**MEDICAL ANTHROPOLOGY IN PUBLIC HEALTH (1802)**

ORGANIZER: Dr H Lambert TIMETABLE SLOT: Term 2 - D1

AIM

To provide an introduction to concepts, perspectives and methods in medical (social) anthropology that have special relevance to public health issues.

OBJECTIVES

By the end of the Study Unit, students should be able to:

(i) understand and employ a range of concepts, terms, principles and definitions used in medical & social anthropology;

(ii) utilize these with reference to particular public health issues in specific contexts;

(iii) demonstrate the relevance of anthropological investigation and analysis to the formulation of appropriate public health interventions, and

(iv) critically evaluate epidemiological and medical approaches in public health from an anthropological perspective.

CONSTITUENCY

This Study Unit is designed for students who wish to acquire a general understanding of anthropological approaches to health and medicine and of their relevance to public health in both developed and developing countries. The Study Unit builds on the term 1 Social Science Methods & Methodology Unit.

CONCEPTUAL OUTLINE

1. Introduction to social & medical anthropology. Socio-cultural dimensions and lay perceptions of health and medicine. Concepts and definitions: Disease, illness & sickness.

2. The public in public health. Kin groups & communities; social structure, gender etc.

3. Medical pluralism and health care provision. Traditional medicine and complementary medicine. Health-seeking behaviour.

4. Anthropology and epidemiology. Risk perception and disease prevention. Implications for health education & promotion.

These subjects will be illustrated by reference to case studies on specific public health issues, for example HIV/AIDS, health education, CHD risk factor reduction - in particular contexts; and the application of an anthropological approach to public health problems will be illustrated by examples.

TEACHING STRATEGY

Teaching will include a combination of lectures, seminars, guided reading, group discussions, group exercises on methods and case studies to illustrate the practical application of anthropological approaches to public health issues. There will be about thirteen private study sessions for reading and preparation of assignments.

LEARNING TIME

Total learning time is 100 hours, composed of: contact time = 30 hours; reading time = 47 hours; assignment time = 23 hours.

ASSESSMENT

The Unit will be assessed by means of an individual essay, completed by the end of the Study Unit, on a subject chosen from a range of topics covered in the course.

**MEDICAL ANTHROPOLOGY IN PUBLIC HEALTH (1802)**

**STUDY UNIT OUTLINE AND TIMETABLE**

Course Organizer: Helen Lambert, HPSU, PHP (Room 421)

Course Secretary: Chris Hutton, HPSU, PHP (Room 420)

Teaching staff:

Susan Beckerleg (HPSU, PHP)

Gillian Hundt (HPSU, PHP)

Helen Lambert (HPSU, PHP)

Jessica Ogden (HPU, PHP)

This study unit runs in the D2 timetable slot, with teaching on Thursday and Friday afternoons every week. The remaining two and a half days per week should be spent in reading, class preparation and assigned work. Most (not all) sessions are divided as follows: 1 hour lecture or plenary session, followed by seminars of 11/2 hours in groups. Groups of students will prepare work for five of the seminars (indicated in capital letters) on a chosen topic. Room allocations are given in brackets after the title of each session.

WEEK ONE

Thursday 27 February

2.00 - 3.00 Lecture 1 (Part I): **Overview of issues in medical anthropology & Applications** (5)

3.30 - 5.00 Introduction to study unit; Allocation of

seminar groups & individual topics (5, 401, 411)

Friday 28 February

2.00 - 3.00 Seminar 1: Discussion of set readings (401,411,142)

3.30 - 4.30 Lecture 1 (Part II): **Overview of issues in medical**

**anthropology & applications** (Manson)

WEEK TWO

Thursday 6 March

2.00 - 3.00 Lecture 2: **Disease and illness: Professional and lay**

**concepts and models** (Manson)

3.30 - 5.00 Seminar 2: ILLNESS EXPLANATIONS: PERSONAL, SOCIAL

AND MEDICAL CONTEXTS OF COMPLIANCE (401,411,5)

Friday 7 March

2.00 - 3.00 Lecture 3: **Medical pluralism I: Medical systems** (14)

3.30 - 5.00 Seminar 3: TRADITIONAL/ALTERNATIVE MEDICINE AND

HEALTH CARE PROVISION (401,411,14)

WEEK THREE

Thursday 13 March

2.00 - 3.00 Lecture 4: **Medical pluralism II: Case study of**

**therapeutic choice and health-seeking strategies** (Goldsmiths)

3.30 - 5.00 Seminar 4: **Analysis of group interviewing exercise** (401,411,5)

Friday 14 March

2.00 - 3.00 Lecture 5: **Risk perceptions and lifestyle change** (video) (Manson)

3.30 - 5.00 Seminar 5: ANTHROPOLOGY AND EPIDEMIOLOGY I -

RISK AND SOCIAL RELATIONS (401, 411, 14)

WEEK FOUR

Thursday 20 March

2.00 - 3.00 Lecture 6: **Interdisciplinarity and methodology in AIDS research** (5)

3.30 - 5.00 Seminar 6: ANTHROPOLOGY AD EPIDEMIOLOGY II -

HIV/AIDS PREVENTION AND CONTROL (401,411,5)

Friday 21 March

2.00 - 3.00 Lecture 7: **Anthropology and Epidemiology III -**

**Maternal and Child Health** (14)

3.30 - 5.00 Seminar 7: Policy development in control of diarrheal

diseases (401,411,14)

WEEK FIVE

Thursday 27 March

2.00 - 3.30 Seminar 8: HEALTH EDUCATION, COMMUNITIES AND

PROGRAMME PLANNING (401,411,5)

3.30 - 5.00 Plenary: **Applying anthropology: Consultancy and**

**public health** (5)

Friday 28 March NO TEACHING - PUBLIC HOLIDAY

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KEY TO STUDY UNIT SESSIONS BY TOPIC

**TOPIC: Introduction to Theory and Methods in Medical Anthropology**

Lecture 1 - Methods and applications in medical anthropology

Seminar 4 - Group Interviewing Exercise

Plenary - Applying anthropology: Consultancy in public health

**TOPIC: Medical and Non-Medical Conceptions of Health and Illness**

Lecture 2 - Disease and Illness: Professional and Lay Concepts and Models

Seminar 2 - Illness Explanations, Compliance and Social Context

**TOPIC: Medical Pluralism**

Lecture 3 - Medical Systems

Seminar 3 - Traditional/Alternative Medicine and Health Care Provision

Lecture 4 - Choices of therapy and health-seeking strategies

**TOPIC: Anthropology and Epidemiology**

Lecture 5 - Risk perceptions and lifestyle change (video)

Seminar 5 - Risk and Social Relations

Lecture 6 - Interdisciplinarity & methodology in AIDS research

Seminar 6 - HIV/AIDS Prevention and Control

Lecture 7 - Maternal and child health

**TOPIC: Applying anthropology and sociocultural information**

Seminar 7 - Policy development in control of diarrheal diseases

Seminar 8 - Health Education, Communities and Programme Planning

Plenary - Consultancies in public health

**READING LIST**

KEY

(E) Preliminary reading for each lecture/plenary session (L) and seminar (S) which everyone is required to complete for the relevant session. All participants should also undertake as much of the additional reading (A) for each topic as possible; readings listed under each lecture topic are also relevant for the theme of the subsequent seminar. Each participant is expected to read at least one ethnographic work during the course of the study unit (see relevant section).

(A) Additional reading; seminar presenters are expected to cover this and at least some of the further recommended reading for their chosen topic. Readings listed for lectures are also relevant for the subsequent seminar topic.

L lecture (tutor led)

S seminar (student led)

*R* In Course Reader

\* In photocopy bank for study unit held at library desk. Articles from the following journals are also available on the LSHTM library shelves:

Social Science and Medicine; Health Policy and Planning; Health Education Journal; Sociology of Health and Illness. The journal Culture, Medicine and Psychiatry is available in SOAS library, together with a wide range of general anthropology journals.

*L* In LSHTM library

*S* In SOAS library

# **L1 Overview of medical anthropology: Issues and applications**

This two-part lecture provides an introductory background to the study unit by giving a historical outline of the development of medical anthropology and explaining some of the important concepts, assumptions and methodological approaches involved. Readings listed include more general background readings in sociocultural anthropology for those unfamiliar with this disciplinary area.

(E)*R* Geertz, Clifford, '"From the native's point of view": On the nature of anthropological understanding', in Local Knowledge, pp.55-70, 1983, Basic Books. (Pp.55-59)

\* Kuper, Adam. 1993. Post-modernism, Cambridge and the great Kalahari debate. Social Anthropology 1(1A):57-71.

(A)\* Myntti, Cynthia. 1991. Ch. 14 The anthropologist as storyteller. In:The Health Transition: Methods and Resources. Cleland,J and Hill,A (eds). Canberra, Austrailian National University.

# **L2. Disease, illness and sickness: Professional and lay concepts and models**

This lecture introduces and explains basic terms and definitions that are used in medical anthropology including 'disease', 'illness, 'sickness' and 'explanatory models'.

(E)*R* Kleinman, Arthur. 1986. Distress and disease in Chinese society. New Haven & London: Yale University Press. Pp.144-47.

(A)\* Eisenberg, L. 1977. Disease and Illness: Distinctions between professional and popular ideas of sickness. Culture, Medicine and Psychiatry 1:9-23.

*L* Kleinman, Arthur. 1980. Patients and healers in the context of culture. Berkeley: University of California Press.

(A)\* Frankenberg, Ronald. 1980. Medical anthropology and development: A theoretical perspective. Social Science and Medicine 14B:197-207.

*L* Osherson, Samuel and Laura AmaraSingham. 1981. 'The machine metaphor in medicine', in Social contexts of health, illness, and patient care. Ed. by Mishler, Elliot G. et al (eds.). Cambridge etc.: Cambridge University Press, pp.218-49.

\* Young, Allan. 1982. The anthropologies of illness and sickness. Annual Review of Anthropology 11:257-285.

*L* Singer, Merrill & H. Baer. 1995. Critical medical anthropology. Amityville: Baywood.

S2. ILLNESS EXPLANATIONS: PERSONAL, SOCIAL AND MEDICAL CONTEXTS OF COMPLIANCE

Why don't patients follow medical advice? How do their explanations of illness relate to medical diagnoses and to life circumstances? Are sociological & anthropological accounts of illness concepts useful in explaining people's attitudes and responses to health care?

(E)*R* Hunt, Linda et al. 1989. Views of what's wrong: Diagnosis and patients' concepts of illness. Social Science and Medicine 28(9):945-956.

(A)\* Trostle, James, Medical compliance as an ideology. Social Science and Medicine 27(12): 1299-1308, 1988.

(A)\* Williams, Gareth. 1984. The genesis of chronic illness: Narrative re-construction. Sociology of Health and Illness 6(2):175-200.

(A)\* Hunt, Linda et al., Compliance and the patient's perspective: Controlling symptoms in everyday life, Culture, Medicine and Psychiatry 13(3):315-334, 1989.

(A)\* Helman, Cecil. 1985. "Disease and pseudo-disease: A case history of pseudo-angina". In Robert Hahn & Atwood Gaines (eds.), Physicians of western medicine: Anthropological approaches to theory and practice. Dordrecht: D. Reidel, pp.293-331.

(A)\* Durkin, Maureen. 1988. Ayurvedic treatment for jaundice in Nepal. Soc. Sci. Med. 27(5):491-95.

(A)\* Good, Byron J. & Mary-Jo Delvecchio Good. 1980. "The meaning of symptoms: A cultural hermeneutic model for clinical practice". In The relevance of social science for medicine, edited by L. Eisenberg & A. Kleinman. Dordrecht: D. Reidel, pp. 293-331.

(A)\* Taussig, Michael, Reification and the consciousness of the patient, Social Science and Medicine 14B:3-13, 1980; pp.10-13.

(A)\* Weiss, Mitchell et al, Traditional concepts of mental disorder among Indian psychiatric patients: Preliminary report of work in progress, Social Science and Medicine 23(4):379-386, 1986

Kleinman, Arthur et al. 1978. Culture, illness and care: Clinical lessons from anthropological and cross-cultural research. Annals of Internal Medicine 88:251-258.

Trostle, J. et al., The logic of non-compliance: Management of epilepsy from the patient's point of view, Culture, Medicine & Psychiatry 7:35-56, 1983.

*S* Blumhagen, Dan, 'The meaning of hyper-tension', in Clinically Applied Anthropology, eds. Chrisman & Maretski, pp.297-323, Dordrecht etc.: D. Reidel, 1982.

# **L3. Medical pluralism I: The analysis of medical systems**

The first lecture on medical pluralism (the co-existence of different types of medicine) reviews theoretical approaches to the study of medical pluralism and the advantages and limitations of various models that have been developed to describe the interactions and relationships between different systems of medicine and their practitioners. A review of definitions and terms such as 'medical system', 'traditional medicine' and 'alternative medicine' is included.

(E)*R* Kleinman, Arthur. 1980. Concepts and a model for the comparison of medical systems as cultural systems. Social Science and Medicine 12B:85-95.

(A)\* Last, Murray, The importance of knowing about not-knowing, Social Science and Medicine, 15B:387-392, 1981.

(A)L Greenwood, Bernard.1981. Cold or spirits? Choice and ambiguity in Morocco's pluralistic medical system. Social science and medicine 15B(3):219-35.

*L* Press, Irwin. Problems in the definition and classification of medical systems. Social Science and Medicine 14B:45-57.

*L* Leslie, Charles (ed.). 1980. Asian medical systems. Berkeley: University of California Press.

\* Worsley, Peter. 1982. Non-western medical systems. Annual Review of Anthropology 11:315-248.

S3. TRADITIONAL MEDICINE, ALTERNATIVE MEDICINE AND HEALTH CARE PROVISION

What are the characteristic forms of interaction between different systems of medical belief & practice over time? Does the future of health care provision lie in the professionalization of non-biomedical forms of healing, their integration into formal health services, or their exclusion? Why do people use non-biomedical forms of treatment?

N.B. Definitions of terms such as 'medical system', 'medical pluralism' 'alternative medicine' are covered in the third lecture. In the reading list, works of general relevance for the seminar topic are followed by separate sections listing readings on traditional medicine and readings on alternative or complementary medicine.

(E)*R* Leslie, Charles, Medical pluralism in world perspective, Social Science and Medicine 14B:191-195, 1980

(E)*R* Velimirovic, Boris. 1992. "Is integration of traditional and western medicine really possible?", in Anthropology & Primary Health Care. Edited by Coreil & Mull, pp.51-78. Boulder etc.: Westview.

(A)*L* Last, Murray. 1991. "Professionalization of indigenous healers", Chapter 18, pp.349-366 of Medical Anthropology, edited by Johnson & Sargent.

(A)*R* Velimirovic, Boris. 1984. Alternative medicine, dried lizards and holistic fad: A polemic, Part 2. Curare 7:85-93.

\* Kleinman, A. & L.H. Sung, Why do indigenous practitioners successfully heal?, Social Science and Medicine 13B:7-26, 1979.

Readings on Traditional Medicine and Health Care

(A)\* Reissland, N. & R. Burghart. 1989. Active patients: The integration of modern and traditional obstetric practices in Nepal. Soc. Sci. Med. 29(1):43-52.

(A)\* Schoepf, B.G., AIDS, sex and condoms: African healers and the reinvention of tradition in Zaire, Medical Anthropology 14:225-242, 1992

(A)\* Greenwood, Bernard.1981. Cold or spirits? Choice and ambiguity in Morocco's pluralistic medical system. Social science and medicine 15B(3):219-35.

(A)\* Waxler, Nancy. 1984. Behavioural convergence and institutional separation: An analysis of plural medicine in Sri Lanka. Culture, Medicine and Psychiatry 8(2):187-205.

(A)\* Waxler-Morrison, Nancy. 1988. Plural medicine in Sri Lanka: Do Ayurvedic and Western medical practices differ? Social Science and Medicine 27(5):531-544.

(A)*L* Feierman, Steven & John Janzen (eds.). 1992. The social basis of health and healing in Africa. Berkeley: University of California Press.

(A)\* Myntti, Cynthia. 1988. Hegemony and healing in rural North Yemen. Soc. Sci. Med. 27(5):515-20.

(A)\* Bhopal, R.S. 1986. The inter-relationship of folk, traditional and Western medicine within an Asian community in Britain. Social Science and Medicine 22:99-105.

*L* Chavunduka, G.L. & Murray Last, The professionalization of African medicine, Manchester: Manchester University Press, 1986.

*L* Melrose, Dianna, Bitter pills: Medicines and the Third World Poor, Oxford: Oxfam, 1982. Chapter 7, pp.117-128.

*L* Sanders, David. 1985. The struggle for health: Medicine and the politics of underdevelopment. Basingstoke: Macmillan. Chapters 4 (pp.85-110) & 5 (pp.111-156).

*L* Minocha, Aneeta, Medical pluralism and health services in India, Social Science and Medicine 14B:217-223, 1980.

*L* Romanucci-Ross, Lola, 'Folk medicine and metaphor in the context of medicalization: Syncretics in curing practices', in The anthropology of medicine, eds. Romanucci-Ross et al., pp.5-19, 1981, Bergin & Garvey.

*L* Janzen, John M. The quest for therapy: Medical pluralism in lower Zaire. Berkeley etc.: University of California Press.

Readings on alternative/complementary medicine and health care

(A)*L* Sharma, Ursula. 1992. Complementary medicine today: Practitioners and patients. London & New York: Tavistock.

(A)\* 'The drive for professionalization in British osteopathy', in Singer, Merrill & H. Baer. 1995. Critical medical anthropology. Amityville: Baywood. pp.235-250.

(A)*L* Saks, Mike (ed.). 1992. Alternative medicine in Britain. Oxford: Clarendon Press. [esp. last section]

(A)\* Bhopal, R.S. 1986. The inter-relationship of folk, traditional and Western medicine within an Asian community in Britain. Social Science and Medicine 22:99-105.

(A)*L* Aldridge, D. 1989. Europe looks at complementary medicine. British Medical Journal 299:1121-22.

(A)*L* Fulder, S. & R. Munro. 1985. Complementary medicine in the United Kingdom: Patients, practitioners and consultations. Lancet 8454:542-45.

(A)*L* Furnham, A. & C. Smith. 1988. Choosing alternative medicine: A comparison of the beliefs of patients visiting a GP and a homeopath. Social Science and Medicine 26(7):685-89.

*L* Kronenfeld, J.K. & C. Wasner. 1982. The use of unorthodox therapies and marginal practitioners. Soc. Sci & Med. 16:1119-25.

*L* Elliott-Binns, C.P. 1973. An analysis of lay medicine. Journal of the Royal College of General Practitioners, 23:255-264.

*L* Elliott-Binns, C.P. 1986. An analysis of lay medicine: Fifteen years later. Journal of the Royal College of General Practitioners 36:542-544.

MacGuire, M.B. 1988. Ritual healing in suburban America. New Jersey: Rutgers University Press.

L Csordas, R. 1987. Health and the holy in African and Afro-American spirit possession. Soc. Sci. & Med. 2:1-11.

# **L4. Medical pluralism II: A case study of ethnomedicine and health-seeking behaviour**

This lecture considers the topic of medical pluralism by means of a case study. It focusses on the 'user's perspective', describing the therapies that are available to residents of an Indian village and what factors influence the selection of particular forms of treatment.

(E)*R* Moerman, Daniel. 1981. 'Physiology and symbols: The anthropological implications of the placebo effect', in The anthropology of medicine: From culture to method, ed. Romanucci-Ross et al., pp.156-67. Bergin & Garvey.

(A)*R* Lambert, Helen. 1996. Popular therapeutics and medical preferences in rural north India. Lancet 348:1706-09.

(A)\* Lambert, Helen. 1992. The cultural logic of Indian medicine: Prognosis and etiology in Rajasthani popular therapeutics. Social Science and Medicine 34(10):1069-76.

(A)\* Nichter, Mark. 1980. The layperson's perception of medicine as perspective into the utilization of multiple therapy systems in the Indian context. Social Science and medicine 14B(4):225-33.

Weiss, Mitchell et al. 1986. Traditional concepts of mental disorder among Indian psychiatric patients (op.cit.)

*L* Chrisman, J. Noel & Arthur Kleinman. 1983. "Popular health care, social networks, and cultural meanings: The orientation of medical anthropology". In Handbook of health, health care, and the health professions, edited by David Mechanic. New York: Free Press, pp.569-90.

# **L5. Anthropology and Epidemiology I: Risk perceptions and lifestyle change**

The video shown in this session explores popular ideas about risks for heart disease in South Wales and considers the logic of health education approaches to preventing CHD.

(E)*L* Coreil, J., J.S. Levin & E. Gartly Jaco, Life style - An emergent concept in the sociomedical sciences, Culture, Medicine and Psychiatry 9: 423-437, 1985.

# **S5. RISK AND SOCIAL RELATIONS**

How do epidemiological and lay assessments of 'risk' and its meaning differ? What is the relationship between perceptions of risk and social structure? Do anthropological theories of risk offer any useful insights into risk perception and behaviour?

(E)*R* Frankel, Stephen et al, Lay epidemiology and the rationality of responses to health education, British Journal of General Practice, 41:428-430, 1991.

(E)*R* Lupton, Deborah, Risk as moral danger: The social and political functions of risk discourse in public health. International Journal of Health Services 23(3):425-435, 1993.

(A)\* Bellaby, Paul, To risk or not to risk? Uses and limitations of Mary Douglas on risk-acceptability for understanding health and safety at work and road accidents, Sociological Review 38(3):456-483

(A)\* Douglas, Mary. Risk Acceptability according to the Social Sciences. London: Routledge & Kegan Paul. pp. 53-64.

(A)\* Kaufert, Patricia & John O'Neil. 'Analysis of a dialogue on risks in childbirth: Clinicians, epidemiologists, and Inuit women', in Lindrnbaum & Lock, Knowledge, power and Practice, pp.32-54.

(A)\* Douglas, Mary. 1975. "Environments at risk", in Implicit meanings, pp.230-48.

A)*L*\* Gifford, Sandra, 'The meaning of lumps: A case study of the ambiguities of risk', in Anthropology and Epidemiology, ed. Janes & Stall, pp.213-246, 1986. Dordrecht etc.: D. Reidel.

(A)\* Parsons, Evelyn & Paul Atkinson, Lay constructions of genetic risk. Sociology of Health & Illness, 14(4):437-455, 1992.

(A)*R* Sibthorpe, Beverly. 1992. The social construction of sexual relationships as a determinant of HIV risk perception and condom use among injection drug users. Medical Anthropology Quarterly 6(3):255-270.

(A)\* Last, Murray. 1992. The importance of extremes: The social implications of intra-household variation in child mortality. Social Science & Medicine 35(6):799-810.

(A)\* Davison, Charlie et al., Lay epidemiology and the prevention paradox: the implications of coronary candidacy for health education, Sociology of Health and Illness 13(1):1-19, 1991.

\**L* Davison, Charlie et al., The limits of lifestyle: Re-assessing 'Fatalism' in the popular culture of illness prevention, Social Science and Medicine 34(6):675-685,1992.

L6 Anthropology and epidemiology II: Interdisciplinarity and methodology in AIDS research

This lecture highlights the importance of interdisciplinary approaches to the study of an infectious disease and considers the role of anthropological methods and perspectives in researching HIV/AIDS and contributing to preventative interventions.

(E)*R* Ankrah, E.M. AIDS: Methodological problems in studying its prevention and spread. Soc. Sci. Med. 29(3):265-276.

(A)\* Wallman, S. 1996. 'Appropriate anthropology and the risk inspiration of Capability Brown', in Anthropology and Representation [ASA Vol.]

\* Larson, A. 1989. The social context of HIV transmission in Africa: historical and cultural bases of East and Central African sexual relations. Reviews of Infectious Diseases 11(2):716-731.

Schoepf, B.G.S. 1988. Women, AIDS and economic crisis in Central Africa. Canadian Journal of African Studies 22:625-

\* Worth, D. 1989. Sexual decision-making and AIDS: Why condom promotion among vulnerable women is likely to fail. Studies in Family Planning 20(6):297-307.

\* Huygens, P.E. et al. 1996. Rethinking methods for the study of sexual behaviour. Soc. Sci. & Med. 42(2):221-231.

# **S6. HIV/AIDS PREVENTION AND CONTROL**

How do perceptions of epidemic disease affect its control and treatment? What are the implications of anthropological research for 'risk group' identification and 'risk factor' reduction? Are the conceptual orientations and methodologies of anthropology and epidemiology compatible?

(E)*R* Brandt, Allan. 1988. AIDS and metaphor: Toward the social meaning of epidemic disease. Social Research 55(3):413-32.

(E)\* Sibthorpe, Beverly. 1992. The social construction of sexual relationships as a determinant of HIV risk perception and condom use among injection drug users. Medical Anthropology Quarterly 6(3):255-270.

(A)*L* Wallman, S. & L. Sachs. 1988. "AIDS in context", in Society and HIV/AIDS. Edited by G. Sterky & I. Krantz, Stockholm: Karolinska Institute, pp.25-54.

(A)\* Schiller, Nina Glick, What's wrong with this picture? The hegemonic construction of culture in AIDS research in the United States, Medical Anthropology Quarterly 6(3):237-254, 1992

(A)\* Singer, Merrill et al., AIDS and the IV drug user: The local context in prevention efforts, Medical Anthropology 14:285-306, 1992; also in

*L* Bolton, R & M. Singer. 1992. Rethinking AIDS Prevention: Cultural Approaches. Philadelphia etc.: Gordon & Breach.

A)\**L* Waxler, Nancy, 'Learning to be a leper: A case study in the social construction of illness', in Social contexts of health, illness and patient care, eds. Mishler et al.,

(A)\* Douglas, Mary & Marcel Calvez, The self as risk taker: a cultural theory of contagion in relation to AIDS, Sociological Review, 38(3):445-464, 190

\* Gussow, Z. & G.S. Tracy. 1968. Status, ideology and adaptation to stigmatized illness: A study of leprosy. Human Organization 27(4):316-325.

A)\**L* Pickering, Helen, Asking questions on sexual behaviour...testing methods from the social sciences, Health Policy and Planning 3(3):237-244, 1988.

(A)\* Farmer, Paul. 1990. Sending sickness: Sorcery, politics, and changing concepts of AIDS in rural Haiti. Medical Anthropology Quarterly 4(1):6-27.

A)\**L* Day, Sophie. 1988. Prostitute women and AIDS: Anthropology [Editorial Review]. AIDS 2:421-428.

(A)*L* Schoepf, Brooke Grundfest et al. 1988. "AIDS and society in Central Africa: A view from Zaire". In AIDS in Africa: The social and policy impact, edited by Norman Miller & Richard Rockwell. Lewiston/ Queenston: The Edwin Mellen Press, pp.211-225.

\* Taylor, C. 1990. Condoms and cosmology: the 'fractal' person and sexual risk in Rwanda. Soc. Sci. & Med. 31(9):1023-1028.

\* McGrath, J.W. et al. 1992. Cultural determinants of sexual risk behaviour for AIDS among Baganda women. Medical Anthropology Quarterly 6(2):153-161.

*L* Kane, S. & T. Mason. 1992. ""IV Drug Users" and "Sex Partners": The limits of epidemiological categories and the ethnography of risk." In The time of AIDS: Social Analysis, theory, and method. Ed. by Gilbert Herdt & Shirley Lindenbaum, pp.199-222. Newbury Park, CA: Sage.

*L* Farmer, Paul. 1992. AIDS and Accusation: Haiti and the geography of blame. Berkeley: University of California Press.

\* Van der Straten et al. 1995. Couple communication, sexual coercion and HIV risk in Kigali, Rwanda. AIDS 9(8):935-944.

Jeungst, Eric T. & Barbara Koenig (eds.). 1989. The meaning of AIDS: Implications for medical science, clinical practice, and public health policy. New York: Praegar.

\* Ingstad, Benedicte. 1990. The cultural construction of AIDS and its consequences for prevention in Botswana. Medical Anthropology Quarterly 4(1):28-40.

\* Schoepf, B.G., AIDS, sex and condoms: African healers and the reinvention of tradition in Zaire, Medical Anthropology 14:225-242, 1992

*R* Ankrah. E.M. 1989. AIDS: Methodological problems in studying its prevention and spread. Social Science and Medicine 29(3):265-76.

*L* Treichler, Paula. 1988. "AIDS, homophobia, and biomedical discourse: An epidemic of signification." In AIDS: Cultural analysis/cultural activism, edited by Douglas Crimp. Boston: MIT Press, pp.31-70.

*L* Murray, S.O. & K.W. Payne. 1989. "The social classification of AIDS in American Epidemiology" and Clatts, Michael & Kevin Mutchler, "AIDS and the dangerous other: Metaphors of sex and deviance in the representation of disease". In The AIDS pandemic: A global emergency. Edited by Ralph Bolton, New York: Gordon & Breach, pp.23-36, 13-22.

# **L7. Anthropology and epidemiology III: Maternal and Child Health**

This lecture will review aspects of maternal and child health which are basic to a biomedical paradigm such as maternal and infant morbidity and mortality, childbirth, growth, infant feeding, nutrition, illness. Each area will be reviewed in terms of the social and cultural elaboration of these biomedical conditions. The role of anthropology in exploring a complementary or different perspective will be demonstrated.

(E) R Scrimshaw, Susan. 1988. Anthropological Involvement in the Central American Diarrheal Disease Control Project. Soc.Sci. Med 27(1):97-105

\* Inhorn, Marcia. 1995. Medical Anthropology and Epidemiology: Divergences or Convergences? Soc.Sci. Med. 40(3): 285-290

\* Baum, Frances. 1995. Researching Public Health: Behind the Qualitative-Quantitative Methodological Debate. Soc. Sci Med. 40(4): 459-468

L Nations, M.K. & M.L. Amaral. 1995. Flesh, blood, souls and households: Cultural validity in mortality inquiry. Medical Anthropology Quarterly 204-220

\* Forman, M. R., Lewando-Hundt, G., Towne, D., Graubard, B., Berendes, H., Sarov, B. & Naggan, L. 1990. The forty-day rest period and infant feeding practices among Negev Bedouin Arab women. Medical Anthropology 12:207-216.

\* Almedom, Astier and de Waal, Alexander. 1990. Constraints on Weaning: Evidence from Ethiopia and Sudan. Journal of Biosoc. Science 22: 489-500

# **S7. Policy development in control of diarrheal diseases**

This seminar will consist of an exercise in developing national policy for a CDD programme for two fictional countries. The seminar group will split into 2 groups - one for each country - and after analysing the information and designing their programme will present their policy to the seminar leader who will be the Minister of Health. The exercise is part of the WHO training programme in developing national policy on SDD programmes.

(A)\* Davey Smith, George et al. 1993. The cultural construction of childhood diarrhea in rural Nicaragua: Relevance for epidemiology and health promotion. Soc. Sci. Med. 36(12):1613-1624.

# **S8. HEALTH EDUCATION, COMMUNITIES & PROGRAMME PLANNING**

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