

English summary

Musculoskeletal (MSK) disorders are the most common causes of long-term pain and disability worldwide and a growing international public health concern. Recent global burden of disease studies estimate that MSK conditions continue to rise, particularly in low- and middle-income countries. Although these estimates are an important perspective of public health burden, they lack conceptual clarity about burden and do not translate into practical strategies for individuals and communities seeking to improve their health and quality of life. Shifting the focus of MSK research from population-based statistics to the perspective of individual lives provides a rich source of data to understand what MSK disorders feel like, how one lives with this burden, and how MSK pain and disability might be relieved.

In Africa, health inequities and health care disparities are glaring and, for most of sub-Saharan Africa, MSK health has been neglected principally due to competition for scarce healthcare resources. Since 2011, a nongovernmental organisation (NGO) has collaborated with the Botswana Ministry of Health to open spine care centres, educate local healthcare workers and patients, and conduct research. The goal of the NGO research team is to offer culturally informed perspectives for delivering care to people who suffer from MSK disorders and improve the discourse about MSK health, with the intent to translate and disseminate lessons learned in Botswana to spine care centres globally.

This PhD thesis presents the focused ethnography designed to examine the sociocultural and clinical characteristics of people living with **Muscle, Bone and Joint (MuBoJo)** conditions in a Botswana rural setting. Focused ethnography is a methodology that emphasises an anthropological approach to research while limiting the scope and duration of fieldwork to a specific program-relevant research problem. Thus, the three papers in this thesis aim to: 1) delineate the community context, theoretical framework and methodological details used to implement the project; 2) depict how villagers express their MuBoJo troubles through language and gesture; and, 3) examine villager perspectives about the everyday life burden and impact of MSK conditions.

Ethnographic fieldwork was conducted over eight months during three visits in Botswana. Data collection included fieldnotes, observations and interviews. Villager interviews were conducted in Setswana with an interpreter. Strategies were designed to minimise language limitations by working with local Batswana (people of Botswana) to translate written language, interpret spoken language, and transcribe audio recordings. Abductive qualitative analysis provided the interpretive methodology for this thesis. The theoretical lens included 'biographical disruption' distinguished by 'meaning as consequence' and 'meaning as significance.' Fifty-five interviews with 34 villagers (25 women) resulted in more than 50 hours of audio recordings. The median age of participants was 57 years (range 20-97). While only four participants were employed in full-time wage work, all respondents reported daily work for traditional chores at their village home, at the lands and at cattle posts.

The in-depth interview process revealed complexities for pain expression among villagers. Few participants communicated complaints using the biomedical language of healthcare providers within the context of clinical practice. Psychological and social stressors were revealed alongside many accounts of MSK troubles. Observations and interviews revealed co-existing accounts for the consequences and significance of MSK burden related to: i) hard work for traditional lives; ii) bearing the load of a rugged landscape; and, iii) caring for others with disrupted lives. Physical labour with MSK symptoms had economic and subsistence consequences. Loss of independence and social identity to fulfil traditional roles held meaning as significance. Outmigration for wage labour and other shifts in family structure compounded everyday MSK burden.

Discovering MSK burden from villager perspectives can inform strategies to prevent and manage MSK conditions to improve quality of life. Rehabilitation programmes aimed at managing and preventing the productivity consequences of MSK burden will likely improve the underlying significance for villagers, which is to lead independent lives and retain prideful social identity. Data from this study have the potential to inform government and NGO initiatives where we partner with community members to develop research, educational and care pathways delivered by villagers for villagers. Sensitivity to and respect for people's values, norms, and worldviews is important for developed and developing countries alike.