



INTERNATIONAL HONORS PROGRAM

comparative study around the world

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Health and Community Program 2 Health, Culture and Community ANTH- 3050 (4 credits) Spring 2009

Faculty: Tammy Watkins

Course Description:

What is health? How do we know it when we see it? Who is responsible for good health, and bad? Some definitions of health emphasize the absence of serious physical disease or symptoms. Others describe it as a 'state of complete physical, mental and social well-being'. Still others can not separate the idea of 'individual' health from 'community' health or from bigger questions of moral and spiritual health.

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

What about community? In this program's study of 'Health and Community', what do we mean by community? Is it the same as culture? How do we know it when we see it? What is the relationship between community and health and community and culture? Like health and culture, community has many different meanings. The same is true of households. They look different in different communities but are elemental in forming communities and influence health and illness. However we define these terms, they remain fundamental elements of how humans experience and respond to health and illness.

This course brings all of 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 as well as different strategies for community organizing to improve health. Health promotion, prevention and the role of popular culture through mass media will also be emphasized.

Finally, students are encouraged to explore their own assumptions and practices related to health and healing, both through 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 health care.

In this course 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:

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

- Describe the complexity and fluidity of the concepts of ‘health’, ‘culture’, ‘community’ and ‘household’, especially as they change over time and place with urban/rural comparisons, cultural comparisons and different country experiences.
- Develop explanatory models comparing ‘local’ systems of healing in different cultural and communities. These models will compare elements of biomedical, popular and local models of health and healing.
- Describe some of the ways individual needs, beliefs and practices, community contexts, political ecologies, cultural beliefs and habits impact the health of individuals as well as households and communities.
- Describe how activism takes shape within community contexts, list some of the promises and pitfalls of community organizing and design practical strategies for individual, household 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 with classmates, faculty and guest lecturers. If you miss a class due to illness you are responsible for catching up on all materials before the next class. Participation grades are based on the student’s ability to actively listen to others, treat others with respect, even when in disagreement, and willingness to participate in dialogue. Please speak with an instructor if uncomfortable with public speaking.

2) *Self Care:* Taking care of yourself physically and mentally is an essential precondition for learning and meaningful participation in unfamiliar settings. For this reason, it constitutes a significant part of the course. A series of assigned exercises 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 the broader definitions of physical and mental health.

3) *Reflective journals:* These are 1-2 page informal response writings to be kept journal style in a notebook or journal and handed in weekly. You will react to class readings and integrate concepts and ideas from class with personal experiences and beliefs. These papers are a chance to try out your own ideas, express yourself, vent and think creatively. They are NOT summaries of the readings or your experiences! You are expected to make use of the readings and your experiences as starting points for your thinking. There will be 10 weeks during which you will be expected to produce this writing. Some weeks the topic will be assigned and the others you will be free to choose your own topic. You may want to consider keeping a separate personal journal but that is at the discretion of individual students and will not be graded or considered part of coursework.

4) *Reading Presentations:* Many of our class sessions will involve in-depth discussions of both the course readings and our experiences in each community. 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 eight of the lectures for this course, groups of 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/chapter assigned (2-3 paragraphs) that demonstrated careful reading.
- 2 critical comments (3-5 sentences each) on each author's argument or
- 2 country specific examples that illustrate a concept or argument
- 2-3 thoughtful discussion questions posed for the class that connect the reading topic to previous readings or an experience in the field or 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 the discussion. You should meet with your team one week before the presentation to formulate your approach and the discussion questions/topics. Meet with an instructor before class to review your outline in order to get feedback and approval. You are welcome to bring in materials that help illustrate the issues being discussed.

5) *Explanatory model papers*: You will be responsible for three 5-7 page interdisciplinary papers to synthesize your readings, lectures, discussions and field experiences related to a specific culture and develop that into an explanatory model of either 'health' or a specific illness in the 2 countries. Each paper should demonstrate deeper consideration of a particular health-related issue. This assignment will also be a chance for you to integrate your learning across courses.

In Washington, we would like you to pick a broad problem (topic) for your papers and explore different aspects of the same problem in different cultures. This does not mean simply rewriting your old paper for a new context each time, but exploring a different dimension of this broad problem in each setting. The problem should be something you are personally interesting in thinking about more deeply during the semester. It can also be the subject of your final capstone presentation at the end of the semester. These papers will also be compiled and published as a reference volume for future IHP students.

The papers will be assessed based on the following criteria:

- Thoughts are clearly presented through well-constructed arguments
- Paper demonstrated good grammar and careful editing
- Papers are well organized with sections that logically follow and build on the thesis
- Effective transitions between major ideas and topics are clear
- Lecture material, readings and field visit learning are incorporated as appropriate and listed appropriately in the references.

Grading

Participation	5%
Self Care Exercises	10%
Weekly journals (10)	20% (2% each)
Reading presentation	10%
Explanatory model papers (3)	45% (15% each)
Capstone Project	10%

All students are responsible for having read the IHP statement on plagiarism that is available in the Student Handbook. Students are advised that the penalty against students on an IHP program for cheating on examinations or for plagiarism may be "...expulsion from the program or such other penalty as may be recommended by the program director, subject to approval by the Executive Director."

Please refer to the IHP Student Handbook for policies on academic integrity, academic warning and probation, diversity and disability, harassment protocols, and the academic appeals process. The International Honors Program is offered in affiliation with the School for International Training, the accredited higher education institution of World Learning.

Following is a weekly schedule with reading assignments. Optional supplemental readings can be provided for most lecture topics upon request. This schedule is subject to change without advance notice, due in large part to the vagaries of travel.

Washington, DC

Week 1: Introduction to Medical Anthropology

- Social sciences as an adjunct to Community Health research and health promotion

Hasan, Khwaja A.

1975 What Is Medical Anthropology? *Medical Anthropology Newsletter* 6(3):7-10.

Kiefer, Christie

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

Week 2: Political ecology of health disparities

- How history, environment, economics and culture factor in to differences in health and access to healthcare.

Leatherman, Thomas

1998 Changing Biocultural Perspectives on Health in the Andes. *Social Science & Medicine* 47(8):1031-41.

Rylko-Bauer, Barbara and Paul Farmer

2002 Managed Care or Managed Inequality? A Call for Critiques of Market-Based Medicine. *Medical Anthropology Quarterly* 16(4):476-502.

Tanzania / Dar Es Salaam

Week 3: Explanatory Models

- A framework for comparison of health beliefs and practices, towards better health care delivery and compliance.

Kleinman, Arthur, Leon Eisenberg and Byron Good

1978 Culture, Illness and Care: Clinical Lessons from Anthropologic and Cross-Cultural Research. *Annals of Internal Medicine* 88:21-258.

Baer, R. D., et al.

2008 Cross-cultural perspectives on physician and lay models of the common cold. *Medical Anthropology Quarterly* 22(2):148-66.

Week 4: Household production of health

- Household and caregiver as mediator of health maintenance and care delivery.

Berman, Peter, Carl Kendall, and Karabi Bhattacharyya

1994 The Household Production of Health: Integrating Social Science Perspectives on Micro-level Health Determinants. *Social Science & Medicine* 38(2):205-15.

Schumann, Debra A. and W. Henry Mosley

1994 The Household Production of Health: Introduction. *Social Science and Medicine* 38(2):201-204.

Tanzania / Ifakara

Week 5: Ecology of food and nutrition

- Food from production through biological availability, how it is mediated by culture.

Galvin, Kathy A.

1992 Nutritional Ecology of Pastoralists in Dry Tropical Africa. *American Journal of Human Biology* 4(2):209-21.

Oniang'o, R.K., J.M. Mutuku, and S.J. Malaba

2003 Contemporary African food habits and their nutritional and health implications. *Asia Pacific Journal of Clinical Nutrition* 12(3):331-336.

Week 6: Traditional beliefs and healing practices

- The African experience of pluralistic healthcare

Pelto, Pertti J., and Gretel H. Pelto

1997 Studying Knowledge, Culture, and Behavior in Applied Medical Anthropology. *Medical Anthropology Quarterly* 11(2):147-63.

Flint, K.

2001 Competition, race, and professionalization: African healers and white medical practitioners in Natal, South Africa in the early twentieth century. *Social History of Medicine* 14(2):199-221.

Tanzania / Dar Es Salaam

Week 7: Human Ecology and the environment

- A human created landscape and its effects on health and nutrition

Inhorn, M. C., and P. J. Brown

1990 The Anthropology of Infectious-Disease. *Annual Review of Anthropology* 19:89-117.

Vacation Week

Vietnam / Hanoi

Week 8: Medical Pluralism

- The Asian experience of medical pluralism

Pylypa, Jen

2007 Healing Herbs and Dangerous Doctors: "Fruit Fever" and Community Conflicts with Biomedical Care in Northeast Thailand. *Medical Anthropology Quarterly* 21(4):349-68.

White, S. D.

1999 Deciphering "integrated Chinese and Western medicine" in the rural Lijiang basin: state policy and local practice(s) in socialist China. *Social Science & Medicine* 49(10):1333-47.

Week 9: Gender and Health

- How gender produces health and sickness

Clark, Lauren

1993 Gender and Generation in Poor Women's Household Health Production Experiences. *Medical Anthropology Quarterly* 7(4, Racism, Gender, Class, and Health):386-402.

Chapman, Rachel R.

2006 Chikotsa, Secrets, Silence, and Hiding: Social Risk and Reproductive Vulnerability in Central Mozambique. *Medical Anthropology Quarterly* 20(4):487-515.

Vietnam / Chihhn

Week 10: Life history theory and tradeoffs

- The human experience of health and sickness across the lifespan

Bogin, Barry, Maria Ines Varela Silva, and Luis Rios

2007 Life History Trade-offs in Human Growth: Adaptation or Pathology? *American Journal of Human Biology* 19:631-42.

Mace, Ruth

2000 Evolutionary Ecology of Human Life History. *Animal Behavior* 59:1-10.

Vietnam / Hanoi

Week 11: Livelihoods and the environment

- Environmental opportunities and limitations for livelihoods

Crooks, Deborah L., Lisa Cliggett, and Steven M. Cole

2007 Child Growth as a Measure of Livelihood Security: The Case of the Gwembe Tonga. *American Journal of Human Biology* 19:669-75.

Vietnam / Mekong Delta

Week 12: Culture and Agriculture

- The modified landscape of Asia

Lansing, Stephen and James Kremer

1993 Emergent Properties of Balinese Water Temple Networks: Coadaptation on a Rugged Fitness Landscape. *American Anthropologist* 95(1):97-114.

DeWalt, B.R.

2001 The Political Ecology of Population Increase and Malnutrition in Southern Honduras. In *Building a New Biocultural Synthesis: Political-Economic Perspectives on Human Biology*. A.H. Goodman, T. L. Leatherman, ed. Pp. 295-316. Ann Arbor: University of Michigan Press.

Vietnam / Ho Chi Minh City

Week 13: Social construction of illness

- Cultural definitions of health and illness, both physical (HIV vs. AIDS) and mental (Labeling theory)

Hinton, Devon E., Lim Nguyen, and Mark H. Pollack

2007 Orthostatic Panic as a key Vietnamese reaction to traumatic events: The case of September 11, 2001. *Medical Anthropology Newsletter* 21(1):81-107.

Green, Linda

1998 Lived lives and Social Suffering: Problems and Concerns in Medical Anthropology. *Medical Anthropology Quarterly* 12(1):3-7.

Week 14: Social suffering in post conflict populations

- Beyond 'post-traumatic stress disorder', culturally defined illnesses

Leshkovich, Ann Marie

2007 Wandering ghosts of late socialism: Conflict, metaphor, and memory in a southern Vietnamese marketplace. *Journal of Asian Studies* 67(1):5-41.

Lan Gustafsson, Mai

2007 The Living and the Lost: War and Possession in Vietnam. *Anthropology of Consciousness* 18(2):56-73.

Vietnam / Hue

Week 15: Capstone presentations / synthesis of multi-country, multi-method, multi-theory semester.