ANT345 – Global Health: Anthropological Perspectives

Winter 2012, Wed. 6-8
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Office Hours: Tues. 4-6, 234 Anthropology Bldg.

This course examines the field of global health from the perspectives of socio-cultural and medical anthropology. The course provides an introduction to the history, concepts, issues, ideologies, and institutions of international health, focusing on the contributions and critiques provided by medical anthropology. Topics covered include: the colonial legacy for health and healthcare, disease eradication campaigns, primary health care, population policy and reproductive health, ethnomedicines and their relationship to systems of biomedical care, the AIDS pandemic, international health organizations, and the quest for culturally appropriate interventions. The course stresses the value of conceptualizing health problems and their proposed solutions as embedded in larger cultural, political, and historical contexts.

Required Reading
Svea Closser – Chasing Polio in Pakistan (available at Toronto Women’s Bookstore)
Articles posted on Learning Portal website

Course Requirements
(1) Midterm test – 30%, Feb. 15th

(2) Final term test – 25%, April 4th

(3) Research paper (8-10 pages double-spaced + bibliography) – 40%, due Friday, March 30th by midnight (12:05 AM counts as one day late)
2% off per day late including weekends

(4) Attendance – 5%

Papers should be uploaded to the Learning Portal website under Research Paper. Marked papers will also be returned via the Learning Portal site. It is strongly suggested that you download and save your marked paper in case you later find that you want to ask me for a reference letter. When writing reference letters I always asked for marked work, and if you neglect to download your marked paper for this class, it will be difficult for me to write a letter for you.
ANT345 Global Health: Anthropological Perspectives
List of Possible Paper Topics

These are suggestions only; you are not required to choose one of these.

N.B. 1: With all of these topics you should make some effort to see if there is anthropological literature about it.
N.B. 2: Each question listed below has a few elaborating questions. If you choose one of these topics, do not feel that you have to address and answer each and every sub-question. These elaborating questions are intended to help you get started thinking about some of the ramifications of and issues surrounding the topic.

(1) The social marketing of condoms is a key strategy for condom promotion and HIV prevention in developing countries. What is the theory or philosophy behind social marketing? Where has this strategy been implemented and by which organizations? How successful has it been? What problems or obstacles have arisen?
(2) The promotion of insecticide-treated nets/bednets has become a key strategy in the control of insect-borne diseases, especially malaria. What are the philosophies about different ways of promoting this technology (e.g. free distribution versus social marketing)? How successful has this strategy been and what kinds of obstacles have been encountered. How do ethnobiologies about malaria shape the actual use of bed nets?
(3) Larvivorous fish have also been used to control mosquito populations (by putting them in places where mosquitoes like to breed, such as rice paddies, wells, and ponds). What is the history of this strategy, where has it been used, and how successful has it been?
(4) Yet another strategy for controlling mosquito populations is sterile insect techniques. How does this strategy work and how successful has it been?
(5) Find out about the health problems and health care system of a country that has recently experienced socio-political turmoil (Rwanda, Mozambique, Ukraine, etc.). How has social, economic, and political change shaped the nature of both health problems and health care in that nation?
(6) Choose one of the WHO campaigns and research its history, accomplishments, and setbacks. Some possibilities are: Tobacco-Free Initiative, Expanded Program in Immunization, Roll Back Malaria.
(7) The Bill and Melinda Gates Foundation has become actively involved in global health. What health problems, strategies, and solutions do they invest in? What critiques have been made of them? What are the pros and cons of the corporate sector getting deeply engaged in the design and implementation of health policies and interventions? On the one hand, arguments have been made that corporations need to shoulder some of the burden for health problems, particularly in countries where they have a business presence (corporate responsibility); on the other hand, there are concerns that corporations don’t have the expertise to be shaping health policy and that they are too easily able to use their wealth in ways that might undermine existing health policies.
(8) During India’s state of emergency in the mid 1970’s thousands of forced sterilizations of men and women occurred. Research the history of this. Why did the government engage in this campaign? What was the rationale, what strategies were used, what regions or populations
were targeted, and what was the popular reaction to this campaign? Alternatively, investigate
the contraception and sterilization abuses that have occurred in other populations, such as
among Puerto Rican or Native American women.

(9) In Global Health, Post Traumatic Stress Disorder has become a prominent cultural model for
understanding the suffering caused by war, violent conflict, and becoming a refugee.
Research how this category has been mobilized by international health organizations, or “the
humanitarian apparatus” as some more critical scholars call it, the strategies they use to treat
it, and anthropological critiques (see, for example, the 2004 special issue of the journal
Culture, Medicine and Psychiatry on Cultures of Trauma: Anthropological Views of
Posttraumatic Stress Disorder in International Health).

(10) Micronutrient malnutrition has been the topic of much research in global health. What is
it and what interventions have been implemented to alleviate it?

(11) Many populations (agriculturalists, pastoralists) depend on animal husbandry for their
survival, so when animal herds are sick, humans suffer. What kind of global health and/or
anthropological work has been done on the issue of trying to ensure the health of livestock,
e.g. training para-veterinarians, research into ethnoveterinary medicine, etc.? (veterinary
anthropology)

(12) Public-private partnerships are a new kind of global health assemblage/organizational
form for intervention. What is the history of PPPs and what kinds of projects have been
undertaken by them?

(13) Mining towns and their environs are typically sites of high HIV prevalence. Why is this
the case and what policies have some mining companies implemented for prevention and
treatment?

(14) “Neglected diseases” have become an increasing concern in global health. What are
neglected diseases, why are there problems treating them, and what is being done about this?

(15) Equitable access to clean water (or any water at all) has long been a problem in global
health, and increasingly countries are implementing policies that privatize water and make it
a commodity. What kind of impact are such policies having on health, and what are the
debates around rights to water and the privatization of water (sometimes called “the water
wars”)?

(16) How have international intellectual property rights agreements (TRIPS) impacted access
to essential medicines, including antiretroviral medicines, in resource-poor countries? What
debates have taken place over this issue and how have developing countries responded?

(17) Improving female literacy and investing in the education of women and girls is
associated with higher levels of contraceptive use and healthier families. What are the
theories about why we should invest in the education of women?

(18) The female condom has been promoted as a strategy for preventing HIV transmission.
What obstacles have there been in the promotion of this technology, and how well has the
female condom been accepted by various populations?

(19) Thailand is famous for its 100% condom use policy for brothels. What is the history of
this policy? What impact has it had? What obstacles have been encountered?

(20) “Lifestyle diseases” or “epidemiological transition” diseases—obesity, diabetes, heart
disease—are increasingly affecting developing countries, so that these countries now have to
deal with both diseases of underdevelopment/poverty (e.g. malaria, TB, cholera) as well as
these lifestyle diseases. Do research on the emergence of one of these lifestyle diseases in a
particular region or country. Who is affected? What are the social determinants and structural causes of the emergence of this disease?

(21) With the tobacco companies in North America hit hard through various legal cases brought against them and legislation regarding advertising, many have devoted their marketing efforts to middle-income and developing countries. In what regions has smoking become a problem? What kinds of marketing campaigns are used where? What demographic sectors do these companies target and why? And what are national and international health policies and interventions regarding this situation?

(22) Plumpy’Nut is the most recent RTUF (ready to use food) used to treat severely malnourished children. It is, for example, used by MSF and promoted by UNICEF (promoter of pre-packaged ORT, you will recall). In fact, in the most recent catalogue I received in the mail from UNICEF, you can buy Plumpy’Nut for an undernourished child [$15 for 30 packages, although frankly I think that when all the money gets sent to UNICEF I doubt it is actually allocated in this way. Indeed, this would be an interesting project in and of itself: how does the marketing of various interventions and global health-related products—e.g $15 for Plumpy’Nut, $35 for 431 packets of ORT, $42 dollars for a baby scale that looks like the one I showed during lecture, $45 for 228 polio vaccines—actually correspond to the way the money is spent? And why do organizations like UNICEF ask for your donation dollars in this particular way? (They didn’t use to in the past; they just asked you to make a donation. So why has the strategy changed?)]. What is Plumpy’Nut? Who is promoting it and why? What are the concerns/critiques about its promotion as a means to combat malnutrition in children? Is this a “magic bullet” techno-fix that impedes work on the prevention of malnutrition in the first place?

(23) Choose a “tropical” disease (i.e. onchocerciasis, filariasis, cholera, measles, malaria, dengue fever, schistosomiasis, sleeping sickness). Research basic public health data about the disease (where it is found, how it is transmitted, its prevalence, symptoms, and how it is prevented/treated/controlled). What are the socio-cultural aspects of the disease (e.g. is the disease recognized in a particular society, and if so, how is it understood? are there particular socio-cultural practices that put people at risk or are protective in nature? is there any social stigma attached to the condition?) How have anthropologists either contributed to or critiqued health policy regarding this disease?

If you still don’t know what topic to choose, start by looking through some of the journals listed below and see what catches your interest. And, of course, you may email me or meet with me during office hours.

Journal Resources

Social Science and Medicine
Medical Anthropology Quarterly
Medical Anthropology
Health Transition Review
Global Public Health
Health Policy and Planning
Human Organization
Reproductive Health Matters
Culture, Health and Sexuality
Website Resources

Family Health International – [www.fhi.org](http://www.fhi.org)
CARE – [www.care.org](http://www.care.org)
World Health Organization – [www.who.int](http://www.who.int)
United Nations Development Fund for Women (UNIFEM) - [www.undp.org/unifem](http://www.undp.org/unifem)
UNAIDS (see especially their Best Practices Collection) – [www.unaids.org](http://www.unaids.org)
Pan American Health Organization – [www.paho.org](http://www.paho.org)
International Planned Parenthood – [www.ippf.org](http://www.ippf.org)
The Alan Guttmacher Institute – [www.agi-usa.org](http://www.agi-usa.org)

Course Schedule and Readings

**Week 1 – Jan. 11**
What is Global Health?

**Week 2 – Jan. 18**
(Post) Colonial Legacies for Health and Health Services

**Week 3 – Jan. 25**
Anthropological Approaches to Global Health
E. Wellin – “Water Boiling in a Peruvian Town”

**Week 4 – Feb. 1**
Disease Eradication Campaigns: Triumphs of Technology or Cases of Coercion?
M. Gladwell – “The Mosquito Killer”
Closser – Chasing Polio, Intro to chapter 3

**Week 5 – Feb. 8**
Disease Eradication Campaigns conclusion and begin discussion of Primary Health Care
Closser – Chasing Polio, chapter 4 to end
Week 6 – Feb. 15

**MIDTERM TEST**
(Note: I will probably begin discussing Primary Health Care (PHC) during Week 5; however, the lectures and readings about PHC will be tested on the final term test, not the midterm test).

Feb. 22   READING WEEK

Week 7 – Feb. 29
Primary Health Care: Health for All?
D. Werner and D. Sanders – *Questioning the Solution*, Chapters 2 and 3
B. Bilger – “Hearth Surgery”
Pelto and Pelto – “Small but Healthy? An Anthropological Perspective”

Week 8 – March 7
Illness Beliefs and Therapeutic Pluralism
S. Langwick – “Devils, Parasite, and Fierce Needles”
P. W. Geissler – “Worms are Our Life”

Week 9 – March 14
International Health Institutions and Organizations: Ideologies, Policies, and Practices
Okuonzi and Macrae – “Whose Policy is it anyway? International and National Influences on Health Policy Development”
E. Bornstein – “Child Sponsorship, Evangelism, and Belonging in the Work of World Vision Zimbabwe”

Week 10 – March 21
Population Control and Reproductive Health
E. Foley – “Overlaps and Disconnects in Reproductive Health Care”
G. Hunter de Bessa – “Ethnophysiology and Contraceptive Use among Low-Income Women in Urban Brazil”

Week 11 – March 28
**HIV/AIDS**   Guest Lecture by Laura Sikstrom on Pediatric Antiretroviral Policy and Family Experience in Malawi
Reading TBA and posted

**Final Paper due Friday, March 30**

Week 12 – April 4
In class final term test