

Understanding Local Perceptions of Waterborne Zoonotic Disease and Its Impact on Health Behavior (Tanzania)

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My research in northern Tanzania focuses on understanding the political ecology of resource security among agro-pastoral populations, and the impact of perceived household vulnerability on the health and wellbeing of men and women. In particular, I study local perceptions of risk for zoonotic infection and the ways that perceptions of illness and food/water scarcity impact emotional health, decisions about the use of resources, and risk for waterborne infection. As part of this research, I spent May to July 2009, in Manyara District, Tanzania conducting ethnographic fieldwork on ethnohydrology and local ideas about animal and waterborne disease transmission.

Food and water insecurity are growing problems with major health implications. Approximately 1.1 billion people worldwide lack adequate water provision and unsafe water has been linked to 80% of illnesses and 30% of deaths in developing countries (WHO, UNICEF 2000). Sub-Saharan Africa faces a particularly serious water supply crisis. It is estimated that half the population of Southern Africa does not have access to either clean water or sanitation services, and that by 2025, Mozambique, Namibia, Tanzania and Zimbabwe will all face critical water shortages. Unfortunately, while we grasp the physical consequences of resource scarcity, our knowledge of the emotional consequences of resource insecurity remains underdeveloped.

This summer I visited several villages in rural Tanzania and talked to informants about their perceptions of resource security, beliefs about water and animal transmitted infections, and the strategies that they use to reduce their risk for illness. Perceptions of resource security varied between men and women, however most agreed that resource insecurity was becoming more common. In particular, the predictability and cost of resources was a source of distress. Many informants cited poor rains or



fluctuations in the timing of rains as a challenge to securing food and water for households and animals. Disagreements over the maintenance and distribution of water supplies were also a source of concern. When pumps failed in one village, it took three weeks for local hospital and government administrators to agree about replacing the broken part. In the meantime, the village relied on a local stream for their daily water and a number of people became very ill.

Perceptions of animal and waterborne diseases varied as well. While many informants cited the risks associated with unclean water and food, very few had adequate resources to consistently boil water or milk for household use. Every person interviewed had experienced at least one illness in the past month that related to unhygienic water supplies. A primary source of anxiety

among informants was the combined inability to access adequate water/food resources and the constraints on utilizing the resources they did have. Often, informants stated that they were making risky decisions by using what they considered “unhealthy resources,” but felt they had few options under the circumstances.

The information collected this summer is being incorporated into a grant application that will be submitted to the National Science Foundation in July 2010.

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