Social anthropology in INCAP

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Abstract

Social anthropology at INCAP evolved through a series of stages. The initial work in the 1950s was concerned with finding ways to make INCAP nutritional research more effective. In a second phase, emerging in the 1960s, anthropology examined the nutrition process in the population, especially as it was manifested in child care and feeding, lactation, and population growth and in the relation of economic process to nutritional progress. In the 1970s, anthropology once more became an adjunct of nutritional research. Anthropological awareness was introduced into project planning, and field studies were undertaken by way of shaping the research process to work in accord with local realities. In the 1980s and 1990s, there was a shift away from more descriptive research to research directed to supporting and facilitating specific nutrition and health behavior change.

Key words: Guatemala, Maya, nutrition, public health, social anthropology

Introduction

In 1949, the field known as “applied anthropology” had been in development for some decades. Social anthropology, of which it was an outgrowth, developed as a branch of Western learning and principally evolved as the study of non-Western peoples. In colonial countries it often carried a colonial stamp. At the time of World War I, it was not yet conceived of as a particularly viable colonial tool and was not clearly incorporated in the colonial process. In the United States, the leading anthropologist, Franz Boas, was seen as a German alien menace, and Great Britain’s future anthropological leader, Bronislaw Malinowski, who was later to become prominent in applying anthropology, spent the war years in the Trobriand Islands. By the 1930s, however, ethnographers in various British colonial areas and in the United States were being recognized as possibly useful adjuncts to the process of the state’s governing of non-Western peoples. In 1942, the Journal of Applied Anthropology (later Human Organization) was founded and an examination began into the nature of the emerging discipline. By the end of the decade, a code of ethics [1] had been crafted.

Social anthropology began in Guatemala as an almost totally foreign interest and had nothing to do with governing people. Scholarly interest was the principal motivation behind the arrival of Oliver La Farge II and Douglas Byers in Jacaltenango in 1927 to study the Mayan “Year Bearers” ceremony [2]. They were followed by others [3] in the 1930s with similar curiosity. Among these were Sol Tax and Robert Redfield, who were important because they were responsible for introducing Guatemalans—Antonio Goubaud Carrera, Juan de Dios Rosales, and Augustín Pop—to contemporary ethnography.

Local interest in Indians was framed in various forms of indigenismo, a concern with the place and role of the Mayan population in national life and usually promoting a conflicting ideology of assimilation and segregation. For President Jorge Ubico, the dictator of the era, the Maya were a people who were supposed to be dedicated to agricultural production and soldiering. It was national policy to promote their political and economic segregation as a labor pool, but they were also expected to give up their culture and be assimilated into the national society. There were others, however, including Goubaud Carrera and, especially, Joaquín Noval, who, under the revolutionary governments of 1945–54, saw the issue to be neither assimilation nor segregation [4]. Rather, they were concerned to
find ways of strengthening the economic power of the Maya and incorporate them into the national society without destroying their society and culture. When Arevalo became president in 1945, he directed Goubaud Carrera to found the Instituto Indigenista Nacional (IIN), and then promptly sent him as ambassador to Washington.

Social anthropology and INCAP in the 1950s

Before coming to Guatemala to develop the Institute of Nutrition of Central America and Panama (INCAP) in 1949, Nevin Scrimshaw felt that anthropology could be important in international public health programs. He correctly recognized that Central American cultural norms posed a special challenge to the development of Western public health. Not only were public health practices poorly developed in the region as a whole, but the region contained many different ethnic groups whose cultures and languages made communication difficult. Guatemala was a special case, because over half the population were Mayan Indians, a large proportion of whom were monolingual Mayan language speakers. In fact, Scrimshaw’s perception had been anticipated by the work of Juan de Dios Rosales and Augustín Pop in 1945. In March of that year, these two anthropology assistants of Sol Tax carried out a nutrition survey in the Central Highlands.*

Prior to this time, there had been little use of anthropology in public health programs. Scrimshaw, therefore, sought a meeting with Margaret Mead, one of the leaders in the development of applied anthropology. She strongly encouraged him to pursue this interest but recommended that he not get “just any anthropologist,” because most were not interested in the application of their findings.** When Scrimshaw arrived in Guatemala, Goubaud Carrera was in Washington. Unknown to Scrimshaw, however, the ambassador had requested the Smithsonian Institution to send a social anthropologist to Guatemala under the Institute of Social Anthropology (ISA) program to teach in the University of San Carlos (USAC) and provide technical assistance to the Instituto Indianista (IIN).

The ISA proposed me for the work, and with Goubaud Carrera’s approval, I arrived in Guatemala at the end of 1950, having recently completed a year of field research in the central highlands of Peru. Goubaud Carrera and the then Dean of Humanities at the University of San Carlos, Hugo Cerezo, had scheduled me to provide a course in social anthropology at the university and to assist in the development of programs in the IIN. When Scrimshaw heard of my presence, he invited me to work with INCAP to solve some problems they were having in research in communities in the Department of Sacatepequez. Although my initial obligations were to IIN and USAC, it was clear after one term of teaching that USAC was not interested in sustaining courses by a foreign anthropologist, so I shifted my efforts to work with INCAP.

My immediate task was to aid research teams in certain Mayan Indian communities where INCAP programs were doing research on the improvement of nutrition and public health [5–11]. The goals of the projects had been defined by the scientific personnel of INCAP and were not questioned. I decided that, in order to provide the INCAP practitioners with a better understanding of the cultural process within which issues of health and nutrition were understood in the communities, it would be necessary to study the community’s beliefs and practices associated with illness.

Three rather different kinds of problems emerged in the research. Most classically, there were important differences in the cultural perception of health and medical processes [12]. It developed that many Maya were rejecting the work of the project because of the way they dealt with blood. In the Mayan perception, blood was not necessarily regenerated, and the taking of blood for tests permanently deprived the individual of that amount of blood. It was suggested that medical personnel show great restraint and diplomacy in the taking of blood [12].

The core problems, however, tended to arise from social relational issues. These were generally of two kinds: those inherent in the community and those engendered by the presence of project personnel. The first derived principally from the existing divisions within the communities. These included the problems between Ladiños and Indians, and between residents of different barrios or neighborhoods. There was also an internal split between progovernment villagers, called “communists,” and the opposition, called “anticommunists” [12]. Finally, villagers clearly distinguished themselves from outsiders, especially North Americans.

As the INCAP activities became identified with one of these divisions, they were vulnerable to being rejected by the other. The principal problem with respect to North Americans concerned giving feeding supplements. In one village, this was interpreted as intending to fatten the children in order to take them the United States to be eaten [12]. Another set of social relational problems developed around project personnel. Medical doctors, especially, tended to be authoritarian and insensitive to Indian villagers. In some part, this was a manifestation of urban superiority over the rural, but it also reflected a traditional Ladino disdain for Indians [12].

An additional consequence of my cooperation with

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* Augustín Pop’s diary notes from this nutritional survey are in the Microfilm Collection of Manuscripts on Middle American Cultural Anthropology in the University of Chicago Library.

** From a talk by Nevin Scrimshaw at the 1998 meeting of the American Anthropological Association, Chicago, Illinois.
INCAP was the preparation of a textbook in applied anthropology. Confronted with the need to give courses to public health workers—nurses, dietitians, health educators, and doctors—I found no adequate teaching materials available in Spanish and therefore prepared a textbook in 1953 that was mimeographed and used in a number of courses, both in INCAP and in IIN. A decade later the Seminario de Integración Social Guatemalteca issued a printed version of this text, and it saw considerable use in courses in social work and general anthropology [13]. It also later became the object of attack by some Guatemalan social scientists for its failure to adhere to Marxist concepts of sociology.

I was asked to carry out studies in two villages—Magdalena Milpas Altas and, somewhat later, Santa María Cauqué—where parents were resisting the INCAP research. The INCAP program involved an experimental design that required that schoolchildren in each of several villages receive a different combination of nutrients and submit periodically to examinations to determine their nutritional status [5, 14]. INCAP was working in a number of localities, however, and as other problems arose, my time was not sufficient, and it was recommended that additional anthropological personnel be contracted. Two anthropologists, Raymond Scheele and Judith Freedman, came to work on this basis.

Scheele worked for a month in the village of Santo Domingo Xenacój. His report [15] revealed the high degree of suspicion with which the outsider workers were viewed and showed that this was exacerbated by serious social relational problems in the village. INCAP’s research was being seriously and intentionally opposed by various village leaders who saw in it a threat to their hegemony. Overt efforts were made to cast doubt on the outsiders, especially the “gringos” and the “blancos.” This was now intensified by injecting “communism” as another related threat. Not only INCAP personnel, but also schoolteachers, came under suspicion and overt opposition. Additionally, Scheele encountered issues parallel to those found in other towns, such as the concern with the extraction of blood and giving of injections. The opposition was not merely a question of campesino suspicions, but was manipulated by some town Ladinos who saw their control over the community as being threatened by INCAP activities. Ladinos had traditionally exercised control over commerce and much of the land, and even extended it to the ownership of saints that the Indian population needed for their ceremonies and religion.

In 1955, INCAP studies had made it clear that infant multideficiency syndrome, by then known as kwashiorkor, was a major killer and constituted a clear challenge for an institute of nutrition. It was decided that a woman anthropologist would be more likely to find out the problems faced by mothers, and Dr. Judith Freedman was invited to undertake a study. She worked in Guatemala from August until the end of December 1955 and left a report [16] that successfully clarified many of the problems.

Freedman visited many of the villages under study, but more specifically divided her time between a coffee farm in Escuintla, the agricultural village of San Lorenzo el Cubo, and the hospitals in Guatemala City. Although there was an awareness among staff about some of the social issues her study highlighted, Freedman’s research clearly drew attention to the central problems involved: that mother’s milk was important, but more attention needed to be paid to increasing other food supplements. When diarrhea appeared, feeding was further reduced and the condition was exacerbated. Hospitalization included no educational efforts to enable the mothers to learn that the basic problem was nutritional and how to deal with it.

On the positive side, the villagers were interested in food and were not resistant to new diets if they were presented in a convincing manner. In June 1955, Nancie Solien (later de González), a North American dietitian who had just finished an MA in anthropology, contacted Scrimshaw and, with his encouragement, arrived in Guatemala to undertake summer research in cooperation with INCAP. She worked in Santa María Cauqué and thereby began an informal association with INCAP that ultimately led to her joining the INCAP staff. The association was immediately fruitful, as she published her first paper jointly with Nevin Scrimshaw in 1957 [17]. From 1956 through 1957, she did doctoral research in Livingston on the Garífuna, then generally known as the “Black Caribs,” and returned to that theme from time to time over subsequent years. She returned in 1960 to take up a permanent post.

**INCAP anthropology in the 1960s**

The work by Scheele and by Freedman and Adams convinced INCAP that it needed a regular anthropologist on the staff. In keeping with the original goal of making it a Central American institution, this required finding a Central American anthropologist. By chance, in the summer of 1957, Alfredo Méndez Domínguez, then a student at the University of Chicago, had returned to Guatemala looking for support to carry out his doctoral field research. INCAP had an established practice of supporting the graduate training of its staff and decided to do this for Méndez Domínguez. They offered to underwrite his doctoral fieldwork and the writing of his dissertation so that he would then join the staff. Consequently, after finishing his doctorate, Méndez Domínguez joined the staff in 1960 as its first full-time Guatemalan anthropologist, and in 1962 he headed up the Sección de Antropología. In 1964 anthropology was
His first nutritional contribution appeared in 1962 [18] and was derived from data that he had collected while doing his doctoral research in Zaragoza, an old Ladino town in central Chimaltenango. It dealt with the economic reasons for the scarcity of corn, meat, and eggs in the upper and lower economic strata of Zaragoza and was innovative in bringing attention to the nutritional consequences of differences in economic strata in a Ladino rural population. It explained and related a higher infant mortality to the scarcity of corn, meat, and eggs in July through September.

Later, Méndez Domínguez collaborated with the Inter-American Institute of Agricultural Sciences (Turrialba, Costa Rica) in a study of innovation and adoption of foods and medicinal drugs in five villages near Guatemala City. The findings generally confirmed earlier and parallel studies in Colombia, Costa Rica, and Peru. Adoption was positively correlated with higher education, higher standards of living, and younger age. Moreover, adoption of novelties was closely dependent on kin connections, especially between mothers and daughters; daughters tended to do what their mothers did [19]. The association with Turrialba also encouraged Méndez Domínguez to investigate the processes of diffusion and led to a study of the patterns of the spread of innovations in the five communities. He concluded that the pattern was quite different from that to be found in areas with greater access to information media and where social change was a dominant process [20].

In the same decade, Méndez Domínguez joined in an ambitious project to study the state of nutrition in all of Central America, from 1965 to 1967, in which specialists in health, agriculture, biochemistry, dentistry, dietetics, hematology, parasitology, statistics, anthropometry, and sociology collaborated in the study of some 23,000 individuals from 3,800 families in 190 rural communities [21]. Among Méndez Domínguez’ contributions was a “sociocultural index” based on housing, sanitary facilities, conditions of cohabitation, food production, family income, schooling, mass media exposure, and occupation.

On the basis of this index, the populations were divided into three socioeconomic levels—low, medium, and high. Three biochemical–nutritional characteristics (nonessential/essential serum amino acid ratio, riboflavin urinary excretion, and serum ascorbic acid and cholesterol concentrations) were analyzed, and some indices showed a marked advantage of families in the ‘high’ sociocultural group. Some relationship was also found between sociocultural level and mortality in children 1 to 5 years of age. However, there was considerable variation among countries [22]. The study, done in collaboration with the Interdepartmental Committee on Nutrition for National Development (ICNND), covered a wide range of clinical and anthropometric data and resulted in some 30 papers and 10 theses [23].

Méndez Domínguez’ participation in the studies of the five Guatemalan villages and 190 Central American communities led his career at INCAP along a somewhat different trajectory than had characterized the work of his predecessors. He undertook relatively little of the more traditional ethnographic fieldwork and resorted more to questionnaires and statistical differences among diverse segments of the populations being studied; much less time was spent in ethnographic research. A by-product of this change of emphasis led Méndez Domínguez to be more sensitive to methodological issues. He observed that, despite sociocultural studies, “The relevance of sociocultural aspects in the introduction of new foods contrasts with the little use they make of the existing knowledge and techniques available to them” (translated from the Spanish language original) [24]. It would be misleading, however, to think that Méndez Domínguez did not appreciate the more classical field approaches. Later, as a professor at the Universidad del Valle, he sent out many students to study and collect data on sickness and curing, a summary that he published in 1982 [25]. In 1966 Méndez Domínguez left to work in Costa Rica, but he has continued his interest in problems of health and nutrition.

Upon completion of her doctorate, Nancie González initiated formal employment with INCAP in 1960 and remained until November 1964. During this era, she undertook a number of empirical field studies that expanded both the themes already examined and the variety of populations under study. Although she continued to develop the study of folk practices initiated in Adams’s work, she more specifically expanded the use of anthropology in a number of important directions.

González’ work in nutrition and child development explored ideas on what constituted illness in children. She clarified that even where dietary practices might be generally satisfactory in Indian communities, the appearance of infant or child illness resulted in the withdrawing of most solid foods, especially proteins, resulting in severe deficiencies and, at worst, kwashiorkor [25]. She also devoted considerable time to the study of maternal and child care, including weaning, lactation, and menses. An important contribution resulting from these studies was the recognition that traditional Maya tended to wean at a much later age (averaging around 18 months) than did acculturated Maya and Ladinos. This made the latter vulnerable to becoming pregnant sooner than was the case where weaning was delayed. Thus weaning practices could influence the birth rate [26].

González’ work extended the study of these topics beyond the Mayan populations of Sacatepequez. She
began to research the process of nutritional acculturation of Indians to clarify what kinds of changes were taking place in the adoption of Western urban practices, shifting interest from the heavily Indian focus of early INCAP work to the study of rural Ladino populations. Of particular importance was her attention to urban populations, both Indian and Ladino. Additionally, her interest in the Garifuna peoples of Livingston revealed that nutrition and related health patterns among the Garifuna are quite different from those of the Spanish and Mayan patterns [27]. However, although their general level of nutrition was poor, illnesses were almost universally ascribed to human or spirit interventions and were not connected with nutrition. She also collaborated with Dr. Juan José Hurtado, whose medical practice specialized in pediatrics, to study breastfeeding in urban middle- and upper-class Ladino populations. Hurtado was also carrying on research in the Indian community of San Juan Sacatepequez. In general, the popular understanding of the relation of food to health was defective in most populations. Among Indians, adequate diet was withheld from sick children. Among urbanites, food was seen to be important for stature, but that was about the only way that it was seen to be directly related to health [28].

A novel finding in which González was instrumental was of sickle cell trait among the Garifuna population of Livingston. Her earlier association with the physical anthropologists at the University of Michigan had alerted her to the possibility that this trait might exist among Negroid populations of the Atlantic coast. The study, carried out with Carlos Tejada and others [29], showed that the incidence of the heterozygote was high enough among the Garifuna to suggest that sickle cell anemia (which results when the trait is received from both parents) might contribute to morbidity and mortality among children in this population. Later studies carried out at the University of Minnesota suggested that a high dietary intake of cassava and certain other root crops can regulate the disease so as to avert its more serious consequences, including death (Nancie González, personal communication). The study also found the presence of the Diego factor, a specific marker for certain Amazonian groups, thus confirming the mixed ancestry of this apparently Negroid population.

Finally, González extended her studies to the acculturation of health practices, showing that the variation in practices available for treating illness was expanding but that indigenous and rural patterns generally remained, albeit in a diluted form. Acculturation was especially significant in urban populations. New alternatives in therapy, specialists, and sources of knowledge come into play [29]. During this period, González coauthored a general survey with Moisés Béhar [30] that addressed the questions of why and when people preferred empirical to scientific medicine. She argued that they, in fact, would seek any alternatives known to them, simultaneously accepting the empirical success of scientific medicine while retaining the explanatory values of folk medicine [31].

**INCAP anthropology in the 1970s**

With the departures of Alfredo Méndez Domínguez and Nancie González in the mid-1960s, INCAP hired Víctor Mejía Pivarál, a Guatemalan anthropologist trained in Mexico. He joined INCAP in 1966 and remained on the staff until 1981. During this period, a major longitudinal study was initiated under the direction of Robert Klein, a psychologist, that drew in Jerome Kagan, Howard Freeman, and A. Kimbal Romney [32]. Klein acted first as a participant in and later as Director of the INCAP Division of Human Development. From 1969 to 1979, INCAP was engaged in a study of four Ladino communities in the department of El Progreso. Mejía Pivarál worked in these projects, as well as a simplified health program in Patulú in 1976–77. During the early years of the project, he undertook general background studies of the four communities [32]. Thereafter he collaborated in specific components of the research.

Among the products was research indicating that the frequency of moderate malnutrition in rural farming families who controlled less than 5 *manzanas* (3.5 ha) of land was 2.3 times that of families with access to more than 5 *manzanas*. Mejía Pivarál coauthored a dozen or more papers with his colleagues while at INCAP, but his role was that of helping to adapt the research projects to the local societies, and as such he served as a resident cultural consultant for his colleagues, many of whom were foreigners.

Sheila Cosminsky undertook field research during the entire year of 1968, with a revisit in 1974, all the while maintaining an informal relationship with INCAP. She focused her research on the process of acculturation in medical beliefs and practices in the Municipio of Santa Lucía Utatlán. Of particular interest was her delineation of devices, such as the use of the categories of *fresco* and *alimento*, as a way of incorporating new elements into the cultural repertory of the indigenous population [33]. This provided additional understanding of the hypothesis earlier delineated by González and Scrimshaw [34] that foods were not generally recognized as relevant to health. Cosminsky also added depth to the earlier work of Adams [35] on the folk etiology of illness among Guatemalan Indians.

In 1975, anthropologist Timothy Farrell joined INCAP as Chief of the Program in Rural Development. He had just completed a study of community development in San Lucas Tolimán. In reflecting on those years,
Farrell sees his major contribution to have been that of a program manager and implementer “principally concerned with designing projects or interventions to be compatible with what I knew to be cultural and social factors and issues.” He became particularly involved in follow-up research on the 1976 earthquake. With John Townsend and Robert Klein, he developed an evaluation methodology for health and nutrition interventions in rural settings [36]. In July 1979, he left to join the Foster Parent Plan International, working in Egypt and Latin America.

It was also in the 1970s that Susan Scrimshaw, a medical anthropologist at the University of California Los Angeles (UCLA), came periodically to INCAP to work with the INCAP Oriente Longitudinal Study. She identified the need to educate more Central American anthropologists, and two INCAP fieldworkers, Elena Hurtado and Sandra Rosenhouse, went to UCLA to study with her. During this period, INCAP sponsored a master’s degree in public health. Among those in the program was Jorge Solares, a former student of Joaquín Noval, who had also undertaken master’s work in anthropology at the University of Durham (England).

Solares was already a Doctor of Odontologia and choose to do his master’s research on beliefs and practices regarding oral health in Patzun, Chimaltenango [37, 38].

**Incap anthropography in the 1980s and 1990s**

In June 1980, the INCAP offices in Guatemala were taken over by a guerrilla force, and its director and others were taken as hostages for ransom. Although the present account makes no pretense of following the political context within which INCAP worked, after the dust settled the philosophic charter of the Institute seems to have shifted from a 30-year dedication to research to a greater concern with education and diffusion of research products. By 1985, the five health ministries of Central America had agreed upon a 5-year plan of operation in which all activities were dedicated to application and none to research [39]. Although earlier anthropologists had given advice and suggestions about ways to carry the products of research into the larger society, they had been principally concerned with research into the processes involved in nutrition, health, and illness practices.

The major anthropological work of this period is that of Elena Hurtado, who began in 1979 after her return from UCLA and continues as of this writing. Her undergraduate degree was in anthropology and psychology, but her professional training was in public health with a strong anthropological focus. Although the range of her work has been impressively broad, she started to work at the moment when the interest of INCAP was shifting from basic research to the low-cost practice of application of knowledge. It is in this area that she seems to have had the greatest impact. Her formal employment during these years was irregular, but she doubtless has one of the longest publication records of any social anthropologist associated with the Institute.**

In the 1980s, Hurtado’s work was principally concerned with research. Almost all of her papers were collaborative and dealt with a wide range of issues: the relative importance of maternal milk and milk substitutes and other aspects of infant nutrition [40–44], and a number of papers on the process of anthropological research [45, 46] and on complexities in beliefs and practices [47, 48]. Of particular importance was a study of the changes in Santa María Cauqué over the years that INCAP had been associated with the community [49]. Between 1963–72 and 1986–87, infant nutrition appreciably improved, but in contrast, there was little change in morbidity and mortality rates. The authors speculated that major changes that occurred after the 1976 earthquake, with an agricultural cooperative leading to increase in family incomes and more employment, might explain the nutritional improvements but were not enough to modify the larger health picture.

As the years progressed, more and more of Hurtado’s work was aimed at practical application of nutritional knowledge. In 1986, a study with Magda Fisher examined the efficiency of patient treatment in Roosevelt Hospital in Guatemala City [50]. In the same year, there appeared papers on how to enhance health-seeking behavior among rural people [51], both Indian and Ladino [52]. Next appeared a series of “how to do it” manuals on handwashing [53], dealing with diarrhea [54], learning about the community [55], and evaluating teaching materials [56] and a report on oral rehydration in Roosevelt Hospital [57].

In the 1980s, Hurtado worked with Susan Scrimshaw to apply anthropologic methodologies Scrimshaw used in teaching at UCLA to a Central American study of cultural factors related to child survival [58]. Later, she and Scrimshaw brought the methodology that had evolved through the Central American work to an international team conducting a study of nutrition and primary health care from the community perspective in 16 countries. This methodology was recorded in their joint publications on rapid appraisal procedures (RAPs) [45, 46]. During this period, Hurtado prepared a number of texts about how best to work with people to improve their nutrition and health status.

** She was on the staff from 1989 to 1992 and from 1995 to 1999 but gave up formal relations with INCAP when her husband, Hernán Delgado, became Director of INCAP.

* Correspondence from Tim Farrell, 4 February 2000.
Hurtado's work also addressed child survival issues as well as mothers' care, health, and nutrition. One of the applications of the work conducted by her and Christa Valverde in the 1990s is the use of social anthropology in the design of health, nutrition, and food security interventions by active participation in the assessment phase to determine KAPs* as well as in the design of educational programs to modify or strengthen existing behaviors and not just to pass on information.

During this period, Isabel Nieves, with a master's degree in anthropology, worked at INCAP between April 1976 and November 1978 and again between 1985 and 1991, primarily concerned with the social and cultural implications of nutrition and nutrition education and communication. She carried on research and provided technical assistance to governments on behavioral issues in child care, feeding, and nutritional status. She also focused on women's role in the food and nutrition chain and advocated closer attention to gender issues in research and in policy and program formulation. Her focus shifted emphasis away from the concern with cultural constructs toward an understanding of health-, food-, and nutrition-related behavior within the household, such as allocation of resources, decision making, and the contribution of women's income and work. She was also involved in maternal and child health program evaluation and the development of qualitative methodologies.

Finally, beginning with the work of myself in the early 1950s, INCAP sponsored courses in anthropology for nutrition and public health personnel. At first these were for INCAP staff members, but in subsequent years courses were offered to students in a Program on Nutrition and in the Master's Program in Public Health. These later courses were taught by Alfredo Méndez Domínguez, Nancie González, Juan José Hurtado, and most recently by Elena Hurtado. Over the years these courses covered applied anthropology, social and cultural factors in health and nutrition, field methods in cultural anthropology, and anthropologic qualitative data collection.

* KAPs are assessments of knowledge, attitude, and practices. These have been used as part of formative research to determine what are the variables and considerations that are affecting key health and nutrition problems and that need to be taken into consideration for the design of interventions.

**Overview**

The trajectory of social anthropology at INCAP has seen a gradual evolution through a series of stages. The initial work by myself, Scheele, and Freedman was concerned with finding ways to make INCAP nutritional research more effective. In a second phase, emerging with the work of González and Méndez in the 1960s, anthropology examined the nutrition process in the population, especially as it was manifested in child care and feeding, lactation, and population growth and in the relation of economic process to nutritional progress. I was joined in the field by Raymond Amir, a student volunteer from California. Amir’s contribution to the studies was substantial and included identifying the problem in beliefs about blood regeneration. In the 1970s and 1980s, the work of Robert Klein and his colleagues was extensive and rich, but this chapter will not try to cover it here, as it was more social psychology than social anthropology.

In the 1970s, anthropology once more became an adjunct of nutritional research with the work of Méjia Pivarál, Cosminsky, and Farrell. Anthropologic awareness was introduced as a part of project planning, and field studies were undertaken by way of shaping the research process to work in accord with local realities. In the 1980s and 1990s, principally with the work of Hurtado, Nieves, and others, there was a shift away from more descriptive research to research directed to supporting and facilitating specific nutrition and health behavior change.

The imaginative decision of Nevin Scrimshaw to introduce applied anthropology into the program of INCAP generated a process that not only continued through the subsequent history of the institution but also influenced nutrition and health programs throughout the world. The present chapter concerns itself with social anthropology, the study of human behavior. INCAP has also worked in other areas of anthropology, especially physical anthropology, for example, in blood typing, anthropometry and nutrition, mental and cognitive development, and even in archaeology [59].

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References


