

CHAPTER 21



Using the Concept of Social Well-Being

Developing and Implementing a Framework for UNICEF Planning and Evaluating Efforts to Achieve Rights and Development Goals for Children and Families

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Project Background

The United Nations Children’s Fund (UNICEF) is an agency whose primary purposes include advocacy for the protection of children’s rights (as detailed in the UN Convention on the Rights of the Child), helping to meet basic needs and expand opportunity for children, assisting in times of crisis, protecting highly vulnerable children, promoting gender equity and the elimination of discrimination, and generally promoting the achievement of social and economic development aims as set out originally in the UN Millennium Development Goals, now in the follow-up phase of Sustainable Development Goals, as these pertain to children. UNICEF works through agreements with country governments, typically set out in five-year plans.

In addition to the task of promoting and advocating rights and development as described, UNICEF also monitors progress both in countries where it works and throughout the globe. One of the key resources for monitoring is the Multiple Indicator Cluster Surveys (MICS), and UNICEF’s synthesis of these data, along with US Agency for International Development (USAID)–funded Demographic and Health Surveys (DHS) as well as other global social/health data, including data collected by specific projects or initiatives. In monitoring with a focus on rights (or the lack thereof) and specific development goals (that are or are not met), there is often a “negative orientation” to the monitoring

process, that is, a focus on data that are related to a problem, with resultant programs that are reactive and potentially even narrow in focus.

From an anthropological perspective, however, many of these specific problems are integrated in a larger sociocultural whole. For example, an issue of commercial sexual exploitation of minors (a rights concern) may be embedded in a multilevel context: a young, urban, female sex worker in Thailand originally migrates from a rural area because of the lack of work (due to a rural-urban economic configuration) to support her parents (her cultural responsibility) and ends up involved in sex work because of gender-limited options and minor status, which then puts her at risk for HIV/AIDS. Trying to understand that larger whole, and how dynamics within the larger context underlie barriers to rights and development, may lead to more effective and “upstream” points of intervention for UNICEF, where a given intervention can address more than one specific problem because it is focused on causal chains that connect multiple problems.

This broader focus is highly anthropological in orientation and also parallels the social determinants perspective now promulgated by the World Health Organization (WHO) (WHO 2011a and 2011b), the social-ecological orientation characteristic of recent public health approaches,¹ and the idea of syndemics² from critical medical anthropology (look for writings by Merrill Singer 2009, 1996, 1994; Singer and Clair 2003). Importantly, it implies a different, or at least additional, lens that UNICEF can consider for monitoring progress—a lens that identifies and monitors change at various levels within the broader causal chain, not just the final outcome. There is a more positive and less reactive character to such an approach because it aims to create change and build assets that may head off the problem in the first place.

At the same time, to take this kind of social-ecological approach to monitoring progress is challenging precisely because the data needed are no longer just problem focused in a narrow sense. Looking at progress through a social-ecological lens means developing a theoretical map or framework composed of multiple domains, potentially at several levels (e.g., proximal, underlying), collecting data in those domains, and linking specific programs, policies, or other interventions to their hypothesized domain outcomes, and then linking those outcomes to the ultimate impact on development goals and rights.

In other words, it is an ideal challenge for the theory, holistic connections, and tools that can be applied through anthropology.

Project Description

In the two linked projects I will describe here, I worked with UNICEF as a public health anthropologist in the Latin America–Caribbean (LAC) region

to develop and help implement two variations of a social-ecological framework representing domains necessary for social well-being, which I framed as the precursor to the achievement of rights and development goals of key interest to UNICEF.

This work includes an Adolescent Well-Being Framework developed initially in 2008 (and continuing), tailored to the LAC region, and a 2011 Situation Analysis of Children and Women in Belize, which was based on a social-ecological framework outlining multiple levels of contributing factors and which served as the basis for continued work on behalf of UNICEF in that country. Both frameworks were intended to promote approaches to progress in achieving rights/development goals that address the connections between different domains (e.g., health, education, socioeconomic opportunity, capacity, protective systems, cultural/social identity, civic participation, and others) that together constitute social well-being across the life cycle.

The frameworks were informed by an anthropological perspective, current research (including ethnographic and qualitative research that I had previously conducted regarding homeless/runaway youth, injection drug users, and other populations at high risk for HIV/AIDS, substance abuse, and violence), the application of information from other social sciences, and country-specific data. Most importantly, both frameworks were developed as practical tools that incorporated the use of specific kinds of data to assess progress at the local, national, and potentially regional levels. Because the focus was on social well-being, most of the data to be used with these frameworks emphasized assessment of the positive assets necessary for social well-being, as opposed to just negative data, such as the prevalence of HIV/AIDS, violence, school dropout, gender inequity, or child exploitation, that are symptomatic of a lack of social well-being. For this reason, the frameworks can be used for planning and goal setting as well as evaluation.

Implementation and Anthropologist's Role

The project description below covers several sequential components, from the development of the Adolescent Well-Being Framework to the Situation Analysis of Children and Women in Belize to continuing work in Belize.

The Adolescent Well-Being Framework

Historically, UNICEF has focused on maternal and child programs as well as monitoring data. However, in recognizing that sufficient attention had not been paid to adolescent children, UNICEF established an Adolescent Development and Participation Unit at UNICEF headquarters in New York at the

end of 2001 to provide program support and technical guidance in the area of adolescent health and development. As different regions began to increase their adolescent focus, basic questions arose as to how to monitor progress.

The Logic for a “Well-Being” Framework

The United Nations Convention on the Rights of the Child (CRC) establishes an extensive legal framework of rights that outlines legal and other conditions considered necessary for a fully protected existence during childhood, including adolescence. The CRC rights encompass safety, freedom from discrimination, exploitation, violence and trafficking, freedom of expression, thought and assembly, education, health and healthcare access, best interests of the child, and many others that pertain to positive conditions for development. At the same time, the indicators typically available to assess the state of affairs for adolescents aged ten to nineteen (or other related age brackets) often focused on the kinds of negative outcomes mentioned earlier. Conclusions about well-being among this age group were then based on the *reduction* or *absence* of negative consequences, in a sense presuming that adolescence amounts to “bad things waiting to happen.”

However, from a social well-being perspective, the reduction or absence of negative outcomes is often a consequence of the positive assets, characteristics, and rights present in the social environment surrounding adolescents, as well as within them as individuals. Put simply, a negative consequence such as drug use or involvement in drug trafficking is likely to follow from such factors as the lack of educational and employment opportunities, the lack of available, positive social roles, poverty, discrimination, and lack of cultural respect for ethnic or religious minority groups, and many others. Thus, the logic of measuring well-being is based on tracking the presence of positive aspects of adolescents and their social ecology, which should serve as a guide to the social forces available to prevent negative consequences and to help adolescents thrive and become productive, contributing individuals. A key assumption underlying this approach is that adolescence is in fact “good things waiting to happen.”

With this in mind, I worked through several steps with UNICEF in the LAC region to develop a proposed framework for identifying adolescent well-being indicators, and subsequently to develop a preliminary set of indicators, as well as training and implementation materials. The first step was an extensive background paper, titled “Development of UNICEF Latin America/Caribbean (LAC) Well-Being Indicators” (Edberg 2008), which sought to outline a comprehensive, social-ecological justification for defining adolescent well-being and to propose a preliminary set of domains for measurement that represented expected outcomes/impacts under that definition: the applied component. The justification came from my previous experience in assessing social ecol-

gies of health risk and ethnographic research with high-risk youth,³ qualitative research used for developing evaluation frameworks (see Edberg, Cory, and Cohen 2011), from social/behavioral theory related to adolescent development and risk, programmatic approaches to well-being drawn from the LAC region, and a range of legal and rights-based conventions pertaining to children and youth. The age range for adolescent well-being indicators was identified as ten to nineteen years, with an acknowledgment that the age of adolescence varies socially and culturally and that in a developmental sense, the adolescent age range is closely linked to younger age brackets as well as the nineteen-to-twenty-four age category following adolescence.

An effective strategy for developing a set of indicators to measure progress in adolescent well-being was to use a logic model structure that would (1) organize factors contributing to well-being into “actionable domains”; (2) identify the outcomes/impacts to be expected by domain in order for progress to occur; (3) define indicators for each of these outcomes/impacts; (4) identify any existing data sources for the indicators; and (5) set out the practical methods and means for collecting the data. Monitoring progress would be accomplished based on the collection and reporting of a selection of indicators within each domain, such that the entire set of domains represents adolescent/youth well-being from a positive viewpoint.

The second step, after finalization of my LAC background paper, was to accompany UNICEF LAC regional representatives to expert group meetings at UNICEF headquarters in 2009, where multiple UNICEF regions were meeting to identify a basis for developing an adolescent module for the upcoming fourth round Multiple Indicator Cluster Survey (or “MICS4 survey”). This was to be the first time that the survey included a module specific to adolescents. Each region came with ideas and rationales for defining the elements of such a module, but the LAC well-being framework ended up serving as one basis for the discussion and for the eventual module, which was in fact included in the MICS4 survey, administered globally.

Adolescent/Youth Well-Being Domains

The starting point for determining adolescent well-being domains had to be a consensus definition of adolescent age parameters and the characteristics of well-being. The definition is rather involved but generally frames adolescence as occurring between the ages of ten and nineteen, with unique developmental characteristics and needs, and with younger and older ages sharing many similar characteristics.

As part of the document prepared for the 2009 expert group meeting, I developed a set of indicators, a matrix of possible data sources, and a sample module formatted as if in a survey. Within each domain there are expected out-

comes/impacts, viewed as short-term outcomes versus longer-term impacts, and as the *results* of some activity.⁴ For purposes of planning, monitoring, and evaluation, progress toward adolescent well-being was framed as the aggregate result of progress in each of several domains, such as health status, subjective well-being, educational opportunity and performance, protection from abuse and exploitation, socioeconomic opportunity, equity of identity, access to supportive services, and opportunities for participation.

The third step, one that continued for some time following framework development, was the refinement and application of the theoretical framework and tool. First, the framework was utilized in a small evaluation exercise conducted in the Caribbean. I then presented the framework at several international UNICEF meetings. The framework was also integrated into the CARICOM (Caribbean Community) Youth Development Action Plan for 2012–17. UNICEF-Belize then signed an agreement with George Washington University to set up a “Center of Knowledge” relationship, which I directed. One task under this center was to develop an Adolescent Well-Being Framework training and application package, and to begin working with nongovernmental organizations (NGOs) in Belize to test its use. In the two years following that agreement, I was engaged in these (and other related) application tasks.

The Social Well-Being Framework and Belize Situation Analysis

In 2010, the primary contact person with whom I worked at the UNICEF LAC headquarters in Panama was appointed UNICEF country officer to Belize. She was determined to keep moving forward on the development and use of a social-ecological, well-being framework—particularly since UNICEF was seeking to realign itself toward more “upstream” strategic planning as well as evaluation work. Pursuant to this aim, she appointed me as the team leader of a small group of consultants who were to conduct a situation analysis of children and women in Belize.

Belize is a small but unique country, full of natural beauty, historical significance, and a vibrant and diverse cultural mix. It occupies an important political and cultural space between Central America and the Caribbean and is composed of at least four key cultural groups: the Afro-Caribbean (Kriol), Latino, Garifuna, and Maya. Belize also faces a number of challenges. On the one hand it had, at the time of this project, the highest HIV/AIDS prevalence rate in Central America along with serious problems of drug trafficking and violence; on the other, it had an emerging tourist industry and strong environmental protection stance. While it was technically a lower-middle income country (by World Bank rating), the postcolonial political and culture-group hierarchy is linked to significant inequities between population groups and regions. In the Maya region, for example, poverty levels at the time exceeded 60 percent.

Typically, a situation analysis for UNICEF is organized around the rights and development goals UNICEF monitors. For this situation analysis, however, I proposed the development of a social-ecological framework as the basis for organizing the document and its recommendations—again, meaning that the document was not just a narrative around current rights/development data but an explanatory and contextual narrative that sought to link current data to a causal, multidomain matrix. One challenge in following this path, however, was that once these broad, linked domains were set out, data would have to be identified (or in some cases, collected) for each domain. Such data are not always easy to find. A second challenge was to gain the buy-in of collaborating government agencies and NGOs, who were more accustomed to the traditional situation analysis format.

This is important because the situation analysis was to serve as the guiding document for the elaboration of a country cooperation program between UNICEF and the government of Belize and contribute to the development of a new country assessment and a UN assistance framework. As such, it incorporated a substantial number of surveys, assessments, evaluations, and studies that had been conducted by the government of Belize, the National Commission on Families and Children, various NGOs, UNICEF and other UN agencies, as well as other development and local organizations. These were used to update and provide additional information on the status of women and children in Belize and the factors contributing to their current status. Moreover, impacts of the changing economic environment in Belize as a consequence of the global recession were documented in this situation analysis.

To gain buy-in, we conducted several meetings with NGOs and Belize government representatives to explain the utility of a social-ecological framework, seeking their respective input and eventually gaining approval. Working with two consultant team members, an extensive network of sources, both in Belize and regionally, were tapped for data. We also conducted some interviews and focus groups (with youth, and with radio, internet, and other communications representatives) to gain additional understanding about youth perceptions of their role and future in Belize and about the availability of communications channels and programming for youth (the latter related to the communication and informational environment for youth).

The social-ecological framework around which the situation analysis was organized included domains arrayed at four levels:

- 1) Proximal/Immediate Domains (“what people experience”)
 - Health (health status, risks, knowledge)
 - Education (availability, access, equity)
 - Protective asset equity (the types and equitable distribution of protections available against exploitation, abuse, identity discrimination, etc.)
 - Socioeconomic opportunity

- 2) Domains Related to Underlying Capacity
 - Policy and legal structure (policies/laws that support the proximal domains)
 - Educational capacity (capacity to provide educational access, equity, etc.)
 - Social/health services (capacity to provide these services)
 - Justice system (the capacity of the system to ensure protection)
 - Data and communication capacities (infrastructure, access, content relevant for multiple cultures)
- 3) Underlying Factor Domains Affecting Capacity
 - Inequity and poverty (as these interrelate by group and region)
 - Economic and crisis vulnerability
- 4) Broad Underlying Domains
 - Cultural factors (the cultural landscape in relation to inequity and poverty)
 - Geography (physical, resources)
 - Governance issues (e.g., longstanding patterns of political culture)

Figure 21.1 displays these social well-being domains, mapped to the UN rights and goals that UNICEF has to monitor.

Belize Situation Analysis: Domains

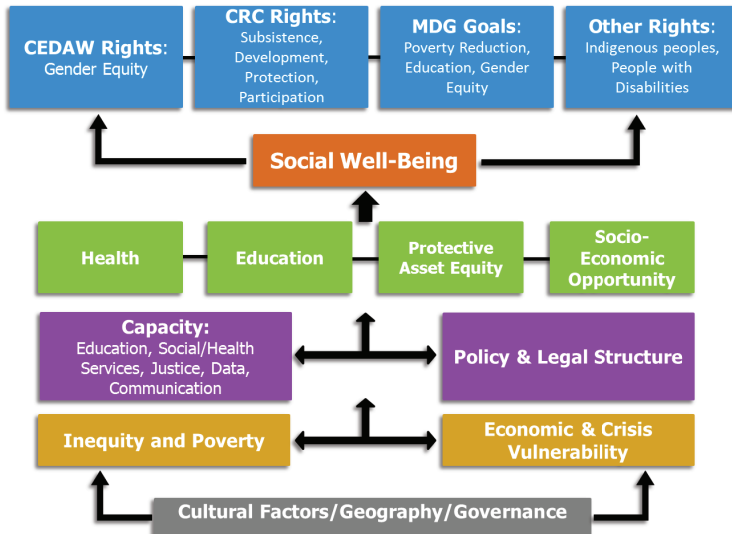


Figure 21.1. The social well-being domains of the social-ecological framework and how they map to United Nations goals. © 2020 Mark Edberg

Outcomes

Taken together, the Adolescent Well-Being Framework and the Social Well-Being Framework for the Belize Situation Analysis were and continue to be an attempt to develop and implement the kind of holistic, integrated understanding that is at the root of an anthropological perspective. There is no question that the implementation of these frameworks presented and will present challenges, because it is by nature more demanding, in terms of both the information and linkages that need to be considered in formulating policies and programs and in evaluating them. The next task for both of these frameworks is to increase the practicality of their use. That work is ongoing.

The following key points are useful to keep in mind when summarizing how this social well-being effort drew from anthropology and led to practical results.

First, UNICEF faced a challenge for how to impact and measure progress for adolescents, as well as children and families, *vis-à-vis* the rights and development goals they must promote and monitor, and in a way that would support a more “upstream,” strategic role for UNICEF. [There has been a continued evolution of this effort, beyond what was done for the original Adolescent Well-Being Framework discussed here.]

Second, I worked with UNICEF in the Latin America–Caribbean Region, in Belize, and at UNICEF headquarters to develop frameworks for planning and evaluation that were based on a concept broader than just rights and development goals—the concept of social well-being as an integrative approach underlying rights and development goals.

Third, both frameworks drew extensively from an anthropological perspective related to the integration of social phenomena and from direct ethnographic and qualitative work (as well as social research, applied program experience, and youth development theory).

Fourth, the Adolescent Well-Being Framework was presented in numerous UNICEF meetings, was tested and applied at several locations in the LAC region, was a key source for a regional youth development plan and played a role in the development of a first adolescent module for the UNICEF Multiple Indicator Cluster Survey.

And finally, the Belize Social Well-Being framework became the underlying framework for the 2011 Situation Analysis of Children and Women in Belize, which was the basis of a subsequent five-year plan of action between UNICEF and the government of Belize and also the basis for follow-up work in Belize through a Center of Knowledge relationship between UNICEF-Belize and George Washington University. Key findings from the Belize Situation Analysis include the following:

- ✦ The distribution of ethnic groups by region, and concomitant disparities and bottlenecks in access to political power, infrastructure, services, schools, and other resources, was integrally tied to broader inequities.
- ✦ Communication access (and therefore information access) was low overall, hampering movement toward achievement of development/rights goals.
- ✦ The capacity to provide education, cross-cultural, health, protective, communication, disaster, and other services was low, and the educational infrastructure was not sufficient to build this capacity (if increased, the capacity would also increase income-producing opportunities).
- ✦ The political and cultural history of Belize undergirded an identity question (what is a Belizean?) that affected decisions about language, education, and political access.
- ✦ Limited economic opportunities were clearly tied to youth involvement in the drug trade, violence, and sex-for-money (HIV/AIDS and sexually transmitted infection risk).

There were many other findings, and a total of seventy specific recommendations were made covering all the domains. The situation analysis was released with some fanfare (Edberg, Chambers, and Shaw 2011) at a meeting in the town of San Ignacio, not far from the western border with Guatemala. In attendance were heads of a number of ministries, the prime minister's wife, and a range of Belizean as well as regional NGOs focusing on human rights, development, gender, and other issues. Each ministry head was presented with a copy of the situation analysis, followed by brief speeches. The Belizean press (television, radio, print) covered the event, and even I—a non-Belizean—was interviewed several times.

Most importantly, the situation analysis became the working document for UNICEF and the Belize government and the basis for other tasks under a follow-up UNICEF Belize/George Washington University Center of Knowledge, including the development of awareness and training materials related to a social-ecological perspective, intended for ministry staff (program planners, policymakers), NGO practitioners, and the general public. The Belize situation analysis was also added to the UNICEF headquarters website as an example of an approach to conducting a situation analysis. Moreover, the Center of Knowledge became the foundation for a center I chartered at the university, now called the Center for Social Well-Being and Development (<https://cswd.gwu.edu/>).

The Anthropological Difference

The anthropological difference in these linked projects has three components.

The first component is the grounded, qualitative research experience. The impetus for thinking about adolescent risk and adolescent well-being as ho-

listic, embedded phenomena came largely from having worked previously on a series of qualitative and ethnographic projects in which I saw youth who were at risk for multiple problems, including HIV/AIDS, violence, and substance abuse, in context. Those contexts clearly shaped their vulnerability to these health issues. Youth in high violence, high poverty communities were put in the position of having to think about violence and other health risks in a different way, as part of the territory, as necessary for establishing protective or otherwise advantageous reputations. Paul Farmer, in his multiple works on structural violence, talks about the social position of marginalized groups as curtailing their choices. That was certainly true for the youth I saw. The choices they faced were different from the choices available to youth in high-resource communities and population groups. It affected not only what they did but how they thought about it. The same perspective and experience informed the social-ecological framework for the Belize situation analysis, as part of the data collection effort involved traveling to several parts of the country and collecting some primary data.

Second is the use of anthropological theory and the anthropological “lens.” Anthropologists are not trained to think of human “behavior” as discrete and decontextualized action. So what I saw on the ground was supported by the theoretical background and methods gained from anthropology. Based on the grounded work mentioned above, and that anthropological lens, it made sense to use a broad, social-ecological framework to assess and address factors that could be contributing to outcomes for adolescents in general and for children and youth in Belize, and to think of those factors as integrated. That was a key reason for the term “social well-being” as opposed to “individual well-being.” The sociocultural world around those children and adolescents had to *be* “well” in order for individual children and adolescents to *do* “well.”

Finally, but certainly not least, is anthropology and perspective. An anthropological background helped me, when interacting with multiple stakeholders in the process, to pay attention to where these stakeholders were coming from and to understand their perspectives in order to be able to work collaboratively and communicate with them about using these frameworks. Stakeholders often view situations from the perspective of their agency or organization’s involvement, from concerns about practical application (for example, about collecting data), from specific disciplinary backgrounds, or through the lens of particular constituencies for whom they are advocates.

Epilogue

Much has occurred since the work done with UNICEF on the Adolescent Well-Being Framework, the 2011 Situation Analysis, and formation of the

two-year UNICEF Center of Knowledge. In 2012, as noted above, I converted the Center of Knowledge into a chartered center at George Washington University, now called the Center for Social Well-Being and Development (CSWD, at <https://cswd.gwu.edu/>), which has engaged in multiple projects since then, primarily with UNICEF. In 2014, the CSWD was awarded a long-term agreement with UNICEF headquarters, under which we have conducted multiple projects in South Africa, Indonesia, Ghana, and Jamaica, following the same social-ecological approach and producing a number of reports and a published article (Edberg et al. 2017). More recently, we conducted a second Situation Analysis for UNICEF Belize, using a slightly different framework but still in line with the social-ecological approach. We also completed a small pilot research effort (with the anthropology department at GWU) to obtain life-history interview data from recent Central American migrants to the United States in order to assess transnational factors influencing health outcomes (see Edberg et al. 2020).

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Notes

1. The idea that there is a “social ecology” in which health social and other situations are embedded, such that they cannot be addressed effectively in isolation from that context.
2. Co-occurring and interacting health issues that result from shared social and structural conditions.

3. For example, an extensive ethnographic study I did of HIV/AIDS and substance abuse risk among runaway/homeless youth (funded by the National Institute on Drug Abuse; see Edberg 1994); an ethnographic study on the US-Mexico border concerning popular media images of the narcotrafficker persona and connection to youth risk (see Edberg 2004a and 2004b); a needs assessment study (SAMHSA) of youth at risk for HIV/AIDS, STIs, substance abuse, and hepatitis (Edberg et al. 2009); an ethnographic study of young women at risk for commercial sex exploitation/trafficking (Cohen, Edberg, and Giles 2010); and mixed-methods research (funded by the CDC), as well as other work, on youth violence prevention (see Edberg et al. 2010a and 2010b; Edberg and Bourgois 2013; Edberg 2012).
4. <https://publichealth.gwu.edu/pdf/UNICEF-LAC%20Core%20Adolescent%20Well-Being%20Indicators.pdf>

References

- Cohen, M. I., M. Edberg, and S. Gies. 2010. *Final Report on the Evaluation of the SAGE Project's LIFESKILLS and GRACE Programs*. Prepared by Development Services Group, Inc. (Bethesda, MD) for the National Institute of Justice (Washington, DC), 30 June.
- Edberg, M. 1994. "HIV/AIDS Risk Behavior among Runaways in the Washington, DC Metropolitan Area." In *Runaways and HIV/AIDS*. Report for National Institute on Drug Abuse (NIDA). Bethesda, MD: National Institutes of Health.
- . 2004a. *El Narcotraficante: Narcocorridos and the Construction of a Cultural Persona on the US-Mexico Border*. Austin, TX: University of Texas Press.
- . 2004b. "The Narcotrafficker in Representation and Practice: A Cultural Persona from the Mexican Border." *Ethos (Journal of the Society for Psychological Anthropology)* 32(2): 257–77.
- . 2008. "Development of UNICEF Latin America–Caribbean (LAC) Adolescent Well-Being Indicators: Background and Proposed Indicators." Project Report. Panama City: UNICEF LAC.
- . 2009. "Preliminary Set of UNICEF/LAC Core Adolescent Well-Being Indicators for the MICS4 (and Beyond), with Rationale and Sample Module." UNICEF. Accessible via <https://publichealth.gwu.edu/pdf/UNICEF-LAC%20Core%20Adolescent%20Well-Being%20Indicators.pdf>.
- . 2012. "Youth Violence: An Issue in Search of Anthropology." *Anthropology News*, American Anthropological Association, September.
- Edberg, M., J. Benavides-Rawson, I. Rivera, H. Shaikh, R. Monge, and R. Grinker. 2020. "Transnational Determinants of Health for Central American Immigrants to the U.S.: Results of a Qualitative Study." *Global Public Health*. <http://dx.doi.org/10.1080/17441692.2020.1779329>.
- Edberg, M., and P. Bourgois. 2013. "Street Markets, Adolescent Identity and Violence: A Generative Dynamic." In *Economics and Youth Violence: Crime, Disadvantage and Community*, edited by R. Rosenfeld, M. Edberg, X. Fang, and C. S. Florence. New York: New York University Press, pp. 181–206.
- Edberg, M., C. Chambers, and D. Shaw. 2011. *Situation Analysis of Children and Women in Belize, 2011: An Ecological Overview*. Report, Government of Belize/UNICEF Belize.

- Edberg, M., S. Cleary, E. Andrade, et al. 2010a. "SAFER Latinos: A Community Partnership to Address Contributing Factors for Latino Youth Violence." *Progress in Community Health Partnerships* 4(3): 221–33.
- Edberg, M., S. Cleary, J. Klevens, E. Collins, R. Leiva, M. Bazaruto, I. Rivera, A. Taylor, L. Montero, and M. Calderon. 2010b. "The SAFER Latinos Project: Addressing a Community Ecology Underlying Latino Youth Violence." *Journal of Primary Prevention* 31: 247–57.
- Edberg, M., E. Collins, M. Harris, H. McLendon, and P. Santucci. 2009. "Patterns of HIV/AIDS, STI, Substance Abuse and Hepatitis Risk among Selected Samples of Latino and African-American Youth in Washington, DC." *Journal of Youth Studies* 12(6): 685–709.
- Edberg, M., K. Corey, and M. Cohen. 2011. "Using a Qualitative Approach to Develop an Evaluation Data Set for Community-Based Health Promotion Programs Addressing Racial/Ethnic Health Disparities." *Health Promotion Practice*, 15 June, doi: 10.1177/1524839910362035 (online version).
- Edberg, M., H. Shaikh, R. N. Rimal, R. Rassool, and M. Mthembu. 2017. "Development of a Communication Strategy to Reduce Violence against Children in South Africa: A Social-Ecological Approach." *African Journal of Information and Communication* 20: 49–76. <https://doi.org/10.23962/10539/23576>.
- Singer, M. 1994. "AIDS and the Health Crisis of the US Urban Poor: The Perspective of Critical Medical Anthropology." *Social Science and Medicine* 39(7): 931–48.
- . 1996. "A Dose of Drugs, a Touch of Violence, a Case of AIDS: Conceptualizing the SAVA Syndemic." *Free Inquiry in Creative Sociology* 24(2): 99–110.
- . 2009. *Introduction to Syndemics: A Critical Systems Approach to Public and Community Health*. San Francisco, CA: Jossey-Bass.
- Singer, M., and S. Clair. 2003. "Syndemics and Public Health: Reconceptualizing Disease in Bio-social Context." *Medical Anthropology Quarterly* 17(4): 423–41.
- World Health Organization (WHO). 2011a. *Social Determinants Approaches to Public Health: From Concept to Practice*. Geneva: World Health Organization.
- . 2011b. "Rio Political Declaration on Social Determinants of Health." World Conference on the Social Determinants of Health, Rio de Janeiro, 19–21 October 2011. Geneva: World Health Organization.