



What shapes disease?

A cultural and socio-political enquiry for the case of diarrhoea

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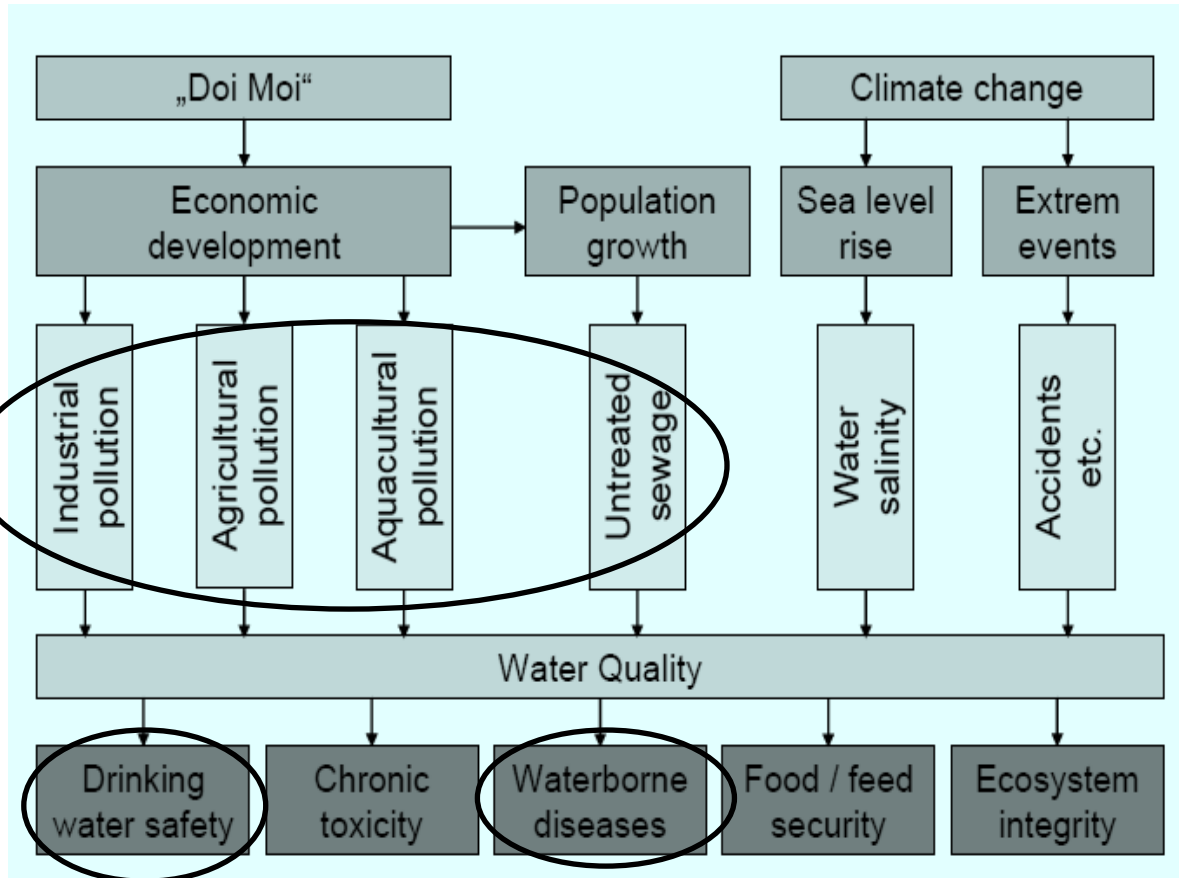
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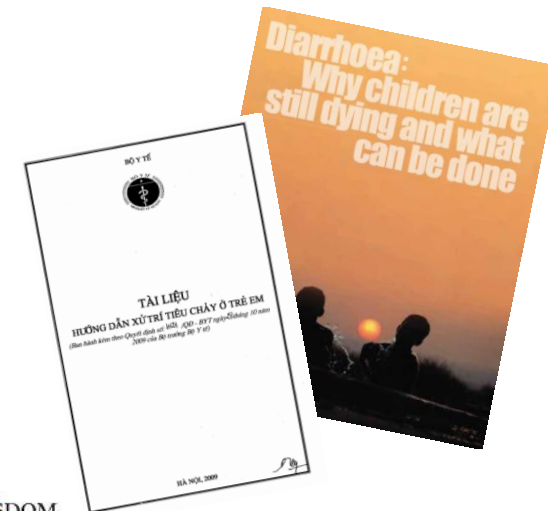
- Rural WSS sector problematic and carries health-related risks (Reis, 2012)
- Control of water pollution and implementation of current legal framework is challenging (Nguyen Thi Phong Loan, 2010)
- Water consumed is contaminated (Wilbers, forthcoming)

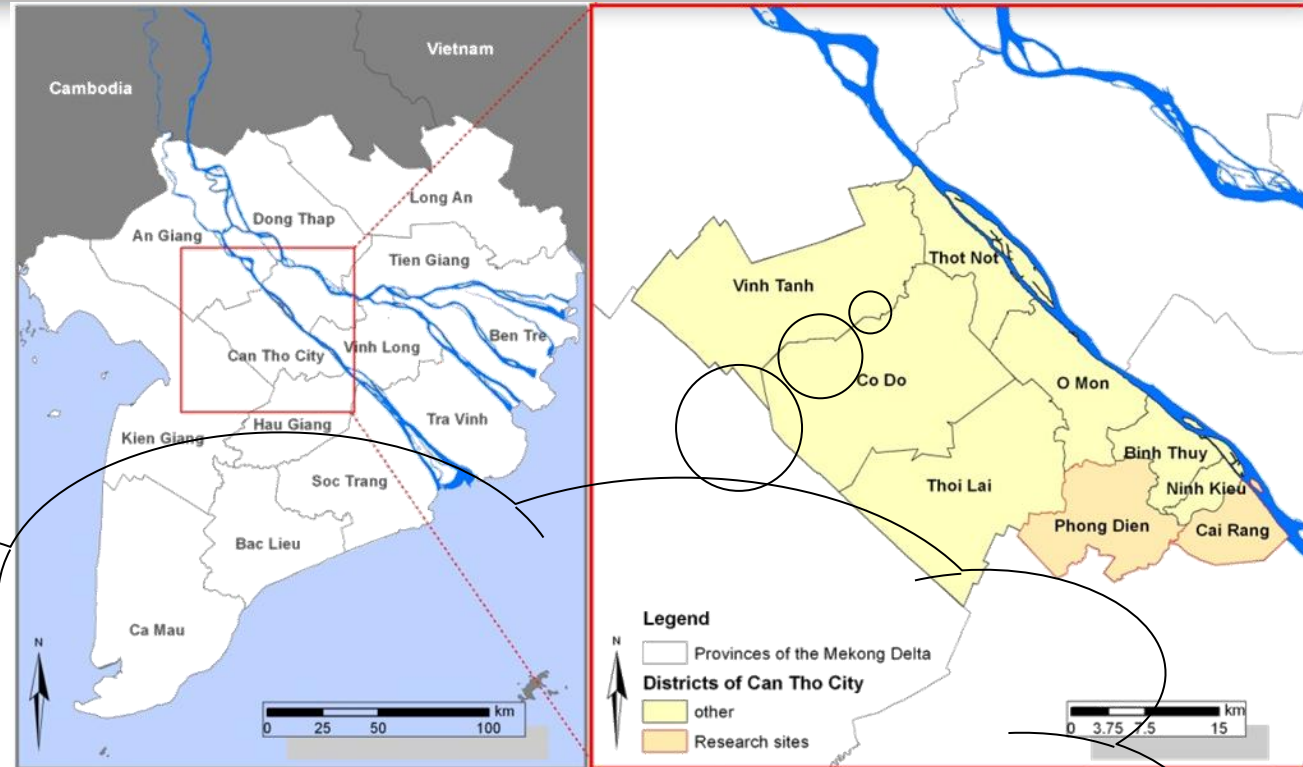


Why diarrheal disease?

- One of the leading causes of morbidity in the country (WHO, 2010)
- Increased prevalence in the Delta (Soussan et al., 2005; Luxembourger, 2001) with typhoid fever being endemic (Kelly-Hope et al., 2008)

- An estimated number of 9600 – 12400 kids under 5 years of age, die from diarrheal disease each year in Vietnam (Van Man et al., 2005)





The argument by many state officials:

“When a place is urban, it gets central water supply and the sanitation is improved (latrines), thus the risk for water-related diarrheal disease is decreased and this is proven by health statistics”

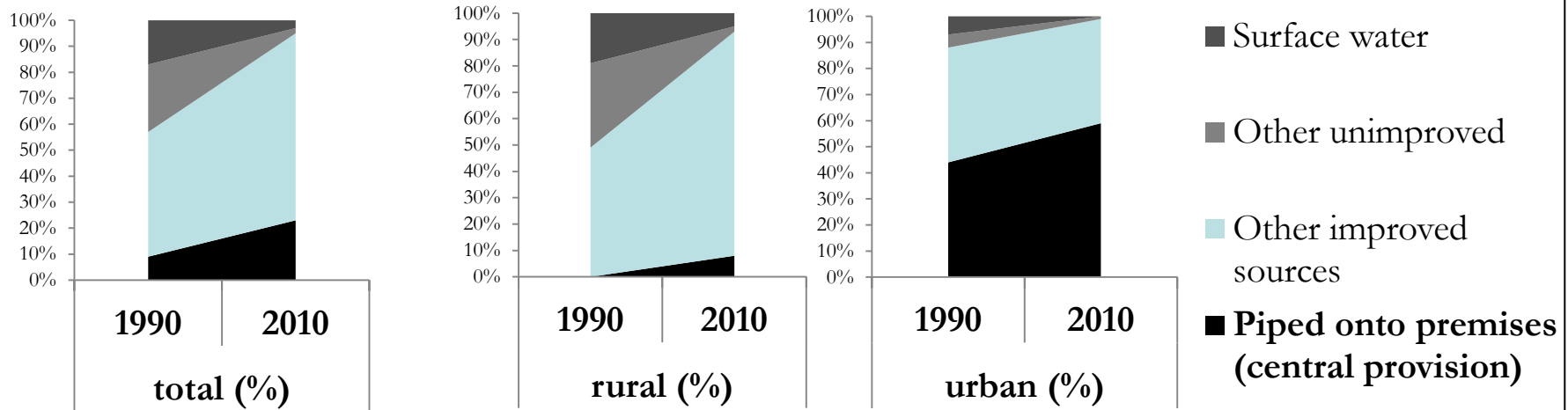


Figure 1: Water supply categories and coverage in Vietnam (1990 – 2010), for rural and urban areas (JMP 2012)

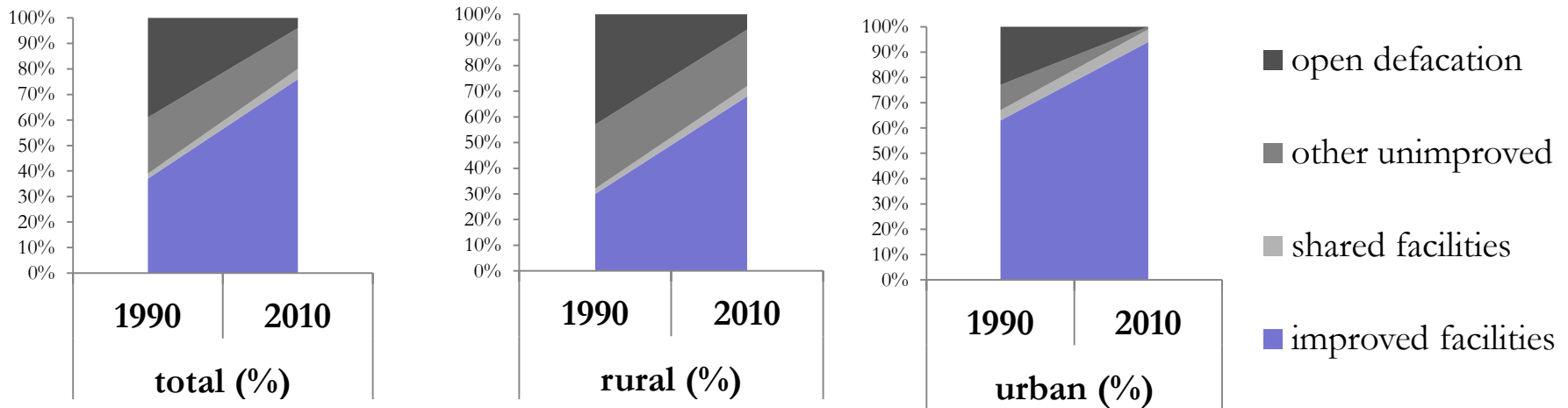
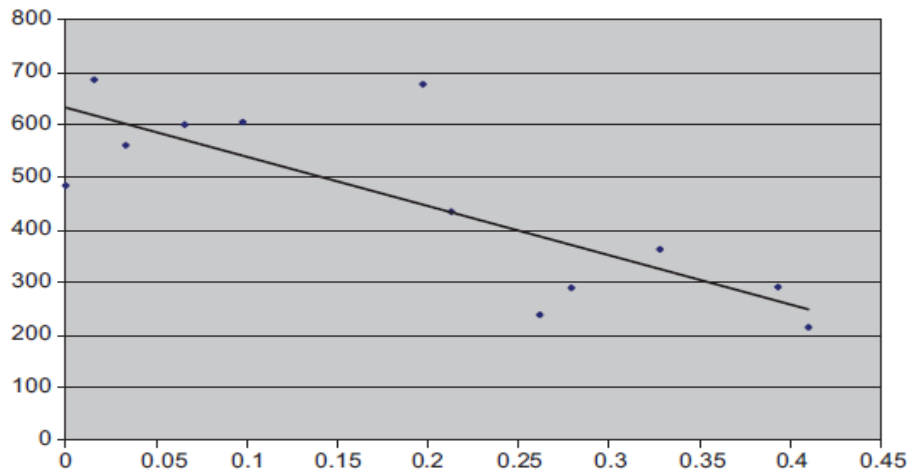


Figure 2: Sanitation types and coverage in Vietnam (1990 – 2010), for rural and urban areas (JMP 2012)

Does this speak of quality & risk of disease?

- Improved or “hygienic” - a matter of definition both for water supply and sanitation
- Simultaneous use of multiple water sources
- Pockets of poor population with no access in both R and U



Population density by MDG clean water estimate (Mekong Provinces only) - Adopted by *Spencer, 2008*

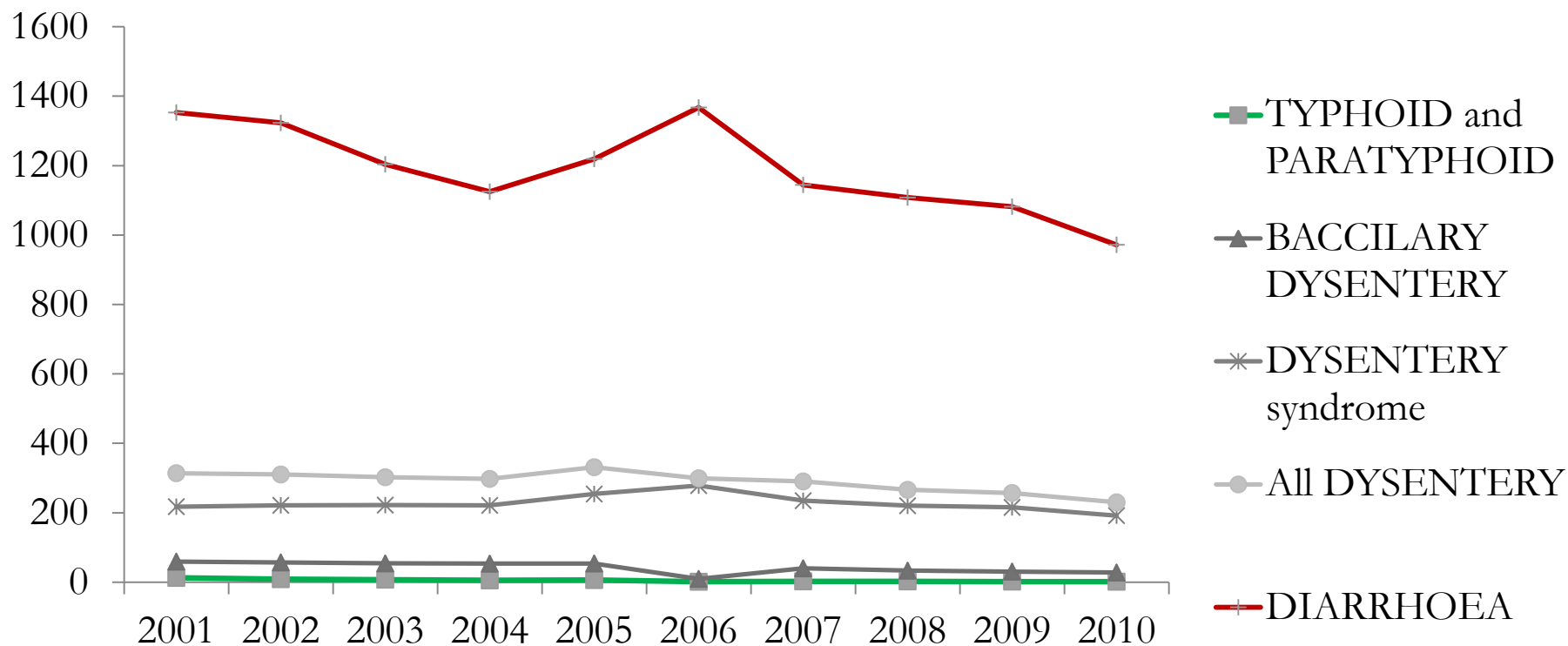


Information, Education and Communication (IEC) activities for health prevention

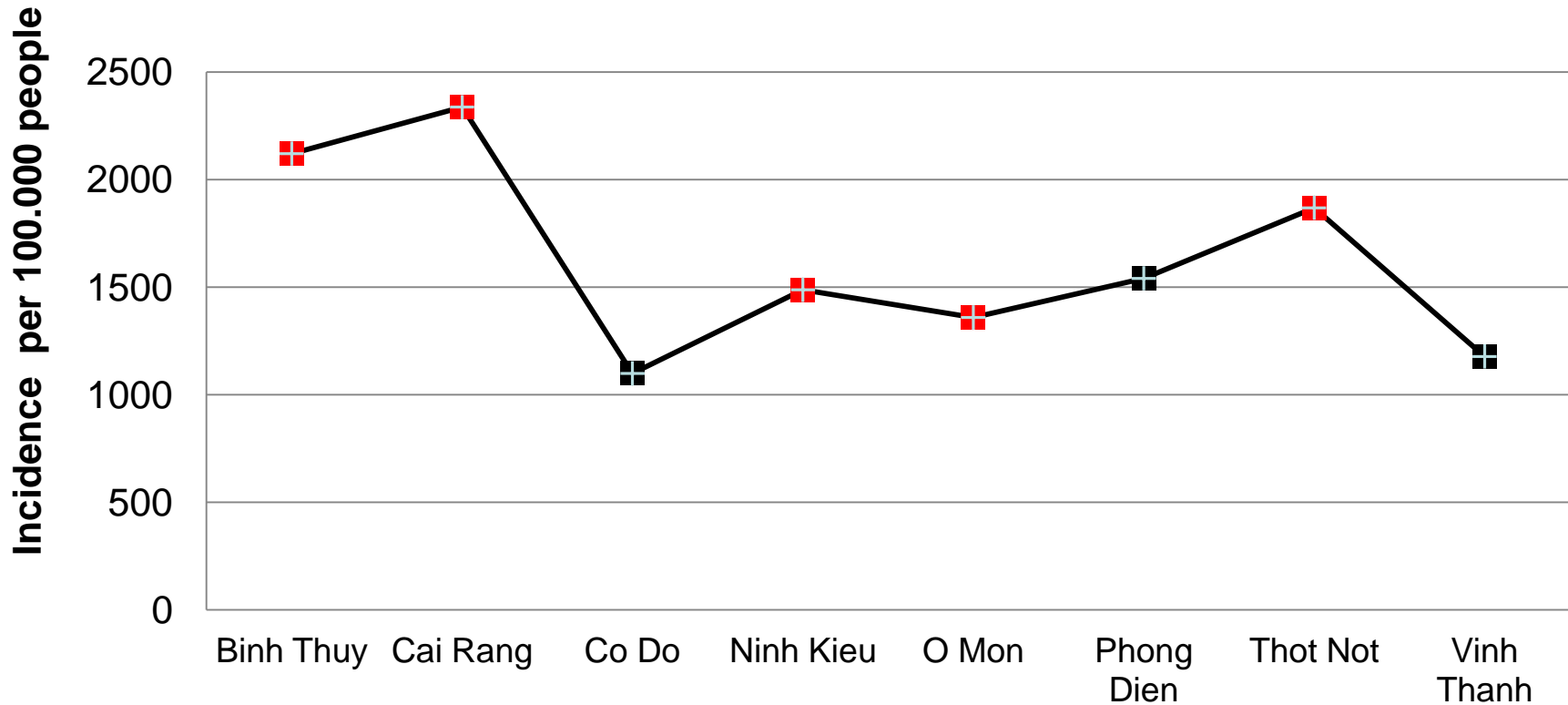


- ◆ Not inclusive, not widespread, not effective
- ◆ Participation not fostered
- ◆ Information dry of explanation

Nationwide yearly variation of diarrheal disease incidence (per 100.000 people) - data from (MoH, 2011)



Average incidence of diarrhea in the districts of Can Tho
(average for 2008 – 2011) - data from (PHC, 2011)





“Health is gold”:

Institutional structures and the realities of health access in the Mekong Delta, Vietnam

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health access in the Mekong Delta, Vietnam



- Urban population escapes the focus of anti-diarrheal campaigns and discourse, because the issue is boiled down to WSS facilities
- This is diminishing a socio-cultural problem that the region and the country has to deal with, to an economic one
- However, in local and national reports diarrheal disease has been tackled, people are now aware and educated about these issues and take the right decisions on water and hygiene issues

“The real disease is the reporting system in Vietnam”

(Interviewee, medical doctor 21.07.11 in Phong Dien)

- ◆ Factors that exacerbate diarrheal disease act across urban and rural boundaries and are deeply political:
poverty, access to good healthcare, access to preventive health advice and the means to achieve it, opportunity to participate in activities and be part of the solutions
- ◆ Simple cause-effect relationships are not enough for the assessment of diarrheal disease risk which should not be confined to WSS

Addressing this “everyday” disease in a more inclusive way, considering its social components, can have collateral positive effects for the prevention of other types of epidemics in the country.

Thank you !

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