dispensing patterns are important aspects of accessing healthcare. This means that access to medicines is deeply entangled with institutional and political processes and with the everyday hopes and uncertainties of both medical practitioners and the patients. Focusing on malaria and HIV/AIDS treatment in the Ugandan health facilities, I intend to study the different entanglements in the supply of and access to medicines and how they manifest themselves. I am interested in the "professional compromises", the alternative options and innovations (improvisations) applied and how these eventually affect healthcare service delivery in such situations.

Recommended Reading

Muyinda, H., J. Nakuya, R. Pool, J. Whitworth. "Harnessing the Senga Institution of Adolescent Sex Education for the Control of HIV and STDs in Rural Uganda." *AIDS Care* 15, 2 (2003): 159-167.

Muyinda, Herbert, Jane Kengeya, Robert Pool, and James Whitworth. "Traditional Sex Counselling and STI/HIV Prevention Among Young Women in Rural Uganda." *Culture, Health & Sexuality* 3, 3 (2001): 353-361.

Walker D., H. Muyinda, S. Foster, J. Kengeya-Kayondo, and J. Whitworth. "The Quality of Care by Private Practitioners for Sexually Transmitted Diseases in Uganda." *Health Policy Plan* 16, 1 (2001): 35-40.

Changed Bodies and Embodied Sociality in Uganda

When one becomes impaired or disabled many things change. Life is shattered and has limited options and choice and is characterized by extraordinary inconsistencies and paradoxes of continuities and change. Particularly in developing countries, violent conflicts are some of the main causes of impairments and disabilities, and at the same time they constitute the local circumstances in which the affected people live and in which they have to manage their lives. To survive in a war situation, a person needs to be "physically fit": physically fit not only to escape danger (taking cover in case of shooting, staying in undercover locations for a long time, and running or walking long distances...), but also to live a relatively normal life within the circumstances. The question then arises: what happens to those who are not "physically fit" - people with changed (disabled) bodies? How best can we understand how people with changed bodies go about their lives in such circumstances?

For over two decades people in Northern Uganda suffered a protracted war between the government of Uganda and the Lord's Resistance Army (LRA) rebel group. The war was brutal and violent and led to increased numbers of people with "changed bodies" due to landmine injuries, gunshots, bombs, stampede, torture, mutilation, and other forms of bodily harm. Focusing on people with limited physical mobility in Northern Uganda, my presentation will be about exploring the notion of "embodied sociality" in understanding life conditions of people with changed bodies. I will do this by illustrating how social responses to changed bodies (re)shape the life conditions of people with changed bodies. I will describe the (dys)functioning of formal institutions in providing services and discuss the roles of kinship and other "informal" social connections in filling the gaps created by the weaknesses or complete lack of formal "systems".

The point I wish to make is that changed bodies can be understood in terms of embodied sociality. The body is the basis for sociality and, at the same time, sociality shapes the body. The life situations of people with changed bodies cannot be described in terms of their bodily limitations alone. Their abilities and inabilities are functions of the quality of social relations and interactions they become involved in. Their life experiences are a reflection of the incorporation of sociality in their bodies - embodied sociality. The implication here is that, particularly in low-income economies, interventions targeting the rehabilitation and social integration of people with changed bodies should not focus on structural elements alone; the "informal" relational connections are equally important. This presentation is a summary of both the introduction and the concluding chapters of my secret project at WIKO entitled "Limbs and Lives in Uganda...", which focuses on living with impairments and disabilities in low-income economies.

PUBLICATIONS FROM THE FELLOW LIBRARY

Muyinda, Herbert (2007)

Wheels and new legs : mobilization in Uganda

<https://kxp.k1oplus.de/DB=9.663/PPNSET?PPN=832906204>

Muyinda, Herbert (1993)

Assessment of health risks in vulnerable populations : indicators of selective non-investment by Ugandan families in physically disabled rural children

<https://kxp.k1oplus.de/DB=9.663/PPNSET?PPN=832905860>