

ANTHROPOLOGY 3

SEMESTER 2 MODULE 4

MEDICAL ANTHROPOLOGY

POLITICS, PLURALISM AND PERSPECTIVES IN HEALTH
AND MEDICINE IN SOUTH AFRICA



**RHODES UNIVERSITY
DEPARTMENT OF ANTHROPOLOGY
ANT 3|2019: MODULE 4**

**MEDICAL ANTHROPOLOGY
(POLITICS, PLURALISM AND PERSPECTIVES IN/ OF HEALTH AND MEDICINE IN
SOUTH AFRICA)**

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Welcome to this third year module on medical anthropology which focuses on understanding the various medical systems that exist within a given society. Medical anthropology seeks to understand health and well-being in a holistic manner drawing on (western) biomedicine and local understandings of health and illness. The biopsychosocial¹ model is a central component in medical anthropology. In this module two interrelated issues will be of prime concern. Firstly, the meanings which people attach to health, well-being and illness and the therapeutic process will be examined. Secondly, the various ways in which social, cultural and structural factors shape expressions of illness and frequently play a role in determining the course of a disease's progression will be explored.

The subject matter of medical anthropology straddles the margins of the clinical (biomedical) and social sciences and is based on ethnographic fieldwork (research) within a wide range of contexts. This module concerns itself with assisting students in understanding the interdisciplinary nature of medical anthropology, the power and politics of knowledge in relation to its creation, dissemination and application. In doing so the course will interrogate the nature and evolution of diseases and the various ways in which health and illness come to be understood.

Through this module an appreciation and understanding of the role played by cultural schemas and social and physical environments in shaping one's experience of disease and illness, (what one believes and their behaviour in relation to particular diseases and illness), is entrenched. South Africa is a medically pluralistic society and it is important that not only those who seek to work professionally in relation to health but also those who choose other disciplinary avenues understand the socio-cultural, economic and political aspects of health and well-being. Efforts to understand and improve health delivery in South Africa must be located within a framework that is built on a sound understanding of the cultural domains of medical knowledge and the contemporary social context.

¹ Biological/ psychological and social

The material for this module will be covered in a seminar type lecture series and there will be no tutorial periods. As third year students you are expected to interact with the material in a more engaging manner that moves beyond simple lecture notes and think about the topics discussed with the paradigm of reality and contemporary socio-cultural medical issues. As such the seminars are meant to run with students leading the discussion and facilitation by the lecturer. Students are expected to come to class prepared having covered the readings set out on the RUConnected page. The attendance requirement is 80% of the module and a register will be taken during every lecture period.

Purpose:

Through engagement with the module and external phenomena, to gain an applicable understanding of the politics, pluralism and perspectives in and of health and medicine in South Africa.

Outcomes: By the end of this module students should have an understanding of:

- Medical anthropology as an interdisciplinary sub-field
- The power and politics surrounding knowledge creation and dissemination in a South African context
- Varying concepts and understanding of illness and disease
- The significance of medical ecology in relation to the evolution of disease (socially and environmentally)
- The existence and application of alternative forms of medical systems
- The ethnomedical approach and medical pluralism
- Mental health from a contextualised perspective
- Explanatory models of disease and illness.

This third year module runs over a period of seven weeks in the fourth term of the second semester of 2019. Students will attend three double lectures a week. The lecturer will make full use of **RUConnected** (www.ruconnected.ru.ac.za) and all notices, lecture notes and readings will be placed on the module page. The RUConnected page is titled **ANT 3|2019 Medical Anthropology**.

*N.B. This course outline must be read in conjunction with the **Anthropology 3 Guide**. These were issued at registration. In case of loss, replacements are available from the Secretary, price R25. The **RU Anthropology 3 2019** Facebook page has the file uploaded to it.*

Lectures for ANT 3 are held in St Peters Rm36 and the timetable is as follows:

TIMETABLE:

Day	Period	Time	Venue
MONDAY	7 & 8	14:15 – 15:55	St Peters Rm 36
WEDNESDAY	7 & 8	14:15 – 15:55	St Peters Rm 36
THURSDAY	7 & 8	14:15 – 15:55	St Peters Rm 36

Please note that officially Tuesdays and Fridays at 16:05 – 16:55 are timetabled for ANT 3, however, we will not be using these periods due to the nature of the course. Students are expected to use the time off in these periods to work on their term assessments.

Consultation:

I have an open door policy and am happy to have 'walk-in' consultations or students may email with a list of preferable appointment times to consult.

Communication: Please note that whilst there is a Facebook page open for students, any direct communication that a student wishes to have with a lecturer should take place either through in-office consultation or email. Please DO NOT send 'friend' requests or messages on FB Messenger. Notices will be posted and emailed through the RUConnected Page (**ANT 3|2019: Medical Anthropology**) and students are strongly advised to visit the site and check their student emails regularly.

ASSESSMENT INFORMATION:

There will be five assessments for this module and the best four marks will be used for the term mark. The total component of the term mark is 10% of the year mark and each assessment will count for 2.5%. Assessment length should be between 2 – 3 pages at the student's discretion. Assessments are due in the lecture period on the date prescribed. Assignments will be submitted in the lecture period.

TURNITIN:

Turnitin **MUST** be used for all assignment submissions and a similarity index (SI) must be provided. In the absence of the SI, the assessment will not be marked. If a student forgets to attach the SI they may communicate with the lecturer to submit the SI as soon as possible for a mark to be recorded.

The SI percentage must be below 15%. Submissions with an SI over 15% will have the difference deducted from their mark (e.g. if the SI is 20% then the difference would be 5% and so 5% would be deducted from the overall mark – this is also why it is important to submit the Turnitin document as the marker is able to see what Turnitin has picked up and make a more informed decision).

LEAVE OF ABSENCE (LOA):

A leave of absence (LOA) form may be completed if a student has missed a lecture of deadline, with a valid reason. The LOA must be accompanied by supporting documents and must be submitted to the administrator and the student must notify their lecturer of the LOA as well. An LOA does not excuse the student from submission of work. The student must consult with the lecturer for an appropriate time period to be allowed for the completion and submission of the assessment.

PENALTIES:

Late submission: Assessments that are submitted late, without valid reason and accompanying documentation (student's are encouraged to apply for LOAs), will be penalised -10% a day. If the submission is later than a week, the lecturer will not mark the assessment, however, the submission will count toward the DP.

READINGS: Under each section, relevant literature has been chosen to assist with understanding of the content. Students are required to read these core pieces of literature and incorporate them into their submissions. Students must have a minimum of two core readings in each piece of work submitted or a penalty of 5% will be placed on the submission. Students are encouraged to find other (discipline relevant) literature to add to their understanding and work (references), however, the core readings must be present.

Please note: readings are subject to change at the discretion of the lecturer.

REFERENCING: the Harvard reference system is the standard method of referencing for this module. If an assessment does not have any referencing (either in the body of the text

or a reference list) the assessment will receive an immediate zero. This is because it is considered plagiarism if no references are present. At this stage of a student's academic career you are still learning and have not created a body of knowledge on your own. Your knowledge comes from somewhere (more particularly, someone else) and you need to acknowledge these sources of information.

PLEASE NOTE: WEEK ONE COVERS SECTION ONE AND TWO

SECTION ONE: (RE) INTRODUCING MEDICAL ANTHROPOLOGY AND THE POLITICS OF KNOWLEDGE

WEEK ONE: 9TH – 13TH SEPTEMBER 2019

Content: This first week (re) introduces and provides an overview to students of the applied sub-discipline of medical anthropology. The readings aim to reflect on the five key approaches in medical anthropology which will be drawn on throughout the course. It provides a perspective on the importance of acknowledging the socio-cultural determinants in understanding health, well-being, illness and disease. Students are introduced to the interdisciplinary nature of medical anthropology and the situation of the power of western knowledge in relation to local contexts. Power and the politics surrounding knowledge creation and dissemination is an important area of note for medical anthropologists, especially contemporarily, in South Africa as medical anthropologists move away from simply being cultural brokers (in an applied sense) of local customs and traditions to advocating for traditional forms of healing into biomedical practice.

Assessment 1:

Drawing on Levine's (2012) discussion on the power and politics of knowledge in medicine, critically discuss what medical anthropology has to offer (or not) in this area, within a South African context.

Due: 19th September 2019

Key Readings:

Brown, P.J., Barrett, R.L. and Padilla, M.B. (2005). Medical Anthropology: An Introduction to the Fields. In, Brown, P.J. (ed). **Understanding and Applying Medical Anthropology**. Los Angeles: Mayfield Publishers.

Helman, C. (2006). Why Anthropology Matters. **Anthropology Today**, 22 (1), pgs 3 – 4.

Levine, S. (2012). Testing knowledge: Legitimacy, healing and medicine in South Africa. In, Levine, S. (ed). **Medicine and the Politics of Knowledge**. Cape Town: HSRC Press.

Sikkink, L. (2009). **Medical Anthropology in Applied Perspective**. California: Wadsworth. (pgs 1 – 12).

Additional Readings:

Franklin, S. (2013). The Anthropology of Science. In, Callan, H., Street, B. and Underdown, S. (eds). **Introductory Readings in Anthropology**. New York: Berghan Books.

Singer, M. and Erickson, P.I. (2015). Introduction. In, Singer, M. and Erickson, P.I. (eds). **A Companion to Medical Anthropology**. United Kingdom: Blackwell Publishing Ltd.

Street, R. and Rautenbach, C. (2016). **South Africa wants to regulate Traditional Healers – but its not easy**. The Conversation. [Internet]. Available from: <https://theconversation.com/south-africa-wants-to-regulate-traditional-healers-but-its-not-easy-53122> [Accessed: 3rd September 2018].

**SECTION TWO: HUMAN HEALTH AND DISEASE IN AN EVOLUTIONARY
PERSPECTIVE**

WEEK ONE: 19TH – 13TH SEPTEMBER 2019

Content: This section introduces students to how and why diseases are spread and have evolved over time. Emphasis is placed on the three epidemiological transitions which describe the evolution of disease in relation to changes in interaction between human beings and the environment on a social, cultural and physical level. The understandings of the discordance hypothesis and thrifty genes will be explored.

Please note that this section draws on Brown et al's (2005) outline of the ecological approach on pages 13 - 14.

Assessment 2:

Using the theory of medical ecology explain why understanding the evolution of disease is important contemporarily.

Due: 26th September 2019

Key Readings:

Armelagos, G.J. and Barnes, K. (1999). The Evolution of Disease and the Rise of Allergy: Epidemiological Transitions. **Medical Anthropology**, 18 (2), pgs 187 – 213.

Eaton, S. B. and Shostak, M. (1988). The Discordance Hypothesis. In, Eaton, S.B. and Shostak, M. (eds). **The Paleolithic Prescription**. New York: Harper and Row.

Harper, K. and Armelagos, G.J. (2010). The Changing Disease Scape in the Third Epidemiological Transition. **International Journal of Environmental Research and Public Health**, 7 (2), pgs 675 – 697.

Schneider, M., Bradshaw, D., Steyn, K., Norma, R. and Laubscher, R. (2009). Poverty and Non-Communicable Diseases in South Africa. **Scandinavian Journal of Public Health**, 37 (2), pgs 176 – 186.

Turner, B.L. and Thompson, A.L. (2013). Beyond the Paleolithic Prescription: Incorporating Diversity and Flexibility in the Study of Human diet Evolution. **Nutrition Reviews**, 71 (8), pgs 501 – 510.

Additional Reading:

Atugba, J.E., Akazili, J. and McIntyre, D. (2011). Socioeconomic-related Health Inequality in South Africa: Evidence from General Household Surveys. **International Journal for Equity in Health**, 10 (48), pgs 1 – 10.

Omran, A.R. (2005). The Epidemiologic Transition: A Theory of the Epidemiology of Population Change. **The Milbank Quarterly**, 83 (4), pgs 731 – 757.

SECTION THREE: GUEST LECTURER – Dr Delarise Mulqueeny

WEEK TWO: 16TH – 20TH SEPTEMBER 2019

The insert for this week will be provided closer to the time.

**SECTION FOUR: UNDERSTANDING AND THE MEANING OF 'MEDICINE' IN
DIFFERENT CONTEXTS**

WEEK THREE: 23RD – 27TH SEPTEMBER 2019

WEEK FOUR: 30TH – 4TH SEPTEMBER and OCTOBER 2019

Content: This part of the module will begin by investigating the manner in which medicine is theorised about at various points in history and the social aspect of medicine. These two weeks focus on theoretical underpinnings of complementary and alternative forms of healing by drawing on understandings of ethnomedicine and medical pluralism. This is especially important to understand from a South African perspective and indigenous knowledge systems and ways of knowing. Complementary and Alternative Medicines (CAM) such as Ayurveda will be touched on as well as understandings centred on the use and effects of placebos.

Assessment 3:

Critically discuss the significance of medical pluralism and ethnomedicine.

Due: 7th October 2019

Key Readings:

- Barry, C.A. (2006). The Role of Evidence in Alternative Medicine: Contrasting Biomedical and Anthropological Approaches. **Social Science and Medicine**, 62 (11), pgs 2646 – 2657.
- Friðþjófsdóttir, S. (2014). **Alternative Medicine: The Role and Meaning of ritual in the Placebo effect**. [Internet]. Available from: <https://skemman.is/handle/1946/18035?locale=en> [Accessed: 25th July 2018].
- Kleinman, A. (2012). Medical Anthropology and Mental Health: Five Questions for the Next Fifty Years. In, Inhorn, M.C. and Wentzell, E.A. (eds). **Medical Anthropology at the Intersections: Histories, Activism and Futures**. United States of America: Duke University Press.
- Nobles, W.W., Baloyi, L. and Sodi, T. (2016). Pan African Humanness and Saku Djaer as Praxis for Indigenous Knowledge Systems. **Alternation**, 24(18), pgs 36 – 59.
- Quinlan, M.B. (2015). Ethnomedicine. In, Singer, M. and Erickson, P.I. (eds). **A Companion to Medical Anthropology**. United Kingdom: Blackwell Publishing Ltd.
- Singer, M. and Baer, H. (2012). Medical Pluralism in the Contemporary World. In, Singer, M. and Baer, H. (eds). **Introducing Medical Anthropology (2nd Edition)**. Maryland: AltaMira Press.
- Whyte, S.R., van der Geest, S. and Hardon, A. (2002). An Anthropology of Materia Medicine. In, Whyte, S.R., van der Geest, S. and Hardon, A. (eds). **Social Lives of Medicine**. United Kingdom: Cambridge University Press.
- Whyte, S.R., van der Geest, S. and Hardon, A. (2002). Anthropology and the Sociality of Medicines. In, Whyte, S.R., van der Geest, S. and Hardon, A. (eds). **Social Lives of Medicine**. United Kingdom: Cambridge University Press.

Additional Reading:

- Singer, M. and Baer, H. (2012). Ethnomedicine: The Worlds of Treatment and Healing. In, Singer, M. and Baer, H. (eds). **Introducing Medical Anthropology (2nd Edition)**. Maryland: AltaMira Press.

SECTION FIVE: EXPLORING MENTAL HEALTH IN A SOUTH AFRICAN PERSPECTIVE
WEEK FIVE: 7TH – 11TH OCTOBER 2019

Content: This section of the module aims to cover explanatory models and understandings of mental health from a South African perspective. Most of the readings are from a psychological background looking at understandings of indigenous knowledge systems and their significance. The anthropological trends in mental health tend to be in relation to HIV/AIDS within the South African context. This section further explores the role and meaning that stigma may have in society around issues of mental health.

Assessment 4:

Critically discuss the importance of explanatory models of disease and illness in relation to understanding and interpreting mental health from a South African perspective.

Due: 14th October 2019

Key Readings:

- Baloyi, L. and Ramose, M.B. (2016). Psychology and Psychotherapy Redefined from the Viewpoint of the African Experience. **Alternation**, 24 (18), pgs 12 – 35.
- Dinos, S., Ascoli, M., Owiti, J.A. and Bhui, K. (2017). Assessing explanatory models and health beliefs: an essential but overlooked competency for clinicians. **BJPsychAdvances**, 23 (2), pgs 106 – 114.
- Goffman, E. (1990). **Stigma - Notes on the Management of Spoiled Identity**. United Kingdom: Penguin Books. (pgs 11 – 31).
- Kleinman, A. (1993). Concepts and a Model for the Comparison of Medical Systems as Cultural Systems. In, Curren, C. and Stacey, M. (eds). **Concepts of Health, Illness and Disease: A Comparative Perspective**. New Jersey: Princeton University Press.
- Mkhize, N., Ndimande-Hlongwa, N., Nwoye, A., Mtyende, V.L. and Akintola, O. (2016). Editorial: African Indigenous Knowledge Systems (AIKS) in Mental Health, African Literature, and Education. **Alternation**, 24 (18), pgs 1 – 11.
- Parkinson, H.J. (2018). “**It’s nothing like a broken leg**”: **Why I’m Done with the Mental Health Conversation**. [Internet]. Available from: <https://www.theguardian.com/society/2018/jun/30/nothing-like-broken-leg-mental-health-conversation/> [Accessed: 3rd September 2018].

SECTION FIVE: EXPLANATORY MODELS AND CULTURE BOUND SYNDROMES
WEEK SIX: 14TH – 18TH OCTOBER 2019

Content: This last part of the module continues with ideologies surrounding mental illness and stigma. Explanatory models of illness and healing will be investigated in relation to how different cultures interpret sickness and so diseases and illnesses cannot simply be labelled according to western ways of knowing. In this section culture bound syndromes such as *grisi siknis*, *susto* and *amuk*, *amafufunyana*, and *uktuhwasa* will be examined alongside *anorexia nervosa*.

Assessment 5:

Critically discuss the importance of explanatory models in relation to culture bound syndromes.

Due: 18th October 2019 or latest 21st October 2019

Key Readings:

- Bakow, B.R. and Low, K. (2018). A South African Experience” Cultural Determinants of Ukuthwasa. In, **Journal of Cross-Cultural Psychology**, 49 (3), pgs 436 – 452.
- Dennis, P. (1985). ‘Grisi Siknis’ in Miskito Culture. In, Simons, R.C. and Hughes, C.C. (eds). **The Culture Bound Syndromes: Folk Illnesses of Psychiatric and Anthropological Interest**. Dordrecht: D. Reidel Press.
- Hopton, E.N. (2011). Anorexia Nervosa in Adolescent Girls: A Culture-Bound Disorder of Western Society? **Social Cosmos**, 2(), pgs 175 – 183.
- Lee, S. (1996) Reconsidering the Status of Anorexia Nervosa as a western culture-bound syndrome. **Social Science and Medicine**, 42 (1), pgs 21-34.
- DelVecchio Good, M. and Good, B.J. (2010). Amuk in Java: Madness and Violence in Indonesian Politics. In, Good, B.J., Fischer, M., Willen, S. and DelVecchio Good, M. (eds). **A Reader in Medical Anthropology: Theoretical Trajectories, Emergent Realities**. United States: Wiley Blackwell.
- Niehaus, D.H.J., Oosthuizen, P., Lochner, C., Emsley, R.A., Jordaan, E., Mbanga, N.I., Keyter, N., Laurent, C., Deleuze, J.F. and Stein, D.J. (2004). A Culture-Bound Syndrome ‘Amafufunyana’ and a Culture-Specific Event ‘Ukuthwasa’: Differentiated by a Family History of Schizophrenia and other Psychiatric Disorders. In, **Psychopathology**, 37, pgs 59 – 63.
- Poss, J. and Jezewski, M. (2002). The Role and Meaning of Susto in Mexican American’s Explanatory Model of Type 2 Diabetes. **Medical Anthropology Quarterly**, 16 (3), pgs 360-377.

May the odds be ever in your favour!