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Although not an anthropologist himself, Dr. Akan Otu explained to me why he values the contributions that anthropology and qualitative methods can offer:

“I think anthropology has a vital role to play in scientific endeavor, as it has the goal of understanding human experiences and practices, illuminating their interconnectedness and interdependence. The anthropological approach to medical research is being increasingly adopted. This is because it provides a deeper understanding of observed phenomena and captures other unanticipated facets of the topic that may help in the interpretation of quantitative data.”

In a previous edition of *Aging Talks*, medical anthropologist Aaron T. Seaman drew attention to the challenges that anthropological research can introduce to an interdisciplinary setting due to its different methods, writing styles, and funding mechanisms (Jespersen 2021). Given that my own research in palliative care involves an interdisciplinary approach, I am familiar with many of these complications and appreciate medical professionals such as Dr. Otu whose work is guided by the possibilities in anthropology's interdisciplinary approach. Dr. Otu is a clinician, researcher, and lecturer at the University of Calabar in Nigeria, a visiting lecturer at the University of Leeds in the United Kingdom, and Chief Medical Director for Joseph Ukpoko Hospitals and Research Institutes (JUHRI) in Nigeria, which offer free quality healthcare to vulnerable populations. In our Zoom interview that took place in April 2023, Dr. Otu described the professional and academic journey that led to his holistic approach to medicine and interdisciplinary approach to research as well as his more recent collaboration with ethnographers investigating the intersection of aging, care, and migration.

In the early days of his career as a medical doctor and researcher, Dr. Otu worked directly with patients and conducted health research into infectious diseases such as tuberculosis, HIV, dengue virus, and malaria. In his subsequent studies in Public Health at the University of Leeds in the U.K., he became aware of the importance of social, cultural, economic, and political contexts and the lived experiences of his human research subjects. This realization paved the way for a new focus in health interventions and services in primary care for common diseases at a grassroots level. Dr. Otu refers to this change of direction and his newly found interests as a “paradigm shift” that sharply differed from his earlier, strictly biomedical, focus on diseases. He believes that social determinants – the conditions in which people are born, live, learn, work, play, worship, and age – are foundational for health outcomes. As Dr. Otu said, “You cannot start with the roof; first, you must build a solid foundation.”

Dr. Otu strongly believes that it is not enough to identify problems and inequalities without trying to find solutions that improve people's lives. Drawing inspiration from anthropology, he believes that solutions are not universal but must consider local complexities and be developed together with the people who they are intended to help. An example of his applied approach is working in collaboration with Nigeria's Ministry of Health, local businesses, and other stakeholders to develop solutions that are specific to Nigeria and the people living there. He refers to this method as an “embedded approach.” Specifically, this involves developing, piloting, and evaluating programs, and running controlled trials for healthcare interventions as well as preventions for both infectious and noncommunicable diseases.

The aim of this work is to develop and implement health guidelines and tools that can then be deployed at a local, regional, and national scale throughout Nigeria.

Dr. Otu brings a holistic research approach to his work at the Foundation for Healthcare Innovation and Development (FHIND), where he is the Executive Director. Founded in 2015, FHIND is a not-for-profit organization that employs professionals from public health, epidemiology, and management. In its early days, the Foundation focused on tropical health issues and conditions but has since broadened its scope to find means of providing essential medical care and prevention services, especially for vulnerable and underserved populations. FHIND's preliminary work in Nigeria found that large numbers of people across all age groups own and use a smartphone in both urban and rural settings. Dr. Otu explained that digital technology-based healthcare solutions, which are accessible via smartphones, provide an affordable and effective means to reach the largest number of people. One of the digital platforms developed by FHIND is for doctor-patient interactions and holistic patient care; another is for training frontline health workers in preparation for outbreaks of Ebola, COVID-19, and sepsis in Nigeria.

As Dr. Otu explained to me in our conversation, such smartphone-based healthcare solutions came with both challenges and opportunities. On the one hand, the novel digital technology-based approach did not require a large amount of ongoing funding after the initial investment. Engaging local information-technology sectors for investment eliminated dependence on funding from the Global North, while at the same time it assured that the Nigerian government would not have to shoulder the entire financial burden. On the other hand, challenges included inconsistent access to electricity to keep smartphones charged and a need for ongoing training and re-training of users to increase uptake and continuous use of the application. Dr. Otu and his colleagues also discovered that the training videos that were made in the Global North were not intuitive to health workers in Nigeria; they had to be translated into local languages and dialects to improve the effectiveness of the training applications. In addition, step-by-step video instructions explaining how to navigate the online applications were developed and have proven to be moderately successful. Therefore, some of the challenges with use of smartphone-based healthcare solutions could be prioritized immediately. This research also helped to identify other more complex issues, such as the low use of smartphones among the older adults in Nigeria.

With regards to the level of adoption and use of smartphones by older individuals in Nigeria, there is still not enough data available (Omotayo 2020). The use and ownership of smartphones by older individuals is also continuously changing and, according to Dr. Otu, there is an overall uptake in smartphone use due to the COVID-19 pandemic, as it was sometimes the only way people could connect with their family and friends. It is still the case that, in Nigeria, people over age 60 are less likely to own a smartphone and are less familiar with its use compared to younger generations (Omotayo 2020, 55). Dr. Otu described how educational initiatives and raising awareness among older adults in Nigeria with respect to digital technology should be conducted at regular intervals via radio, television, and social groups in local languages. Furthermore, Dr. Otu believes that the challenges Nigerians – and by extension, its older population – encounter in adopting digital technology could be further investigated using anthropological approaches to delineate the role of culture, language, belief systems, social structures, and institutions in influencing these choices.

Aging is a relatively new and growing interest in Dr. Otu's research. There are currently over 223 million people living in Nigeria (United Nations 2023), and it is estimated that the older-adult population will nearly triple by 2050 (Mbam, Halvorsen, and Okoye 2022, 1243). Nigeria's aging population is affected by the diminishing role of the traditional family structure, which used to provide social security to older individuals. As younger people leave the country for academic opportunities elsewhere, many older individuals are now living alone or looking for assisted-living facilities instead of living with their families. Dr. Otu also mentioned that, despite Nigeria's growing older-adult

population, there is no well-defined national eldercare policy, which has contributed to shifting his attention to the aging population.

Dr. Otu recently began collaborating on an interdisciplinary project that is using digital qualitative research methods to investigate narratives about aging, care, and migration. Specifically, Dr. Otu and his colleagues conducted a scoping review of the literature and semi-structured online/telephone interviews with both older adults living in Nigeria and their care worker children living in the Global North. The main focus of this project is to analyze potential community-based care solutions that could improve the circumstances in which care is provided, and which promote equity for both older migrant care workers 'here' and their ageing relatives 'at home' (Coker et al., forthcoming). With this research, Dr. Otu and his colleagues aim to de-center the dominant Global North perspectives on aging and care, and to draw attention to the less common narratives of the Global South.

In my own doctoral research in an acute hospital setting, I often come across different disciplinary expectations in terms of research timelines, methodology, and terminology. From my limited yet humble experience working with physicians and medical institutions, I have learned that it is possible to find common ground between disciplines such as anthropology and medical science. Successful collaborations require genuine curiosity, respect, and patience between scholars from different disciplinary backgrounds. My interview with Dr. Otu has encouraged me to continue down the road of interdisciplinary research, and confirms that many medical and public-health scholars are indeed interested in and open to working with anthropologists.

My biggest takeaway from the conversation with Dr. Otu is his ability to find creative yet tangible healthcare solutions, and his willingness to embrace and respond to challenges identified during the research process. It was fascinating to learn how his continuous passion for learning led him to work collaboratively with scholars in the social sciences and to his new interest in aging populations. Dr. Otu is looking for healthcare solutions for the Nigerian population in the hopes of contributing now and preparing for future health emergencies while at the same time ensuring that the research process does not ignore Nigerians' everyday realities. It seems that it may indeed be possible to think both clinically and epidemiologically with sensitized social consciousness (Jespersen 2021). I believe that an anthropology of aging – and anthropology in general – that incorporates interdisciplinary dimensions and which is grounded in both theory and practice is vital in order to foster a more age-friendly world in the future.

About the Author

Tiina Maripuu is a Ph.D. student in the Department of Anthropology at the University of Toronto, specializing in the study of palliative care. Her doctoral research examines how palliative care in different settings in Toronto is understood and practiced through interdepartmental collaboration. Tiina's previous work examined how grief is recorded in medical records. She has published previously on identifying gaps in health research among refugees in Canada.

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