

Sociology of Health and Illness

Course Description:

The sociology of health and illness is a broad field examining the social production of health, wellness, illness and mortality. We cannot understand the topics of health and illness simply by looking at biological phenomena and medical knowledge, but, instead, we must also consider a variety of social, political, economic, and cultural forces. We will study the central topics in the field, with an emphasis on the themes: the structural and cultural dimensions of health; health inequalities; the experience of illness etc. Throughout the course, we will apply sociological theory and the recent scholarship of anthropology, history and social and cultural studies of science to make sense of contemporary issues in medicine. The global context will also be considered under debate.

Objectives:

1. Provide an introduction to range of sociological perspectives on health and illness.
2. Develop understanding of key theories, debates, and knowledge gaps regarding social determinants of health and the production (and maintenance) of health inequalities
3. Examine specific social and sociological factors in disease production.

Learning Outcomes:

Students will

- Be versed in a wide range of theory and research in the sociology of health and illness
- Critically assess how health is produced through social, political, economic and cultural forces on a macro, meso and micro level.

Course Requirements and Grading

Reflection Papers: Students are required to write a reflection paper of no more than 500 words on each of the assigned readings. In this paper, students will critically reflect on the day's readings. Reflection papers must be **submitted during the class time**. Cumulative percentage of all reflection papers will be 20% of the final grade.

Research Paper:Students are required to write a 15-20 page research paper. Topic of the paper should fall within the framework of the concepts covered in the class. At the minimum, **paper should include at least six articles from academic journals (or two books and two academic articles)**. This is a minimum requirement and by no means should be taken as a limit. Those students who wish to get a better grade would consider more in-depth study of their

topics. Students may also cite materials covered in the class or sources like newspaper articles and other non-academic journals to boost their arguments in the paper. This paper will count for 15% of the student's final grade. Students are encouraged to start working on the paper at their earliest, and consult teacher of the course along the way to make sure that they are on the right track. **Research papers should be submitted three weeks before the final term exams.**

Presentation (Research Paper): Students are required to present their research papers during allotted times. Presentation time is 15 minutes, followed by a question-answer session. Students will be graded based on content, organization, and manner of presentation, as well as their participation in question-answer sessions, both as presenters and audience. This assignment will be worth 5% of the final grade.

Book Report: Students are required to write a critical book report on a classical text and discuss it in the classroom (**Books for report must be approved by the instructor**). Specific instructions for this assignment will be distributed during the fifth week of the classes. On average, length of this report should be anywhere between 9-12 pages. Total worth of this book report is 10 %. **Book report should be submitted one week before the midterm exams**

Exams: There will be two exams in this class, a midterm and a final. These exams will be closed book and conducted in the class room. Exams will be based on assigned readings, class discussions, lectures and any other learning activities done in the class room by the exam date. Midterm exam will be worth 20% and final exam will be worth 25% of the final grade.

Attendance & Class Participation: Students are required to come to class regularly. Attendance will be taken in each class. University policy on attendance will be followed. Class participation is also a vital part of this class. Students are required to read the assigned material prior to the class meetings and come prepared to take part in the discussion and learning activities related to that material. Participation includes, but not limited, reading the assigned material for the class, asking questions about the day's readings, answering questions raised by the instructor, spontaneously responding to the on-going discussion in the class, and taking part in the in-class activities. Overall, combined grade for attendance and participation is 5% of the student's final grade.

Grade Evaluation Criteria

Following is the criteria for the distribution of marks to evaluate final grade in a semester.

Marks Evaluation	Marks in percentage
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Reflection Papers	20%
Research Paper	15%
Presentation (Research Paper)	5%
Book Report	10%
Midterm Exam	20%
Final Term	25%
Attendance & Class Participation	5%
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Total	100%

COURSE POLICIES

A Note on Academic Honesty: It must be emphasized that university policies on academic dishonesty will be strictly followed. These policies prohibit acts of cheating, lying and deceit in their diverse forms. Since this class includes research component, students must also be fully aware of plagiarism. Plagiarism involves presenting someone else’s ideas or written work as your own, without giving proper citation and credit to the original source. If you still have any question or confusion about academic dishonesty, please do not hesitate to discuss with the teacher.

Make-up Exams and Late Assignments: There will be no make-up exams, unless there is a valid (documented) reason for not taking the scheduled exams, or prior arrangements have been made with the instructor. As of late assignments, ten per cent of the grade will be deducted for each day an assignment is late. Students will also lose percentage of assignment grades if incomplete assignments are turned in.

Week	Topic
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1	<u>Introduction</u>
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Required Reading:

Skolnik, Richard. 2008. “Health Determinants, Measurements, and Trends.” Chapter 2 in Essentials of Global Health, Jones and Barlett Publishers: pp. 17-40.

Recommended Reading:

Nettleton, S. (Ed.). (2006). *The sociology of health and illness*. Polity.

White, K. (2008). *An introduction to the sociology of health & illness*. Sage.

2 A Brief History of Advances Toward Health

Required Reading:

Gunn, S. W. A., Piel, A., Mansourian, P. B., Davies, A. M., & Sayers, B. (2008). *Understanding the global dimensions of health*. Springer. Ch. 1

Recommended Readings:

Rosenstock, I. M. (1974). Historical origins of the health belief model. *Health Education & Behavior*, 2(4), 328-335.

Wadhwa, P. D., Buss, C., Entringer, S., & Swanson, J. M. (2009, September). Developmental origins of health and disease: brief history of the approach and current focus on epigenetic mechanisms. In *Seminars in reproductive medicine* (Vol. 27, No. 5, p. 358). NIH Public Access.

3 Theoretical Perspectives

Required Reading:

Stacey, M. (2003). *The sociology of health and healing: a textbook*. Routledge. Ch 1

Recommended Readings:

Payne, G., & Abbott, P. (Eds.). (2003). *New directions in the sociology of health*. Routledge.

Krieger, N. (2001). Theories for social epidemiology in the 21st century: an ecosocial perspective. *International journal of epidemiology*, 30(4), 668-677.

Nettleton, S. (Ed.). (2006). *The sociology of health and illness*. Polity.

4 The Social Meanings of Illness

Required Reading:

Weitz, R. (2009). *The sociology of health, illness, and health care: A critical approach*. Cengage Learning. Ch5

Recommended Readings:

Parsons, T. (1958). Definitions of health and illness in the light of American values and social structure. *Patients, physicians and illness*, 165-187.

Freund, P. E., McGuire, M. B., & Podhurst, L. S. (2003). *Health, illness, and the social body: A critical sociology*. Prentice Hall.

5 The Social Sources of Illness

Required Reading:

Weitz, R. (2009). *The sociology of health, illness, and health care: A critical approach*. Cengage Learning. Ch2

Recommended Readings:

Kronenfeld, J. J. (Ed.). (2005). *Health care services, racial and ethnic minorities and underserved populations: Patient and provider perspectives* (Vol. 23). Elsevier.

Marmot, M., & Wilkinson, R. (Eds.). (2005). *Social determinants of health*. Oxford University Press.

Dixon, J. (2000). Social determinants of health. *Health Promotion International*, 15(1), 87-89.

6 Health and Inequalities

Required Reading:

Pescosolido, B. A., Martin, J. K., McLeod, J. D., & Rogers, A. *Handbook of the Sociology of Health, Illness, and Healing*. Ch 19

Colgrove, J. (2002). The McKeown thesis: a historical controversy and its enduring influence. *American Journal of Public Health*, 92(5), 725-729.

Recommended Readings:

Van Doorslaer, E., Wagstaff, A., Bleichrodt, H., Calonge, S., Gerdtham, U. G., Gerfin, M., ...& Winkelhake, O. (1997). Income-related inequalities in health: some international comparisons. *Journal of health economics*, 16(1), 93-112.

Wilkinson, R. G. (1997). Socioeconomic determinants of health. Health inequalities: relative or absolute material standards?. *BMJ: British Medical Journal*, 314(7080), 591.

Wagstaff, A. (2002). Poverty and health sector inequalities. *Bulletin of the world health organization*, 80(2), 97-105.

7 Health and Development - Developing Nations and Health Inequalities

Required Reading:

Weitz, R. (2009). *The sociology of health, illness, and health care: A critical approach*. Cengage Learning. Ch 4

Recommended Readings:

Deaton, A. (2001). *Health, inequality, and economic development* (No. w8318).

National bureau of economic research.

Braveman, P., & Tarimo, E. (2002). Social inequalities in health within countries: not only an issue for affluent nations. *Social science & medicine*, 54(11), 1621-1635.

Rahman, S. U., & Smith, D. K. (2000). Use of location-allocation models in health service development planning in developing nations. *European Journal of Operational Research*, 123(3), 437-452.

8 Mid Term

9 Health Social Movements

Required Reading:

Pescosolido, B. A., Martin, J. K., McLeod, J. D., & Rogers, A. Handbook of the Sociology of Health, Illness, and Healing. Ch 7

Recommended Readings:

Brown, P., Zavestoski, S., McCormick, S., Mayer, B., Morello-Frosch, R., & Gasior Altman, R. (2004). Embodied health movements: new approaches to social movements in health. *Sociology of Health & Illness*, 26(1), 50-80.

Cordner, A., Brown, P., & Morello-Frosch, R. (2014). Health Social Movements. *The Wiley Blackwell Encyclopedia of Health, Illness, Behavior, and Society*.

Brown, P., Adams, C., Morello-Frosch, R., Senier, L., & Simpson, R. (2010). Health social movements. *Handbook of Medical Sociology*, 380.

10 Health Policies versus Public Policies

Required Reading:

Gunn, S. W. A., Piel, A., Mansourian, P. B., Davies, A. M., & Sayers, B. (2008). *Understanding the global dimensions of health*. Springer. Ch. 6

Recommended Readings:

Herek, G. M., Capitano, J. P., & Widaman, K. F. (2003). Stigma, social risk, and health policy: public attitudes toward HIV surveillance policies and the social construction of illness. *Health Psychology*, 22(5), 533.

Adler, N. E., & Newman, K. (2002). Socioeconomic disparities in health: pathways and policies. *Health affairs*, 21(2), 60-76.

Mechanic, D. (1979). *Future issues in health care: Social policy and the rationing of medical services*. New York: Free Press.

11 Health System of Pakistan

Required Reading:

Nishtar, S., Boerma, T., Amjad, S., Alam, A. Y., Khalid, F., & Mirza, Y. A. (2013). Pakistan's health system: performance and prospects after the 18th Constitutional Amendment. *The Lancet*, 381(9884), 2193-2206.

Recommended Readings:

Akram, M., & Khan, F. J. (2007). *Health care services and government spending in Pakistan* (No. 2007: 32). Pakistan Institute of Development Economics.

Khan, A. (2000). Adolescent and reproductive health in Pakistan: a literature review.

Travis, P., Bennett, S., Haines, A., Pang, T., Bhutta, Z., Hyder, A. A., ...& Evans, T. (2004). Overcoming health-systems constraints to achieve the Millennium Development Goals. *The Lancet*, 364(9437), 900-906.

12 Health and Pakistan: Pakistan Demographic and Health Survey (PDHS)

Required Reading:

http://www.nips.org.pk/abstract_files/PDHS%20Final%20Report%20as%20of%20Jan%202022-2014.pdf

13 Gender and Health Revisited

Required Reading:

Pescosolido, B. A., Martin, J. K., McLeod, J. D., & Rogers, A. Handbook of the Sociology of Health, Illness, and Healing. Ch 21

Recommended Readings:

Mc Grath, C., & Bedi, R. (1999). Gender variations in the social impact of oral health. *Journal of the Irish Dental Association*, 46(3), 87-91.

Haavio-Mannila, E. (1986). Inequalities in health and gender. *Social Science & Medicine*, 22(2), 141-149.

Osmani, S., & Sen, A. (2003). The hidden penalties of gender inequality: fetal origins of ill-health. *Economics & Human Biology*, 1(1), 105-121.

14 Health and Globalization

Required Reading:

Gunn, S. W. A., Piel, A., Mansourian, P. B., Davies, A. M., & Sayers, B. (2008). *Understanding the global dimensions of health*. Springer. Ch. 17

Recommended Readings:

Doyal, L. (2002). Putting gender into health and globalisation debates: new perspectives and old challenges.

Walt, G. (1998). Globalisation of international health. *The Lancet*, 351(9100), 434-437.

Labonté, R., Blouin, C., Chopra, M., Lee, K., Packer, C., Rowson, M., ...& Woodward, D. (2007). Towards health-equitable globalisation: rights, regulation and redistribution: final report to the Commission on Social Determinants of Health.

