



# INTERNATIONAL HONORS PROGRAM

comparative study around the world

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## **Health and Community Program 1 Health, Culture and Community ANTH- 3050 (4 credits) Spring 2009**

**Faculty:** Chris Colvin and Stefi Barna

### COURSE DESCRIPTION

What is health? How do we know it when we see it? Who is responsible for good health, and bad? Can different people (or groups of people) have different definitions of health? Some definitions of health emphasise the absence of serious physical disease or symptoms. Others describe it, perhaps optimistically, as a “state of complete physical, mental and social well-being”. Still others cannot separate the idea of “individual” health from the “community’s” health, or from bigger questions of “moral” and “spiritual” health.

We could ask the same question about “culture”. What is culture? How we know it when we see it? Where does one culture “end” and another one “begin”? Are there different ideas of what “culture” is? And how does culture relate to health? Within anthropology, the idea of culture has a central, but paradoxical place. *Central*, because most anthropologists think of culture as the core concept of their discipline and as one of the most important explanations for why humans live and think and act the ways they do. *Paradoxical*, because you are unlikely to get two anthropologists in the same room to agree on a definition of what culture is. It is both a fundamental, but also fundamentally slippery concept in anthropology.

And what about community? In this program’s study of “Health and Community, what do we mean by “community”? Is it the same as culture, or not? Again, how do we know it when we see it? And what is the relationship between community and health? Like health and culture, community has many different, sometimes competing meanings. Nonetheless, however we define it, it is also a fundamental part of how we experience and respond to illness.

This course brings all these questions together to investigate how the ways that we live together and relate to one another in our everyday lives has an impact on whatever it is one might mean by “health”. We will investigate a wide range of different cultural notions and practices of health (including allopathic, osteopathic and non-biomedical healing systems) as well as different strategies for community organizing to improve health. Health promotion, prevention, and the role of mass media, popular culture and advertising will also be emphasized. In addition, violence as a public health issue and principles of non-violence will be introduced.

Finally, students are encouraged to explore their own assumptions and practices related to health and healing, both through our examinations of various healing systems as well as through discussions of our own habits of “self-care” during the semester. In their field experiences and other courses this semester, students will be exposed to different models and theories of self- and community-based care and will explore the political, economic and public health dimensions of care. In this course, however, students will also have the opportunity to apply these lessons both individually and within the IHP group context. Think of it as a kind of “methods exercise” in the everyday practices and challenges of caring for self and others.

### COURSE AIMS AND OBJECTIVES

In this course students will learn to think about the many intersections of health, culture and community. By the end of the course, students will be able to:

- Describe the complexity and fluidity of the concepts of “health”, “culture” and “community”, especially as they have changed over time and as they compare and contrast between the different countries we visit.
- Describe “local” systems of healing (health beliefs and practices in a community context) in these countries, as well as the “cultures” of biomedicine/public health and students’ own beliefs and practices.
- Describe some of the many ways that individual needs, beliefs and practices, community contexts and social structures, and cultural beliefs and habits impact on the health of individuals and communities.
- Describe how activism takes shape within community contexts, list some of the promises and pitfalls of community organising, and design practical strategies for individual and community action for improved health.

## COURSE REQUIREMENTS

### Forms of Assessment

1) *Participation*: students are expected to come prepared to actively engage with the topic at hand as well as classmates, faculty, and guest lecturers. If you miss a class due to illness you are responsible for catching up on all material before the next class. Participation grades are based on your willingness to voice your opinions, your ability to listen closely to others without interruption, and to treat each other with respect even when disagreeing strongly. Please see me if you are uncomfortable with public speaking.

2) *Self Care*: taking care of yourself physically and mentally is an essential precondition for learning and for meaningful participation in unfamiliar settings. For this reason, it constitutes a significant part of the course. A series of assigned exercises during and at the end of the semester will help you to apply concepts and ideas from the class. The focus of the learning includes: how you relate to illness prevention and illness management, as well as an exploration of broader definitions of physical and mental health.

3) *Reflection Paper*: These are 1-2 page informal papers. Intended to integrate concepts and ideas from class, lectures and readings with personal experiences and beliefs. These papers are a chance to try out your own ideas, express yourself, vent, & think creatively. They are NOT summaries of the readings or your experiences! You are, however, expected to make use of the readings and your experiences as starting points for your thinking. **There are 10 weeks during which you will be asked to write this paper.** Some weeks the topic for the memo will be given to you, other weeks you will be free to write more broadly.

4) *Reading Presentation*: Many of our class sessions will involve in-depth discussions of both the course readings and our experiences in each country. In order for this approach to work, we must all be committed to reading carefully and critically, to making a detailed synthesis of the observations and questions relevant to the subject, and to participate fully in class discussions.

During nine of the lectures for this course, groups of 3-4 students will collaborate to lead a presentation of that week’s readings. Each group will prepare for circulation a one-page reading guide consisting of:

- a summary of the article(s) assigned (2-3 paragraphs) that shows careful reading;
- 5 thoughtful discussion questions that connect the author's argument to previous readings or an experience in the field or in another class.

At each presentation, the group will be responsible for presenting a joint summary and analysis of the readings, getting discussion started, and leading us through a careful consideration of the subject. We do not expect formal oral presentations, just a well-organized summary and analysis of the readings and some thoughtful questions to animate discussion. The process for preparing for these presentations should include:

- Meet with your team 2 weeks before the presentation to formulate your summary and the discussion questions.
- Meet with Stefi 1 week before the presentation to present a draft handout with article summary and questions for the class.
- Distribute questions to students 3 days before class.
- On the day of the presentation, bring any materials that help illustrate the issues being discussed.

### **Grading**

Participation	10%
Self Care Exercises:	15%
Reflection Papers (10)	50% (total)
Reading Presentation	25%

### READING SCHEDULE

#### **Session 1: Cultural Constructions of Health, Culture and Community (Geneva)**

- Kiefer, Christie, 2007. Why Anthropology?. In *Doing Health Anthropology*. C. Kiefer, ed. New York: Springer Publishing Company.

#### **Session 2: Care, Community and Belonging (India)**

- Kumar, Anant. 2007. Health Inequity and Women's Self-Help Groups in India: The Role of Caste and Class. *Health Sociology Review* 16:160-168

#### **Session 3: Theories of Community and Community Health (India)**

- Kiefer, Christie, 2007. The Theory of Needs. In *Doing Health Anthropology*. C. Kiefer, ed. New York: Springer Publishing Company.
- Jewkes, Rachel, and Anne Murcott, 1996. Meanings of Community. *Social Science and Medicine* 43(4):555-563.

#### **Session 4: Community Mobilisation and The People's Health Movement (India)**

- Conquergood, Dwight. Health Theatre in a Hmong Refugee Camp: Performance, Communication and Culture. *The Drama Review* 32(3): 174-208.
- "How to Organise a Jan Sunwai" and "Report on the Bangalore Jan Sunwai, 19 August 2004", People's Health Movement-India

#### **Session 5: Introduction to Ayurveda (India)**

- Alter, Joseph, 1999. Heaps of Health, Metaphysical Fitness: Ayurveda and the Ontology of Good Health in Medical Anthropology. *Current Anthropology* 40:S43-S58.

#### **Session 6: Medical Pluralism and Questions of Efficacy (China)**

- Hsu, Elisabeth, 2002. "The Medicine from China Has Rapid Effects": Chinese Medicine Patients in Tanzania. *Anthropology & Medicine* 9(3):291-313.
- Koo, Linda, 2004. A Journey Into the Cultural Aspects of Health and Ill-Health in Chinese Society in Hong Kong--The Importance of Health and Preventive Medicine in Chinese Society.

#### **Session 7: Gender, Health and Markets (China)**

- Jing, Fang. 2007. Gender and Health Equity Interventions in Poor Regions of China and India: A Comparison. GFHR Conference Presentation.
- Or Kaufman, Joan and Jing, Fang. 2002. *Privatisation of Health Services and the Reproductive Health of Rural Chinese Women. Reproductive Health Matters* 10(20): 108-116
- Yunguo, Liu. 2007. Gender Issues in the Transition to a Market Based System in China. *International Journal of Public Health* 52:269-272.

**Session 8: Perceptions of Risk in Occupational and Environmental Health (China)**

- Tilt, Bryan, 2006. Perceptions of Risk from Industrial Pollution in China: A Comparison of Occupational Groups. *Human Organization* 65(2):115-126.
- Kohrman, Matthew, 2004. Should I Quit?: Tobacco, Fraught Identity, and the Risks of Governmentality in Urban China. *Urban Anthropology* 33(2-4):211-245.

**Session 9: Anthropologies of Food and Eating (China)**

- Mintz, Sidney, 2002. The Anthropology of Food and Eating. *Annual Review of Anthropology* 31(99-119).

**Session 10: Symbolic Healing, Traditional Healing (South Africa)**

- Wreford, Jo, 2005. Missing Each Other: Problems and Potentials for Collaborative Efforts between Biomedicine and Traditional Healers in South Africa in the Time of AIDS. *Social Dynamics* 31(2):55-89.
- Simbayi, Leickness, 2007. Plural Health Systems: Challenges and Opportunities.

**Session 11: Local and Global Activism: PHM and the Treatment Action Campaign (South Africa)**

- Human, Oliver 2008. The Humanitarian Response to Xenophobic Violence in Cape Town. Unpublished manuscript

**Session 12: Behaviour Change and Health Education (South Africa)**

- Pfeiffer, James, 2004. Condom Social Marketing: Pentecostalism and Structural Adjustment in Mozambique: A Clash of AIDS Prevention Messages. *Medical Anthropology Quarterly* 18(1):77-103.
- Briggs, Charles, 2003. Why Nation-States and Journalists Can't Teach People to Be Healthy: Power and Pragmatic Miscalculation in Public Discourses on Health. *Medical Anthropology Quarterly* 17(3):287-321.

**Session 13: Culture, Politics and the Social Construction of Epidemics (South Africa)**

- Farmer, Paul, 1999. Rethinking "Emerging Infectious Diseases". *In* *Infections and Inequalities: The Modern Plagues*. P. Farmer, ed. Pp. 37-58. Berkeley: University of California Press.

**Session 14: Culture, Power and Mental Health (South Africa)**

- Swartz, Leslie, 1998. "Culture, Stress and Social Upheaval", *in* *Culture and Mental Health: A Southern African Perspective*. Cape Town: Oxford University Press.