



## COURSE GUIDE

### Social and Cultural Perspectives on Health

Hanoi Medical University, Hanoi, Vietnam  
November 13 – December 1, 2017

#### Course Coordinators

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#### In collaboration with

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#### GENERAL COURSE CONTENT

The course builds on four cornerstones. First, it will approach health issues in their local context and manifestations rather than from the perspective of top-down health care systems. Second, it will focus on social and cultural perspectives and understandings of illness, health and healing, including medical pluralism. Third, it will apply a broad approach to health and thereby include both Western and non-Western approaches to health care systems. Lastly, the course addresses health issue in a global perspective highlighting structural inequities leading to ill health as well as holistic approaches and cultural competence in health care encounters.

#### LEARNING OUTCOMES

On successful completion of the course, the student will be able to:

##### *Knowledge and understanding*

- Explain the importance of social and cultural perspectives in health care on both a local and global level.
- Describe basic concepts in applied medical anthropology.

##### *Skills and abilities*

- Give examples of health systems in different contexts and relate these to structural inequalities as well as to local and global health challenges.
- Show cultural competence, sensibility and sensitivity in health care encounters.

##### *Judgement and approach*

- Critically reflect on how sociocultural factors influence health.
- Critically reflect on cultural dimensions in relation to illness and health, and how ideas, norms, values and social institutions influence treatment.

## **ORGANIZATION OF THE COURSE**

The course involves lectures, group discussions, exercises and excursions during two intensive weeks. The third week is devoted to individually writing, on-line discussions and reflections. The course is structured into four blocks: 1. Introduction and Key Concepts; 2. Health Care as Social and Cultural Institutions; 3. Health Inequalities and Health Interventions; 4. Special Themes: Antibiotic resistance and Mental Health. The course will end with a group work presentation and an individually written reflection.

## **LECTURES AND READING**

### **Block 1. Introduction and Key Concepts**

#### **Monday, November 13**

**Welcome and course introduction (Le Minh Giang, Bent Jorgensen and Johan Wedel)**  
8.00 – 8.45

**Introduction to sociocultural perspectives on health and illness (1) (JW)**  
9.00 – 11.45

The lecture gives an introduction to anthropology in relation to sociocultural perspectives. Basic concepts in medical anthropology, such as emic-etic perspectives, ethnocentrism, body-soul-social relations, illness-disease, disease model/social perspective, the meaning and experience of health and illness, cultural competence, explanatory models, medicalization, gender and reproduction as well as the placebo effect are discussed.

#### Recommended literature

- Helman, C.G. 2007. *Culture, Health and Illness: An Introduction for Health Professionals*. London: Hodder Arnold, New York: Oxford University Press. (Chapter 1, 6)
- Kiefer, C.W. 2006. *Doing Health Anthropology: Research Methods for Community Assessment and Change*. New York: Springer Publishing Company. (Chapter 1)
- Kleinman, A. and Benson, P. 2006. Anthropology in the Clinic: The Problem of Cultural Competency and How to Fix it. *PLoS Medicine* 3(10):1673-1676.
- Moerman, D.E. 2013. Against 'Placebo.' The Case for Changing our Language, and for the Meaning Response. In *Placebo and Pain: From Bench to Bedside*. Edited by: Colloca, L., Flaten, M.A. and Meissner, K. London: Academic Press.
- Goode, E. (ed.) 2015. *The Handbook of Deviance*. Chichester, West Sussex, UK Wiley-Blackwell. Pages 3-29.

**Introduction to special themes: Antibiotic resistance and mental health (BJ and JW)**  
13.00 – 14.30

The lecture will present the themes that will be given special attention during the course: Antibiotic resistance and mental health.

#### Recommended literature

- Laxminarayan, R., & Heymann, D. L. (2012). Challenges of drug resistance in the developing world. *Bmj*, 344, e1567. doi:10.1136/bmj.e1567

Laxminarayan, R., Matsoso, P., Pant, S., Brower, C., Rottingen, J. A., Klugman, K., & Davies, S. (2016). Access to effective antimicrobials: a worldwide challenge. *Lancet*, 387(10014), 168-175. doi:10.1016/S0140-6736(15)00474-2

Kleinman, A. 2009. Global Mental Health: A Failure of Humanity. *The Lancet* 374(9690):603–604.

Farmer, P., et al. 2013. *Reimagining Global Health: An Introduction*. Berkeley: University of California Press. (Chapter 8).

## **Tuesday, November 14**

### **Introduction to sociocultural perspectives on health and illness (2) (JW)**

9.00 – 10.45

The lecture is part of the introduction to the course and especially focuses on sociocultural and biosocial perspectives on global health. We will also listen to Chimamanda Ngozi Adichie's Ted Talk "The danger of a single story":

[http://www.ted.com/talks/chimamanda\\_adichie\\_the\\_danger\\_of\\_a\\_single\\_story?language=sv](http://www.ted.com/talks/chimamanda_adichie_the_danger_of_a_single_story?language=sv)

#### Recommended literature

Farmer, P., et al. 2013. *Reimagining Global Health: An Introduction*. Berkeley: University of California Press. (Chapter 1 and 2).

Feierman S, et al. 2010. Anthropology, Knowledge-Flows and Global Health. *Global Public Health* 5(2):122-128.

Kleinman, A. 2010. Four Social Theories for Global Health. *The Lancet*. 375(9725): 1518–1519.

Farmer, P. 2004. An Anthropology of Structural Violence". *Current Anthropology* 45(3):305-325.

### **In-class discussion: Symbolic aspects of health encounters (BJ and JW)**

11.00 – 12.00

Interview another student about any biomedical or non-biomedical health care encounter that the person has participated in or observed (e.g. acupuncture, massage, reiki-healing, qigong, confession, yoga, shamanic drumming, psychotherapy, medical exam, divination, etc.). Ask the person to describe the encounter in detail. Then discuss together if there were any symbolic aspects concerning the healer's/doctor's/diviner's way of behaving and use of language, clothes, artefacts and techniques. What associations could this create for the patient/client?

## **Wednesday, November 15**

### **Block 2. Health Care as Social and Cultural Institutions**

#### **What health care systems provide and what health care users choose (BJ)**

8.00 – 9.45

Health care appears different from the perspective and providers and users. First, the lecture will provide a broad map of health care options and systematically categorize them. These options range from official and in-official modern health care to various forms of so-called traditional medicine. Second, it will explore various ways of rationalizing choices for health care users. The aim of the lecture is to better understand users' choices of health care in a bottom-up perspective.

#### Recommended literature

Jørgensen, B, 2009, 'A Matter of Choice. People's Health Care Options in Hoa Binh,' Report, BTC.

### **Health policies, therapeutic cooperation and indigenous medicine (JW)**

10.00 – 11.45

The lecture discusses indigenous medicine in relation to local health policies and therapeutic cooperation.

#### Recommended literature

Carrie, H., Mackey, T.K. and Laird, S.N. 2015. Integrating Traditional Indigenous Medicine and Western Biomedicine into Health Systems: A Review of Nicaraguan Health Policies and Miskitu Health Services. *International Journal for Equity in Health* 14:129.

Wedel, J. 2009. Bridging the Gap between Western and Indigenous Medicine in Eastern Nicaragua. *Anthropological Notebooks* 15(1):49-64.

Wedel, J. 2012. Involuntary Mass Spirit Possession among the Miskitu. *Anthropology and Medicine* 19(3):303-314.

## **Thursday, November 16**

### **Health equity, human rights and the social organization of care (BJ)**

9.00 – 10.45

The lecture discusses poverty and health equity and human rights in relation to community participation as well as to universal access to health care.

#### Recommended literature

Biehl, J. and Petryna, A. (eds.). 2013. *When People Come First: Critical Studies in Global Health*. Princeton: Princeton University Press. Pages 91-108.

Daly, M. and Lewis, J. 2000. The concept of social care and the analysis of contemporary welfare states. *British Journal of Sociology* 51(2): 281-298.

Marston, C., Hinton, R., Kean, S., et al. 2016. Community Participation for Transformative Action on Women's, Children's and Adolescents' Health. *Bulletin of the World Health Organization* 94(5): 376-382.

### **In-class discussion: Culture and health in practice (BJ and JW)**

11.00 – 12.00

Discuss the following questions with one or two of your fellow students:

- What do you find in your professional work or studies that you cannot accept based on your own norms and values?
- Give an example of a "cultural conflict" in a health care encounter that you have experienced/witnessed/heard of and how it was dealt with. Were you content with the result? If not, could it have been resolved otherwise?
- When it comes to cultural values and perceptions, what differences could be important but difficult to see in a meeting with a patient/client?

### **Health delivery models (JW)**

13.00 – 14.45

The lecture discusses the influence of culture, religion, history and social and structural forces on biology, including poverty, inequality and environmental degradation, as well as multiple explanatory frameworks. Health delivery models, as well as foreign aid and the importance of the local context, are discussed.

#### Recommended literature

Farmer, P., et al. 2013. *Reimagining Global Health: An Introduction*. Berkeley: University of California Press. (Chapter 6 and 7).

Biehl, J. and Petryna, A. (eds.). 2013. *When People Come First: Critical Studies in Global Health*. Princeton: Princeton University Press. Pages 166-181.

## **Friday, November 17**

### **In-class discussion: Summing up the first week (BJ and JW)**

8.00 – 12.00

Reflect over the first week's lectures and literature by writing a page on what you find most important concerning social and cultural perspectives on health (8.15 – 9.15).

Work in groups of two students. Read the reflection you prepared to another student. Change roles. The one who is listening writes down three words that seems important (9.15 – 10.00).

Reflect together over the six words and discuss why you choose these words. Try together to suggest two words out of the original six words that means most to you in relation to social and cultural perspectives on health (10.15 – 10.45).

Give a short motivation to the rest of the class why you choose these words and write them on the billboard (10.45 – 11.45).

## **Block 3. Health Inequalities and Health Interventions**

## **Monday, November 20**

### **Health interventions (JW)**

8.00 – 9.45

The lecture discusses anthropological approaches to health initiatives and programs. Focusing on an integrated approach for interventions and for an understanding of what make people vulnerable and sick, the lecture emphasize the interplay of societal, political and economic factors as well as medicalization and deviance.

#### Recommended literature

Biehl, J. and Petryna, A. (eds.). 2013. *When People Come First: Critical Studies in Global Health*. Princeton: Princeton University Press. Pages 1-90.

Janes, C. R. and Corbett, K.K. 2009. Anthropology and Global Health. *Annual Review of Anthropology*, 38:167-183.

### **Health care as a governance issue (BJ)**

10.00 – 11.45

A chain is never stronger than its weakest link. To provide health care to citizens means that all levels and institutions of government are designed to deliver the best and most cost effective health care. Furthermore, incentives and sanctions can be used to make institutions comply with the government's intentions. This lecture deals with this challenge and put it in historical and cultural context. After the lecture, participants will be provided an opportunity to reflect on challenges and possible solutions to issues of health care governance.

#### Recommended literature

Sudarshan, Hanumappa ; Prashanth, 2011, Good governance in health care: the Karnataka experience, *The Lancet*, Vol.377(9768), pp.790-792

Lewis, Maureen, 2006, 'Governance and Corruption in Public Health Care Systems', World Bank, *Center for Global Development Working Paper No. 78*

#### **In-class discussion. Health inequalities and interventions (BJ and JW)**

13.00 – 14.00

Discuss the following questions with one or two of your fellow students:

- What are the limitations with so-called "magical bullet" approaches in global health interventions?
- Are the concepts "medicalization" and "structural violence" useful when understanding and dealing with a specific health problem? In what sense?

### **Block 4. Special Themes: Antibiotic Resistance and Mental Health**

#### **Tuesday, November 21**

##### **Special Theme: Antibiotic resistance**

**Guest speaker: Mattias Larsson, Mattias Larsson**, MD, PhD, Associate Professor Global Health, Department of Public Health Sciences, Karolinska Institutet Training and Research Academic Collaboration (TRAC) Sweden - Vietnam Honorary Professor, Hanoi Medical University  
8.00 – 9.45

#### Recommended literature

Nguyen, K. V., Thi Do, N. T., Chandna, A., et al. (2013). Antibiotic use and resistance in emerging economies: a situation analysis for Viet Nam. *BMC Public Health*, 13, 1158. doi:10.1186/1471-2458-13-1158.

#### **Guest speaker: TBD**

10.00 – 11.45

Summary of lecture.

#### Recommended literature

#### **Exercise on antibiotic resistance (BJ and JW)**

13.00 – 15.00

The exercise consist of working with the ReAct toolbox on antibiotic resistance:  
<https://www.reactgroup.org/>

The class is divided into six groups. Each group will focus on one of the following areas: 1 Understand; 2 Raise Awareness; 3 Measure; 4 Rational Use; 5 Prevent Infection; 6 Policy. Each group will give a presentation of their focus area (10 minutes) to the rest of the class.

## **Wednesday, November 22**

### **Special Theme: Mental Health**

#### **Guest speaker: TBD**

9.00 – 10.00

Summary of lecture.

#### Recommended literature

#### **Globalization, mental health and culture (JW)**

10.15 – 12.00

Focusing on globalization and mental health, as well as anthropology's conceptual, methodological and theoretical insights concerning migration and health, the lecture discusses the interplay between culture and mental health.

#### Recommended literature

Biehl, J. and Petryna, A. (eds.). 2013. *When People Come First: Critical Studies in Global Health*. Princeton: Princeton University Press. Pages 276-301.

Castañeda, H. 2010. Im/migration and Health: Conceptual, Methodological, and Theoretical Propositions for Applied Anthropology. *NAPA Bulletin* 34(1): 6-27.

Wedel, J. 2011. Mental Health Problems and Healing among Somalis in Sweden. *Bildhaan: An International Journal of Somali Studies* 11:73-89.

#### **Documentary: "Living with the Invisibles" (2003, 53 min)**

13.00 – 14.00

The documentary focuses on non-Western mental illness explanations among Moroccan migrants in Europe, as well as the intersection of different health system.

#### **In-class discussion: Therapeutic cooperation and mental health (BJ and JW)**

14.00 – 14.30

Discuss the following questions with one or two of your fellow students:

- Should biomedicine (Western medicine) increase its cooperation with Non-Western/alternative healers to handle mental health problem? Why? Why not?
- Biomedicine is sometimes said to medicalize and individualize mental health problems. Do you agree? What problems could this cause?

## Thursday, November 23

### **Group work preparation and reading**

8.00 – 16.00

### **Optional: Excursion to Pagoda**

14.00 – 16.00

## Friday, November 24

### **Seminar: Oral presentation of *group work* (BJ and JW)**

8.00 – 12.00

### **Conclusion, summing up and course evaluation (BJ and JW)**

13.00 – 14.45

## FORMS OF ASSESSMENT

### **Examination**

The course is examined through three different forms of assessment: 1) Active participation in discussions IRL and on-line. 2) An oral presentation of a *group work* at a seminar on November 24, and 3) An individually written *reflection* based on the *group work* (about 2 pages, font 12, 1.5 line spacing, incl. references). Send this to [johan.wedel@globalstudies.gu.se](mailto:johan.wedel@globalstudies.gu.se) no later than December 1.

Each group (3-4 students) will prepare their *group work* presentation during the course weeks. The presentation could focus on a health-related problem (e.g. anti-biotic resistance, smoking, stress, obesity, mental health problems, domestic violence, drug use, patient's non-compliance, therapeutic cooperation, etc.) among the general population or among a certain group or segment of the population, and discusses how the problem can be addressed and dealt with. The *group work* as well as the individually written *reflection* should reflect the course literature and could discuss difficulties and possibilities with a "culturally competent" perspective in relation to the chosen problem, theoretical/analytical issues and prevention efforts, as well as practical advice to health care professionals.

### **Assessment of oral *group work* presentation and the individually written *reflection***

In assessing the final *group work* presentation and the individually written *reflection*, we follow these criteria:

- Clear formulation of the problem
- Logical and argumentative structure
- Coherence between formulation of problem and discussion/analysis
- Critical, argumentative and reflexive use of course literature and other relevant sources
- Correct use of formalities

The grading scale comprises Pass (G) and Fail (U).

U – Fail – is given if the student's assignments show an insufficient understanding of the course material; e.g. if the work is unfocused or has severe weaknesses in presentation.

G – Pass – is given if the student's work shows a solid understanding of the course material.

Note: Your individually written *reflection* will go through the university plagiarism software (Urkund) when the final reflection is submitted. Plagiarism will entail an automatic fail.

The number of opportunities for examinations for each part of the course is limited to five. If a student, who has failed the same examined component twice, wishes to change examiner before the next examination, a written application shall be sent to the department responsible for the course and shall be granted unless there are special reasons to the contrary (Chapter 6, Section 22 of Higher Education Ordinance). In cases where a course has been discontinued or has undergone major changes, the student shall normally be guaranteed at least three examination occasions (including the ordinary examination) during a period of at least one year from the last time the course was given.

Students who have passed the course will receive a course certificate.

## LITERATURE

- Biehl, J. and Petryna, A. (eds.). 2013. *When People Come First: Critical Studies in Global Health*. Princeton: Princeton University Press.
- Carrie, H., Mackey, T.K. and Laird, S.N. 2015. Integrating Traditional Indigenous Medicine and Western Biomedicine into Health Systems: A Review of Nicaraguan Health Policies and Miskitu Health Services. *International Journal for Equity in Health* 14:129. (Open access)
- Castañeda, H. 2010. Im/migration and Health: Conceptual, Methodological, and Theoretical Propositions for Applied Anthropology. *NAPA Bulletin* 34(1): 6-27.
- Daly, M. and Lewis, J. 2000. The concept of social care and the analysis of contemporary welfare states. *British Journal of Sociology* 51(2): 281–298.
- Farmer, P. 2004. An Anthropology of Structural Violence", *Current Anthropology* 45(3):305-325. (Open access)
- Farmer, P., et al. 2013. *Reimagining Global Health: An Introduction*. Berkeley: University of California Press.
- Feierman, S., et al. 2010. Anthropology, Knowledge-Flows and Global Health, *Global Public Health* 5(2):122-128.
- Goode, E. (ed.) 2015. *The Handbook of Deviance*. Chichester, West Sussex, UK: Wiley-Blackwell. Pages 3-29.
- Helman, C.G. 2007. *Culture, Health and Illness: An Introduction for Health Professionals*. London: Hodder Arnold, New York: Oxford University Press. (Chapter 1 and 6).
- Janes, C. R. and Corbett, K.K. 2009. Anthropology and Global Health. *Annual Review of Anthropology*, 38:167-183.
- Jørgensen, B, 2009, 'A Matter of Choice. People's Health Care Options in Hoa Binh,' Report, BTC.
- Kiefer, C.W. 2006. *Doing Health Anthropology: Research Methods for Community Assessment and Change*. New York: Springer Publishing Company. Chapter 1.
- Kleinman, A. and Benson, P. 2006. Anthropology in the Clinic: The Problem of Cultural Competency and How to Fix it. *PLoS Medicine* 3(10):1673-1676. (Open Access)
- Kleinman, A. 2009. Global Mental Health: A Failure of Humanity. *The Lancet* 374(9690):603–604. (Open access)
- Kleinman, A. 2010 Four Social Theories for Global Health. *The Lancet*. 375(9725): 1518–1519. (Open access)
- Marston, C., Hinton, R., Kean, S., et al. 2016. Community Participation for Transformative Action on Women's, Children's and Adolescents' Health. *Bulletin of the World Health Organization* 94(5): 376-382. (Open access)
- Moerman, D.E. 2013. Against 'Placebo.' The Case for Changing our Language, and for the Meaning Response. In *Placebo and Pain: From Bench to Bedside*. Colloca, L., Flaten, M.A. and Meissner, K. (eds.). London: Academic Press.
- Nguyen, K. V., Thi Do, N. T., and Chandna, A., et al. 2013. Antibiotic use and resistance in emerging economies: a situation analysis for Viet Nam. *BMC Public Health*, 13, 1158. doi:10.1186/1471-2458-13-1158. (Open access)
- Laxminarayan, R., & Heymann, D. L. 2012. Challenges of drug resistance in the developing world. *Bmj*, 344, e1567. doi:10.1136/bmj.e1567 (Open access)
- Laxminarayan, R., Matsoso, P., Pant, S., Brower, C., Rottingen, J. A., Klugman, K., & Davies, S. 2016. Access to effective antimicrobials: a worldwide challenge. *Lancet*, 387(10014), 168-175. doi:10.1016/S0140-6736(15)00474-2 (Open access)
- Wedel, J. 2009. Bridging the Gap between Western and Indigenous Medicine in Eastern Nicaragua. *Anthropological Notebooks* 15(1):49-64. (Open access)
- Wedel, J. 2011. Mental Health Problems and Healing among Somalis in Sweden. *Bildhaan: An International Journal of Somali Studies* 11:73-89. (Open access)
- Wedel, J. 2012. Involuntary Mass Spirit Possession among the Miskitu. *Anthropology and Medicine* 19(3):303-314.