



UNIVERSITY OF THE WESTERN CAPE

Department of Anthropology & Sociology

Medical Anthropology (ANT 221)

Lecturer: Mr D. Davids

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Class times: Tuesdays period 5 (14h20) in GH3

Fridays period 1 (08h30) in SC2

Consultation: Tuesdays: 11h00-13h00

Fridays: 10h00-12h00

Course description

This course introduces students to key concepts and research in medical anthropology. Medical anthropology can be briefly described as a sub-discipline of anthropology committed to the study of cultural beliefs and practices, as well as socio-economic situations, and how these inform the understandings of the origin, interpretation and management of health. The discipline of medical anthropology has grown rapidly in recent years and it explores various diverse topics such as cultural beliefs and practices regarding health, illness and death; biomedicine; reproductive health; indigenous healing systems; HIV/AIDS; health care systems; medical technologies and various other health issues. In this course we will cover some of these topics and we will draw from ethnographic research conducted by anthropologists to elaborate on them. The course is therefore designed to be interesting and interactive. Students are encouraged to read beyond prescribed texts to gain a better understanding of debates and developments in medical anthropology and its relevance in contemporary society.

Course requirements and ground rules

Regular attendance and active participation in class and tutorials is strictly required. It is vital that students read for class and tutorials. All texts included in the reading list are compulsory. Students who don't read for class and tutorials will find it difficult to follow the discussions.

Tutorials:

There will be one tutorial meeting a week. Please check the notice board for tutorial lists and venues. Please be punctual and make sure that cellphones are switched off in class and tutorials. Noisy and disruptive students may be expelled from class/tutorials.

Assessment

There will be two class essays and a number of tutorial submissions (see tutorial outline). Students must ensure that they submit class essays on the due date, before 12pm. Late submissions will be penalized 5% for each day up to 3 days [maximum 15% deduction]. Students who wish to submit 3 days after the submission date must apply for special permission to do so from the office of the Department Chairperson [office: 2.111]. Please note that your application for late submission does not guarantee that your essay will be marked.

“Scope” of the final examination:

In the final exam (180 minutes) you will have to demonstrate that you have understood the main “messages” of the course and that you can apply them to the exam questions.

You will be given four mini-essay questions of which you have to answer three (3). All questions count equally towards the exam mark.

Please note that you will be examined on ALL the work covered in the course (prescribed readings, lectures and tutorials, including the topics of the assignments). Students are therefore

advised to work consistently throughout the semester and to avoid “spotting” for exams (i.e., trying to anticipate the exam questions and omitting certain sections of the work).

Evaluation of Performance:

Your final mark for this module will be based on your performance in the course work (60% of the final mark) and in the examination (40% of the final mark).

Your course work mark (CAM) will be calculated as follows:

Essay 1 = 40%

Essay 2 = 40%

Tutorial submissions (continuous assessment): 20%

Plagiarism

Plagiarism refers to use of someone else`s words without properly acknowledging him/her as the original author of the words. The university has a strict policy on plagiarism and students are encouraged to read it carefully to avoid plagiarism. Students must consult with their lecturer or tutors if they are not sure about how to properly reference their sources.

Course assessment:

Your coursework mark for the course will be calculated as follows:

Tutorial submissions: 20%

Assignment 1: 40%

Assignment 2: 40%

Total 100%

Total assessment:

The final mark for the course will be made up as follows:

Coursework: 60%

Examinations: 40%

Total 100%

*Students must receive a minimum of 40% in order to qualify for examinations. However students are encouraged to aim for a higher course work mark in order to improve their chances of getting a good final mark.

Examination “scope”:

The final examination will be 2 hours written exam. Please note that you can expect the exam question paper to cover all the topics and readings for the whole course (lectures, assignments, tutorials and additional material in the library). It is therefore imperative that you work consistently throughout the course. Do not anticipate that certain sections will be “written off” or can be left out for the exams.

Readings for the course:

There is no official course reader for this course. Students will, however, be referred to the library, the iKamva site, and the internet. A reading list for classes and tutorials will be provided on the iKamva site. Students are encouraged to constantly check the iKamva site for important announcements and additional reading material.

Essay 1: Diabetes as disease and illness

Write an essay in which you critically discuss how health care providers (E.g. doctors) and lay people understand Diabetes.

1. The essay must be properly structured (with Introduction, Body, Conclusions, References, Appendices, etc.).
2. For the essay you need to write two to three paragraphs in which you explain what the difference is between disease and illness. See the literature for week 1-3.
3. You also need to find at least one article and an internet site that gives you medical information about Diabetes as a disease, i.e. how is it described, diagnosed and treated, what are the symptoms and causes? How is this different from or similar to the ways in which e.g. Diabetes is represented and understood in the media and by three people you interviewed?
4. To do the interviews, ask at least three people what they think causes Diabetes (aetiology), how they think it is acquired and how they treat or manage it.

The essay must be 3000 words and must have full references. You must analyze the three interviews as part of the essay, but must also attach the transcribed interviews as appendices to the essay.

References

Nkosi, M. 2012. Understanding and Exploring Illness and Disease in South Africa: A Medical Anthropology Context. *International Journal of Humanities and Social Science*, 2(24):84-93

Gibson, D. 2009. Between N!xam and tibi. A case study of tuberculosis and the Ju/'hoansi in the Tsumkwe region, Namibia. *Anthropology Southern Africa* 32(1&2): 27-36

Helman, C. G. 2007 (5th edition). *Culture, Health and Illness*. Oxford: Butterworth-Heinemann, pp121-155

Boode, M. 2011. The transformations of disease in expert and lay medical cultures. *Journal of Ayurveda and Integrative Medicine*; 2(1): 14–20

Essay 2: Medical pluralism

Despite the supremacy of Western biomedicine, medical pluralism continues to persist in South Africa. Write an essay in which you critically discuss medical or healing plurality in South Africa. Some of the issues you need to attend to are:

- What is meant with medical pluralism?
- Which important issues are of significance in this regard?
- What are the benefits and limitations?
- How do people make use of various systems of health care and for what purpose?

The essay must be 3000 words and must have full references. You may draw on class and tutorial discussions to use as examples.

References:

Levine, S. 2012. Testing knowledge: Legitimacy, healing and medicine in South Africa. In *Medicine and the Politics of Knowledge*, S. Levine, (ed.) 55 – 78. Cape Town Levine: HSRC Press.

Thornton, R. The market for healing and the elasticity of belief: Medical pluralism in Mpumalanga, South Africa. In M. Dekker and R. van Dijk (eds). *Markets of well-being. Navigating health and healing in Africa*. Leiden: Brill, pp 144-172

Recommended

Xaba, T. 1998. A disenchanted modernity. The accommodation of African Medicine in contemporary South Africa. In Silva, T.C.M. and Sitas, A. (eds) *Gathering Voices: Perspectives on the Social Sciences in Southern Africa*, a publication of the International Sociological Association

Levine, S. (ed). *Medicine and the politics of knowledge*. Cape Town: HSRC Press. – This book can be downloaded for free from the following website: <http://www.hsrcpress.ac.za/product.php?productid=2298&freedownload>

Due dates for tasks

Task	Due Date	Assessment
Essay 1	15 th August 2016	40%
Essay 2	16 th September 2016	40%
Tutorial assignments and tutorial attendance	See tutorial outline	20%

GUIDELINES FOR SUBMISSION OF ASSIGNMENTS AND REFERENCING

Guidelines for the submission of assignments (essay and research report), including also detailed instructions for correct referencing, and the required statement that you have not plagiarised, are available from the e-learning/e-teaching course site.

TURN-IT-IN GUIDE LINES

In keeping with the University's policy on plagiarism, the following guidelines are recommended to facilitate the turn-it-in process.

A turn-it-in report must be submitted with every written submission.

The system will be opened as soon as the dates for the written submissions are announced.

Deadlines for the reports will coincide with the date of submission of essays, assignments, reports etc.

- Only the page reflecting the similarity % must be attached to the written work.
- A SIMILARITY INDEX OF 20% IS THE MAXIMUM % THAT WILL BE ACCEPTED
- SUBMISSIONS WILL NOT BE ACCEPTED WITHOUT A REPORT
- Students are responsible for ensuring that the Turn-it-in report shows their name, student Id and similarity index.
- Negligence in this regard can lead to penalties
- Students are reminded that they also have the responsibility to ensure that they do not allow the abuse of their student ID and reports by other students – negligence in this regard shall be penalized.
- Attempts of deception or falsification of results and fraudulent use of the Turn-it-in system shall lead to serious sanction being levelled against offending students.

LECTURES AND READINGS

TERM 1: INTRODUCTION TO KEY CONCEPTS AND THEMES IN MEDICAL ANTHROPOLOGY

Week 1: Introduction

Lecture 1 (26 July 2016): Ember, C and Ember, M. (eds). 2004. Encyclopedia of medical anthropology. Health and illness in the world's cultures. Pp163-187

Lecture 2 (29 July 2016): Herselman, S. 2007. Health Care through a Cultural Lens: Insights from Medical Anthropology. *Current Allergy & Clinical Immunology* 20, no 2: 62 – 65

Week 2: Key concepts

Lecture 3 (2 August 2016): Lock, M & Nguyen, V. 2010. *An anthropology of biomedicine*, pp57-82 (Chapter 3: Anthropologies of medicine).

Lecture 4: (5 August 2016): Helman, C. G. 2007 (5th edition). *Culture, Health and Illness*. Oxford: Butterworth-Heinemann, pp.19-51.

Week 3: Key concepts continued

Lecture 5 (12 August 2016): Video documentary: Overcoming Obstacles in treating your diabetes

Lecture 6 (16 August 2016): Nkosi, M. 2012. Understanding and Exploring Illness and Disease in South Africa: A Medical Anthropology Context. *International Journal of Humanities and Social Science*, 2(24):84-93

Lecture 7 (19 August 2016): Gibson, D. 2009. Between N!xam and tibi. A case study of tuberculosis and the Ju/'hoansi in the Tsumkwe region, Namibia. *Anthropology Southern Africa* 32(1&2): 27-36

Recommended:

Helman, C. G. 2007 (5th edition). *Culture, Health and Illness*. Oxford: Butterworth-Heinemann, pp121-155

Week 4: Examining Biomedicine

Lecture 8 (23 August 2016): Video documentary: Between life and death

Lecture 9 (26 August 2016): Gibson, D. 2004. The gaps in the gaze in South African hospitals. *Social Science and Medicine*. Social Science and Medicine 59(10):2013-2014

Lecture 10 (6 September 2016): Farmer, P. 2004. An anthropology of structural violence. *Current Anthropology* 45(3):305-325

Week 5: Medical pluralism

Lecture 11 (9 September 2016): Levine, S. 2012. Testing knowledge: Legitimacy, healing and medicine in South Africa. In *Medicine and the Politics of Knowledge*, S. Levine,(ed.) 55 – 78. Cape Town Levine: HSRC Press.

Lecture 12 (13 September 2016): Thornton, R. The market for healing and the elasticity of belief: Medical pluralism in Mpumalanga, South Africa. In M. Dekker and R. van Dijk (eds). *Markets of well-being. Navigating health and healing in Africa*. Leiden: Brill, pp 144-172

Lecture 13 (16 September 2016): Xaba, T. 1998. A disenchanted modernity. The accommodation of African Medicine in contemporary South Africa. In Silva, T.C.M. and Sitas, A. (eds) *Gathering Voices: Perspectives on the Social Sciences in Southern Africa*, a publication of the International Sociological Association

Recommended

Levine, S. (ed). *Medicine and the politics of knowledge*. Cape Town: HSRC Press. – this book can be downloaded for free from the following website;
<http://www.hsrcpress.ac.za/product.php?productid=2298&freedownload>

Week 6: Biomedicine, pharmaceuticals and ‘traditional’ medicines

Lecture 14 (20 September 2016): Video documentary: “Health for sale”

Lecture 15 (23 September 2016): Moynihan, R; I. Heath; and D. Henry. 2002. Selling sickness: the pharmaceutical industry and disease mongering. *British Medical Journal*, 324, no 13: 886 – 891.

Week 7: Medical pluralism: ‘Alternative medicines’

Lecture 16 (27 September 2016): Davids, D., Blouws, T., Aboyade, O., Gibson, D., De Jong, J., Van’t Klooster, C and Hughes, G. 2014. Traditional health practitioners’ perceptions, herbal treatment and management of HIV and related opportunistic infections. *Journal of Ethnobiology and Ethnomedicine*. 10:77 doi: 10.1186/1746-4269-10-77

Lecture 17 (30 September 2016): Cohen, J. 2013. Cultivating *krag*, refreshing *gees*: Ecologies of wellbeing in Namaqualand. In L. Green (ed). *Contested ecologies: Dialogues in the South on nature and knowledge*. Cape Town: HSRC Press, pp 90-109

Lecture 18 (4 October 2016): Boode, M. 2011. The transformations of disease in expert and lay medical cultures. *Journal of Ayurveda and Integrative Medicine*; 2(1): 14–20

Week 9: Medicalization and consumerism

Lecture 19 (7 October 2016): Video Documentary: “Bushmen’s secret”

Lecture 20 (11 October 2016): Reihling, H. 2008. Bioprospecting the African Renaissance: The new value of *muthi* in South Africa. *Journal of Ethnobiology and Ethnomedicine*. 4:9 doi: 10.1186/1746-4269-4-9

Week 10: Medical consumerism continue

Lecture 21 (14 October 2016): Video Documentary: The organ trade

Lecture 22 (18 October 2016): Scheper-Hughes, N. 2002. The ends of the body: Commodity fetishism and the global traffic in organs. *SAIS Review* XIII (1): available on file:///F:/MEDICAL%20ANTHRO%20ANT221/Scheper-Hughes_endsofthebody.pdf

Week 11: Ethnographic case studies from around the world

Lecture 23 (21 October 2016): Video: Kuru. The science and the sorcery

Lecture 24 (25 October 2016): Lindenbaum, S. 2001. Kuru, Prions, and Human Affairs: Thinking about Epidemics *Annual Review of Anthropology*, 30: 363-385

Week 12: Revision and discussion on exams

Lecture revisions and exam preparation

TUTORIAL PROGRAMME:

PLEASE NOTE: TUTORIALS BEGIN IN WEEK 3

Tut 1: Week 3: Debate. Class will be divided in two groups. Group one must give reasons why disease, like Diabetes should be understood and treated only biomedically. Group two must give reasons why a disease like Diabetes should also be understood and treated with traditional and or complementary and alternative healing systems and treatment. Issues to be discussed in class:

Hand-in 1: Write one page in which you explain the difference between disease, illness and sickness as it is used in medical anthropology.

Tut 2: Week 4: 1. Find at least one article and one internet site that gives you medical information about Diabetes as a disease, i.e. how is it described, diagnosed and treated, what are the symptoms and causes? Also find one internet site or media article that shows how the Diabetes is represented and understood in the media. 2. Discussion: Referencing format for essay.

Hand in 2: You need to hand in a full and correct reference list for essay 1

Tut 3: Week 5: Debate: Class will be divided in two groups:

Group 1 will discuss and make a presentation on the ideal female body as represented in the media.

Group 2 will discuss and make a presentation on the ideal male body as represented in the media.

Hand-in 3: Make a one page summary of Helman, C. G. 2007 (5th edition). *Culture, Health and Illness*. Oxford: Butterworth-Heinemann, pp.19-51.

Tut 4: Week 6: Class discussion: Farmer argues that the high prevalence of tuberculosis and HIV in poor countries can be understood as structural violence. What does he mean with this? Give examples.

Hand-in 4: Make a one page summary of Farmer, P. (2004) and discuss the main arguments of the article. An anthropology of structural violence. *Current Anthropology* 45(3):305-325

Tut 5: Week 7: Class discussion. Students divide in groups and discuss the following (to present to the whole group later). What is meant with medical pluralism? Which healing systems that you know of, do people use in South Africa – make a list? How are these systems different from or similar to each other?

Hand-in: 5. Make a one page summary of Levine, S. 2012. Testing knowledge: Legitimacy, healing and medicine in South Africa. In *Medicine and the Politics of Knowledge*, S. Levine, (ed.) 55 – 78. Cape Town Levine: HSRC Press.

Tut 6: Week 9: Class discussion: What is meant by Moynihan et al (2002) when they talk about the ‘forms of medicalizing ordinary life’? What are the examples given and how are these conditions medicalized? What examples can you think of in South Africa or that you have seen in the media?

Hand-in 6: Read Davids et al. (2014) and discuss the main arguments of this article in one page.

Tut 7: Week 10. Discussion of Boode (2011) on transformations of disease in expert and lay medical cultures.

Hand-in 7: Read Reihling (2008). Write 1 page in which you discuss what the author means when he writes about medicalizing the African renaissance? How does this relate to *muthi*?

Tut 8: Week 11: Exam discussion

Hand-in 8: What does Scheper-Hughes (2002) mean when she writes about ‘commodity fetishism’? Look for examples of organ trafficking in South Africa (especially kidney transplants) on the internet. Shortly discuss what you have found. The hand-in must be no more than 1 page.