



## Public Health: Key Determinants, Gender, and Equity

IPBH 3010 (3 Credits / 45 hours)

SIT Study Abroad Program:

India: Public Health, Gender, and Community Action

**PLEASE NOTE:** This syllabus represents a recent semester. Because courses develop and change over time to take advantage of unique learning opportunities, actual course content varies from semester to semester.

### Course Description

As one of the fastest growing and most populated countries in the world, India has the potential to have an enormous global impact. However, the country's future is entirely dependent upon the health of its population, specifically its most vulnerable – and most vital - members, more specifically women and children. Indian health indicators show that women fall prey to additional illnesses due to a variety of factors, especially lack of information regarding health and limited access to health services. From sex selective abortions to malnourishment and maternal mortality, female health indices clearly reflect a socio-cultural gender bias. Discriminatory social practices perpetuate inequitable health outcomes and impair women's abilities to lead healthy lives. This course will explore the theoretical link between access to and reliance on Indian health care services and the conceptions of human rights of individuals and communities in an Indian social context.

In order to understand how public health policy can be formed and changed, students will examine the political economy and legal context of India, critically investigating how this interacts with social systems. In particular, students will investigate the ways in which India's rigid social hierarchy leads vast numbers of severely impoverished, malnourished and marginalized groups and communities to be denied access to appropriate healthcare. The sociocultural context of the delivery of healthcare is examined in order to magnify the complex intersection between age, gender, caste, and rural/urban in creating vulnerable individuals and communities. Excursions to and workshops in urban and rural areas will provide context for understanding the nuances of public health and human rights. Conditions permitting, these unique areas will include Bahraich, Udaipur, Varanasi, Jamkhed, Dharamsala, and Nainital.

### Learning Outcomes

By the end of the course, students will be able to:

- Analyze the role of various state and private actors and institutions in health care policy in India;
- Discuss Indian health care in terms of the country's social complexities and cultural, ethnic, and economic diversity;
- Assess healthcare infrastructure-confluence of success and failure;
- Demonstrate the connections between a modern public health agenda and notions of human rights as they intersect processes of social, economic and political change;

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- Identify India's health care challenges in both urban and rural environments;
- Integrate hands-on, experiential learning in-country with academic understanding of current health care and human rights policy and theory.

## Language of Instruction

This course is taught in English.

## Course Requirements

### Course Schedule

**\*Please be aware that topics and excursions may vary to take advantage of any emerging events, to accommodate changes in our lecturers' availability, and to respect any changes that would affect student safety. Students will be notified if this occurs.**

### Module 1: Introduction to India (8 hours)

This module is aimed at introducing contemporary issues of poverty, development and public health in India.

#### Session 1: Introduction to India: People, Polity, Hopes and Challenges

The lecture session introduces students to Indian political structure, demography and governance issues

#### *Required Reading:*

Guha, R. (2008). *Unnatural Nation, India After Gandhi: The History Of The World's Largest Democracy*. New Delhi, India: Pan Macmillan India.

#### Session 2: Poverty, Development and Public Health in India

The lecture provides information and context on contemporary status of poverty, development and public health in India. The lecture lays down a solid foundation for PEPH and CBHC seminar courses.

#### *Required Readings:*

Mohapatra, G., & Sharma, K. (2013). *Inclusive Growth, Poverty and Human Development in India*. SOCIAL ACTION, 63 (JANUARY – MARCH).

Antony, G.M. & Laxmaiah, A. (2008). Human development, poverty, health & nutrition situation in India. *Indian Journal of Medical Research*, 128(August), 198-205.

Purohit, C. B. (2012). *Poverty, Human Development and Health Financing in India*. Working Paper, Madras School of Economics, Chennai, 66 (2012).

#### Session 3: Introduction to Public Health Care Delivery System in India

This lecture introduces various public health care delivery institutions in India, including-Sub-Center, Primary Health Center, Community Health Center, District and Civil Hospitals and Super specialty tertiary level hospitals and medical schools.

#### *Required Readings:*

Agrawal, S. (2009). State of Health in India: National Health Profile. In RajVir Bhalwar (Eds.), *Text Book of Public Health and Community Medicine* (pp 59-64). Pune, India: Department of Community Medicine, Armed Force Medical Collage.

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Duggal, R. & Gangolli, L. (2005). Introduction to review of Health Care in India. by Duggal Ravi, Gangolli Leena, Shukla Abhay in report on Review of Healthcare In India (pp 3-18). Mumbai, India: Centre for Enquiry into Health and Allied Themes, Research Centre of Anusandhan Trust, Survey No. 2804 & 2805, Aaram Society Road, Vakola, Santacruz East.

National Rural Health Mission Document. (2005). India: Ministry of Health & family Welfare, Government of India.

#### Session 4: Introduction to Indian Traditional Medicine and Health Care

This lecture provides brief introduction to Indian traditional medicine system-Aurveda, Yoga, Unani, Sidha and Homeopathy.

##### *Required Readings:*

Ahmad, J., Qadeer, H.A. (1998). An Introduction to Unani Medicine. Unani: The Science of Graceo- Arabic Medicine (pp 9-19). New Delhi, India: Lustre Press.

Bole, Maarten. (2008). Indian Medicine, Authenticity and Identity: The Construction of an Indian Modernity. In Taking Traditional Knowledge to Market, The Modern Image of the Ayurvedic and Unani Industry 1980-2000 (pp 173-196). Hyderabad, India: Orient Longman Private Limited.

Shankar, D., & Manohar, R. (1995). Ayurveda Today-Ayurveda at the Crossroads. In Jan Van Alphen & Anthony Aris (Eds.), Oriental Medicine: An Illustrated Guide to the Asian Arts of Healing (pp 99-105). London, UK: Serindia Publications.

#### Session 5: Indian Caste System and Access to Health Care

This lecture aims to introduce students to the Indian Caste system and its effect on access to health care in rural as well as urban settings.

##### *Required Readings*

Baru R., Acharya A., Acharya S., Kumar Shiva AK. and Nagraj K (2010). Inequities in Access to Health Services in India: Caste, Class and Region. Economic & Political Weekly, XLV (38).

Despanday M. (2010). History of Caste System. Social Science Department. University of California: USA

#### Session 6: Student led Module Synthesis

Student-led group review of lectures, readings and field visits

### **Module 2: Health and Human Rights (8 hours)**

This Module lays foundation for rights based approach to public health in India.

#### Session I: Right to Health

The lecture discusses various theories, approaches and practices related to right to health in Indian and global context.

##### *Required Readings:*

Advani, M., & Akram, M. (2007). Health concerns in India. In Mohammad, Akram (Eds.), Health Dynamics and Marginalized Communities, (pp 3-26). Jaipur, India: Rawat Publications.

Farmer, Paul. (2005). Rethinking Health and Human Rights. In Pathologies of Power: Health, Human Rights and The New War on the Poor (pp 213-246). USA: University of California.

Pande, D.C, & Bisht, P.S (2008). Health Care in India: Myths and Reality. In K.N. Bhatt (eds.), Population, Environment and Health: Emerging Issues (pp 261- 270). Jaipur, India: Rawat Publications.

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### Session 2: Rights of Disabled People: Public Health Concern

This hour and half lecture covers current situation of Disabled people, laws protecting their rights and disability rights movement in India.

#### *Required Readings:*

- Dixit, S. (2009). The Common Conceptualization of Mental Health: A Qualitative Investigation of Categories of Meaning. In Ajit, K. Dalal & Subha, Ray (Eds.), *Social Dimensions of Health* (pp 53-68). Jaipur, India: Rawat Publications.
- Ghai, Anita (2009). Disabled Women: An Excluded Agenda on Indian Feminism. In Renu, Addlakha., Stuart, Blume., Patric, Delieger., Osamu, Nagase., & Myriam, Winance., (Eds.), *Disability and Society A Reader* (pp 411-431). New Delhi, India: Orient Black Swan.
- Hart, Tudor Julian (2010). Mental Health in a Sick Society: What are people for. In Leo, Panitch., & Colin, Leys. (eds.), *Morbid Symptoms; Health under Capitalism* (pp 29-38). New Delhi, India & London: Left World Books and Merlin Press.

### Session 3: Social Determinants of Health

This lecture examines different social determinants affecting health care in India.

#### *Required Readings:*

- Lee, Kelley (2010). How Do We Move Forward on the Social Determinants of Health: The Global Governance Challenges. In Sanjoy, Bhattacharya, Sharon, Messenger, & Caroline, Overy (Eds.), *Social Determinants of Health: Assessing, Theory, Policy and Practice* (pp 11-23). New Delhi, India: Orient Black Swan.
- Rifkin, B. Susan (2010). The Report of the Commission on the Social Determinants of Health: A SWOT (Strengths, Weakness, Opportunity, Treats) Analysis. In Sanjoy, Bhattacharya, Sharon, Messenger, & Caroline, Overy (Eds.), *Social Determinants of Health: Assessing, Theory, Policy and Practice* (pp 349-357). New Delhi, India: Orient Black Swan.
- Szreter, Simon (2010). The WHO and Social Determinants of Health Report 2008: Social Justice, Economics, Health and Politics. In Sanjoy, Bhattacharya, Sharon, Messenger, & Caroline, Overy (Eds.), *Social Determinants of Health: Assessing, Theory, Policy and Practice* (pp 114-139). New Delhi, India: Orient Black Swan.

### Session 4: Slum Visit: Health Need Assessment and DIE Exercise

Student visit one of the Delhi slums to assess health needs of the community. This visit is facilitated by program partner NGO. Students are supposed to do their DIE assignment exercise during the visit.

### Session 5: Student led Synthesis

Student-led group review of the week's lectures, readings and field visit

### **Module 3: Experiential Learning/Field Visit (12 hours)**

This module is realized through a week-long field excursion and student-led synthesis of the week.

Multiple Sessions: Field visits to public health care delivery institutions at different levels and meetings with front line health workers, doctors, para-medics, and community leaders.

During this field trip students are exposed to different layers of public health care delivery institutions in rural and urban locations. The excursion includes visit to Health Sub-center, Primary health center, Community health center, District and Civil hospital, and tertiary level medical school hospital.

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Every evening, students process the experiential knowledge in local and global context through a series of debriefings under the guidance of the Academic Director and staff.

#### Concluding Session: Student-led Synthesis

Student-led group review of the week's lectures, readings and field visit

#### **Module 4: Women and Child Health (6 hours)**

This module covers various public health issues related to Women and Children in rural as well as urban locations.

#### Session 1: Burden of Malnutrition in India: A Public Health Emergency

The session examines current status of malnutrition and its long and short term impacts on women and children.

##### *Required Readings:*

- Gillespie Stuart, & Lawrence, J. Haddad (2003) *The Double Burden of Malnutrition in Asia*. Malnutrition in Asia (pp 1-22). New Delhi, India: Sage Publication, India.
- Winsome, Parnell (2008). Nutritional consequences of poverty and food insecurity in developed countries. In Mann Jim, & Truswell, A. (Eds.) *Stewart Essentials of Human Nutrition* (pp 549-557). India: Oxford University Press.
- Svedberg, P. (2010). Estimates of Child Malnutrition in India. *Economic and Political Weekly*, XLV (12), 14 -18.
- Shah, Dheeraj, & Sachdev, H.P.S. (2011). Measuring Under-nutrition and Over-nutrition in Children. In Vir, Chandar Sheila (Eds.), *Public Health Nutrition in Developing Countries Part-I* (pp 108-150). New Delhi, India: Woodhead Publishing India Pvt. Ltd.

#### Session 2: Reproductive Health Viz. a.viz Reproductive Rights

Lecture explores various perspectives on reproductive health and reproductive rights in local and global scenario.

##### *Required Readings:*

- Dorothy, Shaw, Cook, J. Rebecca. (2012). Applying human rights to improve access to reproductive health services. *International Journal of Gynecology and Obstetrics*, International Federation of Gynecology and Obstetrics, Ireland, 555-559.
- Kulkarni, Anjali. (2010). Reproductive Health Rights and Gender Bias. In Bishnu, Pushpesha, & Usha Sarode (Eds.), *Gender and Human Rights* (pp 107-129). Jaipur, India: Rawat Publications.
- Meena, Gopal. (2010). Location and Articulation of Reproductive and Sexual Rights" in Bishnu, Pushpesh and Usha Sarode (Eds.), *Gender and Human Rights* (pp 97-106). Jaipur, India: Rawat Publications.
- Pillai, K. Viayan. (2007), Public Health, Social Work and Reproductive Health: The Role of Reproductive Rights. In K.R Nayar (Eds.) *Journal of Health and Development*, Vol 3 No 1&2, 95-112.

#### Session 3: Impact of Globalization, Millennium Development Goals and Public Health

Lecture covers all health related MDGs and current situation in India. Lecture also looks into effects of Globalization on access to health care in India.

##### *Required Readings:*

- Brauer, G. W. (2005). Education, Understanding, and Eudaemonia, A Contrarian view on Global Health. In S. Gunn, A. William, P.B. Mansourian, A.M. Davies, A. Piel, & McA. B. Sayers (Eds.), *Understanding the Global Dimension of Health*, (pp. 267-280). USA:Springer.

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- Koivusalo, M. (2010). The Shaping the Global Health Policy. In Leo Panitch, & Colin Leys (Eds.), *Morbid Symptoms; Health under Capitalism*, (pp. 279-294). New Delhi, India: Left World Books, & London: Merlin Press.
- Rao, M. (2010). Health for All and Neoliberal Globalization: An Indian rope trick. In Leo Panitch, & Colin Leys (Eds.), *Morbid Symptoms; Health under Capitalism*, (pp. 262-278). New Delhi, India: Left World Books, & London: Merlin Press.
- Thomson, T. (2009). Health and Millennium Development Goals. In Archana Singh, & T.A. John (Eds.), *Health Matters: India's Health Services Who Benefits*, (pp. 64-88) New Delhi, India: Indian Social Institute.

#### Session 4: Student- led Synthesis

Student-led group review of the week's lectures, readings and field visit

### **Module 5: Infectious and Non-Infectious Diseases and Public Health Response (8 class hours)**

This module covers major communicable and non-communicable diseases and their burden on public health in contemporary India.

#### Session 1: Communicable Diseases-Tuberculosis and Malaria

##### *Require Readings:*

- Beltz, L.A. (2011). Malaria: Reemergence and Recent Successes, *Emerging Infectious Diseases* (pp 523-545). USA: Jossey-Bass A Wiley Imprint.
- Beltz, L.A. (2011). Pulmonary Tuberculosis and Multidrug Resistance, *Emerging Infectious Diseases* (pp 205-223). USA: Jossey-Bass A Wiley Imprint.
- Kant, L. (2008). Combating emerging infectious diseases in India: Orchestrating a symphony. *J. Biosci*, 33(4), 425-427.

#### Session 2: Non-Communicable Disease Related to Lifestyle- Cardio Vascular diseases and Diabetic Mellitus

Lecture focuses on current status of cardio vascular diseases and diabetic mellitus, these two diseases are seriously affecting India public health institutions and access to health care.

##### *Required Readings:*

- Rajan, V. & Prabhakaran, D. (2012). Non Communicable Diseases in India: Transition, Burden of Disease and Risk Factors- A Short Story. *India Health Beat*, Public Health Foundation of India and The World Bank Initiative, 06(01).
- Nandakumar, A. (2008). Challenges and Approaches towards the control of Chronic Diseases in Developing Country with Cancer as a Model. In Ramani, K.V., Mavalankar, Dileep., & Govil, Dipti.(Eds), *Strategies, Issues and Challenges in Health Management* (pp 194-2020). New Delhi, India: Sage Publication.
- Reddy, Srinath, K. (2003). Prevention and Control of Non Communicable Diseases: Status and Strategies. *ICRIER, Working Paper 104*, New Delhi, 1-30.
- Reddy, S.K., Shah, Bela, C. V., & Ramadoss, A. (2005). Chronic Diseases 3: Responding to the threat to chronic diseases in India. *The lancet*, Vol 366, 1744-1749.

#### Session 3: HIV/AIDS-Indian Response

India being home to third largest HIV/AIDS population in the world has fixed fighting against the deadly infection a public health priority. The lecture provides the current situation and successful intervention in bringing down the new cases of HIV infection as well as challenges of social taboo and access to Anti Retro Viral drugs.

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### *Required Readings*

- Boler, Tania & Archer, David (2008). The Politics of Aid. In *The Politics of Prevention: A Global Crisis in AIDS and Education* (pp 105-117). London: Pluto Press.
- Varma, S. (2010). Trends of the Global HIV Epidemic. In Sudhir, Varma (Eds.), *Gender, HIV and Social Work* (pp 29-41). Jaipur, India: Rawat Publications.
- Jayashree, Ramakrishna., Pretti, J. Pelto, Ravi, K. Verma, Stephen, L. Achensul & Archana, Joshi (2008). Guidelines for Policy making and interventions in the Times of AIDS. In Verma, Ravi K., Pretti, J. Pelto, Stephen, L. Schensul, & Archana, Joshi (Eds.), *Sexuality in the time of AIDS, Contemporary Perspective from Communities in India* (pp 382-398). New Delhi, India: Sage Publication.

### Session 4: Environmental Disorders and Its Impact on Health

The lecture examines consequences of hazardous environment on public health in India.

### *Required Readings*

- Egger, Garry. (2010). Obesity, Chronic Diseases, and Economic Growth: A case for “Big Picture” Prevention. *Advances in Preventive Medicine, Sage-Hindawi Access to Research, Vol 2011, 149158, 1-6.*
- Mukhopadhyay, Barun. (2009). Health and Environmental in Changing Times: Some Observations from the Eastern Himalayan Populations. In Ajit, K. Dalal, & Subha, Ray. (Eds.), *Social Dimensions of Health* (pp 313-328). Jaipur, India: Rawat Publications.
- Vaidheesh, A. (2008). Health Care Delivery Challenges for Chronic Diseases in India. In Ramani, K.V., Mavalankar. Dileep., & Govil, Dipti. (Eds.), *Strategies, Issues and Challenges in Health Management* (pp 203-211). India: Sage Publication.

### Session 5: Student led Synthesis

Student led group review of the week’s lectures, readings and field visit.

### **Module 6: Seminar Review (3 hours)**

In this session, students review and synthesize the content of the both thematic courses and present different views on how to strengthen public health system to enable people to have better health care services, and best practices to prevent diseases.

*Final Session: Submit PEPH Paper*

### **Evaluation and Grading Criteria**

#### Description of Assignments:

#### **Public Health and Human Rights Paper (60%)**

For this assignment, students are expected to specify a topic addressed in lectures and readings. To gain in-depth knowledge of current scholarship in this area, students are expected to undertake at least two site visits to organizations (institutions, hospital, etc.) or NGOs associated with their topic. They should conduct a minimum of two interviews on site with a list of questions prepared in advance and based on issues raised in the course readings and lectures.

The resulting theoretical and fieldwork research should be compiled in an 8-page paper. The goal of the paper is to demonstrate the students’ understanding and synthesis of the subjects addressed in the module’s lectures, readings, site visits and discussions, and analyze this knowledge within the Indian specific context. Successful completion of the paper requires a thorough discussion of the topic of choice, including the socio-economic circumstances in which the topic is set. Students are required to use a minimum of four **secondary sources** to evidence their arguments. It is expected that the Public Health and Human

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Rights paper will be **rigorously edited**. Thus, it should be free from grammatical errors and typos. It should also follow standard citation formats for both primary and secondary sources. Most importantly, the paper should persuasively argue points in a concise and logical manner.

### **Weekly Synthesis Sessions (15 %)**

All Students are required to lead one weekly synthesis session. Leading a synthesis session requires that the student prepare a summary of one of the week's lectures, field visit and readings, make comments and prepare questions for class discussion.

### **Field Visit Reports (15 %)**

Following each excursion/field visit, students will be expected to prepare a two page analytical paper focusing on observations made during the visit, issues raised and/or presentations by health/NGO professionals during the visit.

### **Class attendance, Participation (class and outdoor activities), and Discussion (10%)**

This module combines classroom-based lectures with student and faculty-led discussions. Each student is required to lead at least one synthesis discussion session during the course. They are expected to demonstrate a basic understanding of the material in order to facilitate group analysis of key themes and ideas.

All students are required to attend all lectures at the INH program center, and to participate in all discussion and analysis sessions. All excursions are mandatory and students must discuss any potential absences with the Academic Director prior to their absence.

#### Assessment:

<b>Public Health and Human Rights Paper</b>	<b>60%</b>
<b>Weekly Synthesis Session</b>	<b>15%</b>
<b>Field Visit Report</b>	<b>15%</b>
<b>Class Attendance and Participation</b>	<b>10%</b>

#### Grading Scale

94-100%	A
90-93%	A-
87-89%	B+
84-86%	B
80-83%	B-
77-79%	C+
74-76%	C
70-73%	C-
67-69%	D+
64-66%	D
below 64	F

### **Expectations and Policies**

Show up prepared. Be on time, have your readings completed and points in mind for discussion or clarification. Complying with these elements raises the level of class discussion for everyone.

Have assignments completed on schedule, printed, and done accordingly to the specified requirements. This will help ensure that your assignments are returned in a timely manner.

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Ask questions in class. Engage the lecturer. These are often very busy professionals who are doing us an honor by coming to speak.

Comply with academic integrity policies (no plagiarism or cheating, nothing unethical).

Respect differences of opinion (classmates', lecturers, local constituents engaged with on the visits). You are not expected to agree with everything you hear, but you are expected to listen across difference and consider other perspectives with respect.

**Please refer to the SIT Study Abroad handbook** for policies on academic integrity, ethics, warning and probation, diversity and disability, sexual harassment and the academic appeals process. Also, refer to the specific information available in the Student Handbook and the Program Dossier given to you at Orientation.

**Disability Services:** Students with disabilities are encouraged to contact Disability Services at [disabilityservices@sit.edu](mailto:disabilityservices@sit.edu) for information and support in facilitating an accessible educational experience. Additional information regarding SIT Disability Services, including a link to the online request form, can be found on the Disability Services website at: <http://studyabroad.sit.edu/disabilityservices>.

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