ANTHROPOLOGY 3

SEMESTER 2 MODULE 4

MEDICAL ANTHROPOLOGY

POLITICS, PLURALISM AND PERSPECTIVES IN HEALTH AND MEDICINE IN SOUTH AFRICA
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 biopsychosocial\(^1\) 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.

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\(^1\) 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](http://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:**

<table>
<thead>
<tr>
<th>Day</th>
<th>Period</th>
<th>Time</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONDAY</td>
<td>7 &amp; 8</td>
<td>14:15 – 15:55</td>
<td>St Peters Rm 36</td>
</tr>
<tr>
<td>WEDNESDAY</td>
<td>7 &amp; 8</td>
<td>14:15 – 15:55</td>
<td>St Peters Rm 36</td>
</tr>
<tr>
<td>THURSDAY</td>
<td>7 &amp; 8</td>
<td>14:15 – 15:55</td>
<td>St Peters Rm 36</td>
</tr>
</tbody>
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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 contemorary, 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:

Additional Readings:
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:

Additional Reading:

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.
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:

Additional Reading:
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:

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 ukuthwasa 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:
Lee, S. (1996) Reconsidering the Status of Anorexia Nervosa as a western culture-bound syndrome. Social Science and Medicine, 42 (1), pgs 21-34.

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May the odds be ever in your favour!