

Anthropology professor helps Swazi citizens

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Many people have the preconceived notion that anthropology is all about studying distant tribes of Africa, but Baruch's own Dr. Robin Root, associate professor of anthropology, and her study of Swazi people suffering with HIV/AIDS is an example of how broad the field is and how impactful it can be on people's lives.

Root, a medical anthropologist who received her master's in public health at Harvard University and her Ph.D. in anthropology from the University of California in Los Angeles, explained anthropology's significance as it relates to humanity.

"Anthropology is the study of humanity, which covers the scientific study and humanist aspects of how human societies are formed and operate, and most importantly, how they're experienced by its members and change over time," she said.

The field involves very hands-on techniques, which include venturing to the country of the study and interacting with the local people. These interactions go far beyond formal questionnaires as Root aims to develop a natural rapport with the people she studies.

"People's stories are like data," Root said. "We analyze people's words, and the physical details of their settings, in ways others [mathematicians, economists] might analyze numbers."

Much of Root's graduate work, articles, and current studies deal with HIV/AIDS in Malaysia, an emerging economy, and Swaziland, which is plagued by poverty and disease.



Special to The Ticker

Professor Robin Root poses with Swazi pastor.

One aspect of her current research explores how the HIV stigma can compromise, not just how the community treats its individuals, but how it can affect an individual's perception of him or herself. "Maintaining a strong sense of self with HIV/AIDS is a real challenge in many parts of the world," she said. "I use diverse methods to analyze relationships between culture and health in the context of political economy," Root said.

In industrialized nations like the United States, although HIV stigmas remain prevalent, there are many outlets that provide information and support from various free clinics, physicians, and readily available information on the Internet.

However in Swaziland, trying to reach the nearest clinic, which often times is miles away, can be a matter of life or death. This is especially the case for those already infected with HIV/AIDS, whose health has worsened as a result of the progression of the disease.

In Swaziland, 49 percent of women between the ages of 25 and 29 are HIV positive.

"Imagine you're sitting in a Baruch classroom, you're HIV negative: you look to your left, she's HIV positive, you look to your right she's HIV positive. That's 49 percent," said Root in an attempt to paint a picture of the severity of the situation.

Root identified some vital and complex sources of support in Swaziland, one of which is a local church run by a home-based care group in the southern part of the Kingdom.

The Christian group fights the social stigma associated with HIV by attaining the antiviral medication necessary to survive, educating about HIV, and caring for the sick in terms of washing and bathing them.

The group has grown from 36 Swazi volunteers to 800 between 2006 and 2010, and serves about 3,000 clients.

These volunteers provide the Swazi people with an opportunity that had they not received, could ended tragically for them.

"When I asked what would've happened if the care supporter had never knocked on their door to help them, I haven't done the analysis, but I think if I had a dollar for every time someone said, 'I'd be dead,' I'd be a rich person and able to fund organizations myself!" Root said in reference to a questionnaire 80 HIV positive individuals took.

In many regions of the world, faith-based organizations provide substantial frontline support, especially where international and government agencies cannot reach.

Root believes that religion usually tends to stigmatize people that have HIV/AIDS and that it affects HIV/AIDS research and funding in the United States, especially considering the taboo subject of sex.

However, Root tries to find a middle ground. "Combine the institutional saturation of churches, and the trust and authority they have in the eyes of many, with the information and medicines offered by clinics," she said. "African scholars are beginning to conceptualize such opportunities as 'religious health assets.'"

While the outreach of the organization she is currently researching sounds promising, Root fears that the global recession will gravely impact the progress that has only just begun. With further HIV/AIDS funding in jeopardy, decreasing access to antiretroviral medications and preventative care would be tragic.