

## **SOCIOLOGY HONOURS**

**2025: TERM 4**

### **SOCIOLOGY OF HEALTH AND ILLNESS**



**Lecturer: Ms Janet Chisaka**

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## INTRODUCTION

Welcome to the module on the Sociology of Health and Illness! Previously known as *Medical Sociology*, the Sociology of Health and Illness draws on perspectives and theories from mainstream sociology, including Functionalism, Symbolic Interactionism, Marxism, Feminism, and Postmodernism. Medical Sociology has changed significantly over the past few decades. It was largely pioneered by sociologists who worked closely with doctors and often accepted doctors' assumptions about health and healthcare without question. As a result, early medical sociologists, such as Talcott Parsons, primarily asked questions that doctors considered important. However, by the 1970s, the field began shifting toward a very different set of questions. Some of these questions challenged the assumptions held by doctors, while others addressed issues that lay beyond the typical scope of medical professionals, such as the effects of poverty on health or how individuals create meaningful lives while living with chronic illness.

In this module, we will explore a range of critical questions, including:

- What does it mean to be healthy or ill?
- What are the sources of inequality in health status?
- Why is biomedicine dominant in a capitalist society?
- Is healthcare a right or a commodity?
- How is the healthcare system organised in South Africa?

This module aims to provide a comprehensive foundation in the sociology of health, illness, and healthcare, focusing on South African health policy and the healthcare system. We will also examine critical sociological perspectives on medicine, health, society, the evolving nature of professional power and dominance, the experience of illness, and the dynamics of patient-professional relationships.

Additionally, we will consider *happiness* as a measure of well-being (i.e., health), in line with the World Health Organisation's (1949) definition of health as: "A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

Sociological explanations of health and illness move beyond individual-level causes and focus instead on the broader social factors that influence health. This includes a critique of healthcare systems and structures. Importantly, a sociological approach does not deny the many benefits and successes of medical knowledge and practice – it simply seeks to place them within a broader social and cultural context.

## LEARNING OUTCOMES

Upon completion of this module, you will be able to:

- Develop an understanding of various sociological perspectives on health and critically evaluate the strengths and limitations of each theory.
- Examine key concepts and approaches in public health from a critical sociological perspective and deepen your awareness of how medical knowledge and power are produced and distributed.

- Understand the relationship between individual experiences of health and illness and broader social forces, group dynamics, and particularly the political economy of health and healthcare in South Africa.
- Demonstrate knowledge of the structure and functioning of the South African healthcare system.
- Appreciate the role of happiness and well-being in shaping overall health outcomes.

## MODULE REQUIREMENTS AND ASSIGNMENTS

There will be two weekly seminars in the Steve Biko Seminar Room on Mondays and Wednesdays from 09h30 to 12h00. Due to a public holiday on Wednesday, 24 September (Heritage Day), seminar 10 will be conducted on Thursday, 25 September, from 09h30 to 12h00 in the Steve Biko Seminar Room. Attendance at all seminars is *compulsory*.

In preparation for each seminar, you must read the prescribed readings and answer the set question/s for each week's seminar (see seminar structure below). You must read, think and write critically, which means "active, persistent and careful consideration of any belief or supposed form of knowledge in the light of the grounds that support it and further conclusions to which it tends" (Dewey, 1933:118). This will make you aware that knowledge, particularly medical knowledge, is always culturally and disciplinarily constructed. Medical knowledge is always the product of people thinking in particular ways at particular times and places. For this reason, you need to ask critical questions about all medical 'facts' and ideologies, as well as research findings on health, illness, and health policy and practice. Therefore, success is dependent on your active engagement with the module and reading beyond the prescribed material.

Given that health, illness, and healthcare are issues you can all relate to, you are encouraged to reflect on and incorporate your understanding of and experience with these phenomena into your assignments. You should incorporate media accounts, especially those on South African healthcare, health and illness narratives.

### Assessment

- The coursework component consists of two essays, which are due on 12 September and 3 October. The essays must be submitted on Turnitin by 17h00 on the due date and count 35% each (70%) of the in-term mark. The first essay question is based on seminars 1–6, and the second essay on seminars 7–12. You must only reference prescribed and recommended readings for theoretical discussions, and other sources (e.g., case studies, social media articles and videos) to support your argument. The required word count for the essays is 2500–3000 words and must be typed in size 12 font with 1.5 line spacing.
  - **Essay 1:** How did the medical profession achieve professional dominance, and in what ways is this dominance currently being challenged?
  - **Essay 2:** Critically discuss the key obstacles to achieving a more equitable health system in South Africa, particularly in relation to disease prevalence (such as diabetes, HIV/AIDS, cancer, arthritis, etc.).

- Duo or trio presentations in seminars 13 and 14 count 30% of your term mark. The broad topics for the presentation are *religion and well-being*. The presentation paper/PowerPoint *must* draw on the theoretical discussion in prescribed readings (see Seminar 13-14 below). Examples can be anecdotal evidence or case studies on religion and well-being or social media accounts on YouTube, TikTok, blogs, Instagram, Facebook, etc. The presentation should be emailed to me ([j.chisaka@ru.ac.za](mailto:j.chisaka@ru.ac.za)) for those presenting on Monday, 13 May, and on Tuesday if you are presenting on Wednesday, 15 May.
- For the November exam, you will write three essays, one compulsory and two chosen from a list of four essay questions.
- The overall module mark is as follows:
  - Class assignments (essays and presentation) = 50%
  - November examination = 50%

Please consult the *Sociology Handbook* for an outline of the University's policy on plagiarism, guidelines on the formatting and writing of assignments, the departmental rules regarding citations and references, and the criteria for assessing written work. A copy of the Assignment Cover Sheet, which must accompany all assignments submitted to the Department, is available from the Department.

### Module evaluation

As a Department, we are committed to reflecting on our teaching practices and module content to strengthen our courses. Towards the end of the term, you will be asked to participate in a module evaluation process. Please take this seriously and evaluate the module honestly and comprehensively. Your input will be highly appreciated and will make a real contribution to enhancing teaching and learning in the Department.

### Consultation times

Please email me ([j.chisaka@ru.ac.za](mailto:j.chisaka@ru.ac.za)) to make an appointment on the following days:

Tuesday      09h30 - 12h00

Friday        09h30 - 12h00

## SEMINAR SCHEDULE

### Seminars 1–4: The Biomedical Model of Health and Healthcare

Question to guide your reading:

- Why is it important to understand the history behind the development of modern medicine?
- How does medicine function as a form of social control?
- Has society become more or less medicalised, and what are the consequences of medicalisation?

### Prescribed readings and YouTube video

Armstrong, D. (1990). Medicine as a profession: Times of change. *British Medical Journal*, Vol. 301, pp. 691-693.

- Armstrong, D. (1995). The rise of surveillance medicine. *Sociology of Health & Illness*, Vol. 17 (3), pp. 393-404.
- Barry, A. & Yuill, C. (2002). *Understanding health: A sociological introduction*. London: SAGE Publications. [Chapter 2]
- Conrad, P. (1992). Medicalisation and social control. *Annual Review of Sociology*, Vol. 18 (1), pp. 209-232.
- Bowler, S. (2008). The object of medicine. In: D. Wainwright (ed.) *A sociology of health*. London: SAGE Publications. [Chapter 3 – The object of medicine]
- National Geographic. (2020). In the 19th century, going to the doctor could kill you. Available at: <https://www.youtube.com/watch?v=0BmGw3a-JDQ>
- White, K. (2002). *An introduction to the sociology of health and illness*. London: SAGE Publications. [Chapter 2 – The social construction of medical knowledge; Chapter 7 Foucault and the sociology of medical knowledge]

### **Recommended readings**

- Arksey, H. (1994). Expert and lay participation in the construction of medical knowledge. *Sociology of Health & Illness*, Vol. 16 (4), pp. 448-468.
- Armstrong, D. (1985). The subject and the social in medicine: An appreciation of Michel Foucault. *Sociology of Health and Illness*, Vol. 7 (1), pp.108-117.
- Coburn, D. & Willis, E. (2000). The medical profession: Knowledge, power, and autonomy. In: G.L. Albrecht, R. Fitzpatrick & S.C. Scrimshaw (eds.) *Handbook of social studies in health and medicine*. London: SAGE Publications.
- Conrad, P. (1979). Types of medical social control. *Sociology of Health and Illness*, Vol. 1 (1), pp. 1-11.
- Conrad, P. (2005). The shifting engines of medicalisation. *Journal of Health & Social Behavior*, Vol. 46 (1), pp. 3-14.
- Crawford, R. (1980). Healthism and the medicalisation of everyday life. *International Journal of Health Services*, Vol. 10 (3), pp. 365-387
- Freidson, E. (1993). How dominant are the professions? In: F. Hafferty & J. McKinlay (eds.). *The changing medical profession: an international perspective*. New York: Oxford University Press.
- Freund, P. E. S., McGuire, M. & Podhurst, L. S. (2003). *Health, illness, and the social body: A critical sociology* (fourth edition). New Jersey: Pearson Education. [Chapter 1]
- Foucault, M. (1975). *The birth of the clinic: An archaeology of medical perception*. New York: Vintage Books.
- Foucault, M. (1979). *Discipline and punish: The birth of the prison*. Harmondsworth, Middlesex: Penguin.
- Hafferty, F. W. & McKinlay J. B. (1993). *The changing medical profession: An international perspective*. New York: Oxford University Press.
- Illich, I. (1976). *Medical nemesis: The expropriation of health*. New York: Bantam.
- Lupton, D. (1997). Foucault and the medicalisation critique. In: A. Petersen & R. Bunton (eds.) *Foucault: Health and medicine*. London: Routledge.

- McKinlay, J. B. & Marceau, L. D. (2002). The end of the golden age of doctoring. *International Journal of Health Services*, Vol. 32 (2), pp. 379-416.
- Navarro, V. (1988). Professional dominance or proletarianisation?: Neither. *The Millbank Quarterly*, Vol. 66 (Suppl. 2), pp. 57-75.
- Petersen, A. (2012). Foucault, health and healthcare. In: G. Scambler (ed.) *Contemporary theorists for medical sociology*. London: Routledge. [Chapter 1, pp. 9-17]
- Ritzer, G. (1975). Professionalisation, bureaucratisation and rationalisation: The views of Max Weber. *Social Forces*, Vol. 53 (4), pp. 627-634.
- Turner, B. S. (1987). *Medical power and social knowledge*. London: SAGE Publications.
- Williams, S. J. (2012). Health and medicine in the information age: Castells, informational capitalism, and the network society. In: G. Scambler (ed.) *Contemporary theorists for medical sociology*. London: Routledge. [Chapter 10]
- Zola, I. K. (1972). Medicine as an institution of social control. *Sociological Review*, Vol. 20 (4), pp. 487-504.

## **Seminars 5–6: The Sociological Perspective on Health**

Question to guide your reading:

- Why is a sociological perspective on health, disease and healthcare important?

### **Prescribed readings**

- Lee, E. & Frayan, E. (2008). The ‘feminisation’ of health. In: D. Wainwright (ed.) *A sociology of health*. London: SAGE Publications.
- Navarro, V. (1976). Social class, political power and the state and their implications in medicine. *Social Science & Medicine*, Vol. 10, pp. 437-457
- White, K. (2002). *An introduction to the sociology of health and illness*. London: SAGE Publications. [Chapter 8 - Health, gender and feminism]

### **Recommended readings**

- Annandale, E. (1998). *The sociology of health and medicine: A critical introduction*. Malden: Blackwell Publishers.
- Annandale, E. (2014). *The sociology of health and medicine: A critical introduction*. Cambridge: Polity.
- Armstrong, D. 2008. The subject and the social in medicine: an appreciation of Michel Foucault. Available at: <https://onlinelibrary.wiley.com/doi/epdf/10.1111/1467-9566.ep10831391>
- Kuhlmann, E. & Annandale, E. (2010). *The Palgrave handbook of gender and healthcare*. Basingstoke: Palgrave Macmillan.
- Mooney, G. (201). *The health of the nations: Towards a new political economy*. London: ZED Books.
- Navarro, V. (1979). *Imperialism, health and medicine*. New York: Baywood.

- Navarro, V. (1986). *Crisis, health, and medicine: A social critique*. New York: Tavistock.
- Navarro, V. (2004). *The political and social contexts of health*. New York: Baywood.
- Navarro, V. (2007). *Neoliberalism, globalisation and inequalities: Consequences for health and quality of life*. New York: Baywood.
- Navarro, V. (2009). What we mean by social determinants of health. *International Journal of Health Services*, Vol. 39 (3), pp. 423-441.
- Nettleton, S. (1995). *The sociology of health and illness* (first edition). Cambridge: Polity Press.
- Nettleton, S. (2013). *The sociology of health and illness* (third edition). Cambridge: Polity Press.
- Nettleton, S. & Gustafsson, U. (eds.) (2002). *The sociology of health and illness reader*. Cambridge: Polity Press.
- Parsons, T. (1951). *The social system*. Glencoe, Illinois: Free Press.
- Weitz, R. (2004). *Sociology of health, illness, and health care: A critical approach*. Belmont, California: Wadsworth/Thomson.

## **Seminars 7 & 8: Medicine and Social Justice**

Question to guide your reading:

Should healthcare be privileged above other social goods and services? Is healthcare a right or a commodity?

### **Prescribed readings and YouTube video**

- Baumrin, B. (2002). Why there is no right to health care. In R. Rhodes, M. Battin & A. Silvers (eds.). *Medicine and social justice: essays on the distribution of health care*. pp. 78-83. New York: Oxford University Press.
- Daily Cast News. (2025). Healthcare has no border, or should it? Available at: <https://www.youtube.com/watch?v=opSvilfpD1w>
- Daniels, N. (2002). Justice, health, and health care. In R. Rhodes, M. P. Battin & A. Silvers (eds.). *Medicine and social justice: essays on the distribution of health care*. pp. 1-23. New York: Oxford University Press, Inc.
- SABC. (2025). MSF supporting patients denied services. Available at: <https://www.youtube.com/watch?v=BFsK-krKnwo>

### **Recommended readings**

- Anand, S. (2004). The concern for equity in health. In S. Anand, F. Peter & A. Sen (eds.). *Public health, ethics, and equity*. Oxford: University of Oxford Press.
- Anand, S., Peter, F. & Sen, A. (2004). *Public health, ethics, and equity*. Oxford: University of Oxford Press.
- Daniels, N. (1985). *Just health care: studies in philosophy and health policy*. Cambridge: Cambridge University Press.
- Rawls, J. (1999). *A theory of justice*. Cambridge, Massachusetts: Belknap Press of Harvard University Press.
- Reynolds, L. (2013). *Healthcare that is accessible to all is the foundation on which an equitable and efficient system must be built*. <http://mg.co.za/article/2013-05-17-00-comment-free-healthcare-is-a-human-right>

- Rispel, L. & Setswe, G. (2007). Stewardship: protecting the public's health. *South African Health Review*, Vol. 2007 (1), pp. 3-17.
- Wilkinson, R. & Pickett, K. (2009). *The spirit level: Why greater equality makes societies stronger*. New York: Bloomsbury Press.
- Wilkinson, R.G. (2005). *The impact of inequality: How to make sick societies healthier*. London: Routledge.

## **Seminars 9 & 10: Health Policy and Healthcare in South Africa**

Questions to guide your reading:

- Why do you think South Africa has both a public and a private healthcare sector? What are the advantages and disadvantages of this dual system?
- What is the impact of non-communicable diseases on the healthcare system?
- What are the barriers that prevent individuals from receiving adequate healthcare?

### **Prescribed readings & YouTube videos**

- Baker, P. A. (2010). From apartheid to neoliberalism: Health equity in post-apartheid South Africa. *International Journal of Health Services*, Vol. 40 (1), pp.79-95.
- Chabikuli, N., Blaauw D., Gilson, L. & Schneider, H. (2023). Resource policies: Health sector reform and the management of PHC services in SA. *South African Health Review*, pp. 104-114.
- ConversationsSA. (2025). Is being a doctor still prestigious? The harsh reality of South Africa's Medical Students. Available at : <https://www.youtube.com/watch?v=vLdlcgCnGnE>
- Khan, S., Ntamatlala, I. & Adams, S. (2024). A review of burnout among doctors in South Africa: Pre-, during and post-COVID-19 pandemic. *South African Family Practice*, DOI: <https://safpj.co.za/index.php/safpj/article/view/6002>
- Phalime, M. (2014). The doctor who walked away. Available at: <https://www.youtube.com/watch?v=JeHqgambbcI>

### **Recommended readings**

- African National Congress. (1994a). *Policy document: A national health plan for South Africa*. Available at: <https://www.anc1912.org.za/policy-documents-1994-a-national-health-plan-for-south-africa/>
- Blecher, M. S., Davén, T. Meyer-Rath, G., Silal, S. P., Makrelov, K. & van Niekerk, M. (2021). The South African government's response to COVID-19: Protecting lives and livelihoods. *South African Health Review*, pp. 1-17.
- Coovadia, H. Jewkes, R., Barron, P., Sanders, D. & McIntyre, D. (2009). The health and health system of South Africa: Historical roots of current public health challenges. *Lancet*, Vol. 374 (9692), pp. 813-817.
- Department of Health. (2023). *National Health Insurance*. Available at: <https://www.health.gov.za/nhi/>
- Department of Health. (2017). *Demographic and health survey 2016: Key indicators*. Available at: <https://www.statssa.gov.za/publications/Report%2003-00-09/Report%2003-00092016.pdf>



- Department of Health. (2008). *Draft policy on African traditional medicine for South Africa*. Pretoria: Department of Health.
- Engelbrecht, B. & Crisp, N. (2010). Improving performance of the health system: Perspective on a national health insurance. *South African Health Review*, pp. 195-204.
- Gittings, L., Casale, M., Kannemeyer, N., Rayalo, N., Cluver, L., Kelly, J., Logie, C. & Toska, E. (2021). “Even if I am well informed, I will never get it”: COVID-19 vaccine beliefs, intentions and acceptability among adolescents and young people in South Africa. *South African Health Review*, pp. 297-203.
- Padayachee, T., Seunanden, T., Ogunmefun, C., Morley, P., Zide, B. Mureithi, L., van Schaik, N. & English, R. (2013). *Documenting good practices in the public health sector of South Africa: From policy to practice*. Durban: Health Systems Trust.
- Pretorious, E. (2012). Complementary and alternative medicine and traditional health care in South Africa. In H. C. J. Van Rensburg (ed.). *Health and Health Care in South Africa*, pp. 593-652. Pretoria: Van Schaik.
- Ruiters, G. & van Niekerk, R. (eds). (2012). *Universal health care in southern Africa: Policy contestation in health system reform in South Africa and Zimbabwe*. Scottsville: University of KwaZulu Natal Press.

### **Recommended website**

South African Health Review. <https://0-journals.co.za.wam.seals.ac.za/journal/healthr>

### **Seminars 11 &12: The Meaning and Experience of Illness**

Question to guide your reading:

- In what ways are disease and illness more than just objective medical conditions?
- What makes our understanding of illness more complex than just its biological basis?
- How is illness socially constructed?
- How does illness affect people’s identities and life experiences?

### **Prescribed readings**

- Bury, M. (1982). Chronic illness as biographical disruption. *Sociology of Health and Illness*, Vol. 4 (2), pp. 167-182.
- Charmaz, K. (1983). Loss of self: A fundamental form of suffering in the chronically ill. *Sociology of Health and Illness*, Vol. 5 (2), pp. 168-197.
- Hartle, R. (2020), “Why me, Lord?”: Some social factors associated with the receipt of a donor heart in South Africa. Unpublished Master’s Thesis. Makhanda: Rhodes University.

### **Recommended readings**

- Freund, P. E. S., McGuire, M. & Podhurst, L. S. (2003). *Health, illness, and the social body: A critical sociology* (fourth edition). New Jersey: Pearson Education. [Chapter 1]
- Kelly, M. P. & Field, D. (1996). Medical sociology, chronic illness and the body. *Sociology of Health and Illness*, Vol. 18 (2), pp. 241-257.

- Kleinman, A. (1988). *The illness narratives: Suffering, healing and the human condition*. New York: Basic Books.
- Sontag, S. (1991). *Illness as metaphor: AIDS and its metaphors*. London: Penguin.
- Szasz, T. (1957). *Pain and pleasure*. New York: Basic Books.

## **Seminars 13 & 14: Religion and Well-Being**

### **Prescribed reading**

- Graham, C. & Crown, S. (2014). Religion and well-being around the world: Social purpose, social time, or social insurance? *International Journal of Well-being*, Vol. 4 (1), 1-27.
- Koen, V. & Robertson, N. D. (2021). A qualitative exploration of psychosocial well-being experiences in a South African rural community. *Journal of Community Psychology*, Vol. 49, pp. 1195–1211.

### **Recommended journal**

International Journal of Well-being. <https://www.internationaljournalofwellbeing.org/index.php/ijow>