

## A Qualitative Anthropological Analysis of Competing Health Perceptions in Chagas-Related Consultations in Non-Endemic Geneva

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**Abstract :** The high predominance of Latin American migrants in Geneva from countries where Chagas disease is endemic (Bolivia, Brazil, Argentina, Colombia) is increasing the incidence of chronic Chagas-related problems, especially cardiovascular complications. The precarious migratory status of what are mostly undocumented migrants complicates access to health and affects patients' and doctors' health perceptions regarding screening, treatment and monitoring of Chagas-related health concerns. This project results from a 3 year collaboration between the Geneva University Hospital and the NGO Mundo Sano to understand the following questions: 1) how do Latin American migrants perceive their health? 2) What do they understand from Chagas disease? 3) Are patients' and doctors' health perceptions similar or do they have competing agendas? This paper aims to present the results of a long-term study that interrogates health perceptions among Latin American migrants in Geneva. The first phase consisted in completing surveys at three community screening events (2016, 2017, 2018), and the results of these surveys reveal the subordination of the importance of health to that of having met economic family obligation. That is, health is important only when it becomes an impediment to economic gain. The contradictory result emerged that people are aware of the importance of health prevention in order to ensure long-term health, but they do not always have agency over their life-style habits (healthy food, regular exercise, emotional stability). The second phase of the research collected open-ended interviews with selected participants, in order to explore in more detail how Latin American migrants deal with Chagas in a different socio-political and economic context to that of endemic countries. These interviews (5 in total) reveal mixed methods of managing health: social networks, access to health care transnationally (in Geneva, Spain and back in their home country), and different valuations of health problems in each situation. The third phase consisted in observations of doctor-patient consultations and further extended interviews with patients to determine doctor/patient health perceptions around Chagas disease. This phase is ongoing, but it has yielded preliminary observations regarding the expectations that patients' have of doctors, and the understanding of doctors' to patients' complex situations. Positive and complementary health perceptions include patients' feeling that doctors in Geneva are more understanding, more knowledgeable and less racist than those in their home country, who do not provide detailed information about Chagas or its treatment and discriminate against them for being indigenous or from poor rural areas, enabling a better communication between doctors and patients. Possible conflicting health perceptions include patients addressing their health concerns more holistically and encountering the specialist's limitations to only treating one health concern, given time limitations and lack of competition with their colleagues (the general practitioner that referred the patient, for example). The implications of this study extend the case of Chagas disease in Geneva and is relevant for all chronic concerns and migratory contexts of precarity.

**Keywords :** chagas disease, health perceptions, Latin American Migrants, non-endemic countries

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