SIT SCHOOL FOR INTERNATIONAL TRAINING
STUDY ABROAD

SYLLABUS

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International Honors Program

IHP Health and Community

Health, Culture, and Community

ANTH 3050 (4 credits / 60 class hours)

PLEASE NOTE: This syllabus is representative of a typical term. Because courses develop and change over time to take advantage of unique learning opportunities, actual course content varies from semester to semester. In addition, considerations of student safety may change some course content.

Course Description

Although every society has a model of wellness and healing, there is **no universal agreement** on what these mean, much less on how to achieve "health." How much sickness can be attributed to cultural and social forces? To what degree is sickness strictly biological? Or psychological? Are these even the "right" categories to think with?

As it turns out, many concepts central to medical practice and policy (concepts like "disease," "illness," "suffering," "healing," and "medicine") are embedded in historical, cultural, and environmental contexts, making them tricky to deal with at local—and international—levels. To understand the complex realities of health across cultural contexts, the growing field of **Medical Anthropology** compares different cultural explanations about disease, illness, wellbeing, prevention, and healing.

On one hand, this class looks at particular, deeply engrained assumptions about medicine within **local communities**, including key assumptions about the body and how healing works (or doesn't). On the other hand, this class also addresses how **global forces**—like issues of poverty, gender, or race—play out in the practice of international, global medicine.

Therefore, you will practice the skills necessary for reading cultural reports, developing and arguing interpretations, and evaluating medical paradigms through the comparative method. Lectures and discussions are focused as much on the diversity of medical practice as on understanding cross-cultural overlaps in "health" and "sickness." In other words, you will compare—and critique!—fundamental assumptions about medicine and the body, even casting

our own Western knowledge about **biomedicine** as one **of many** paradigms that both inform and blind us to medical realities.

Class Format

In each country, students will encounter—and be confronted by—different realities in which human disease, illness, and wellbeing are at stake. To tackle these complex situations, this course will be quite different from those typically taught at a university (or even in a single country!). Instead of exploring various themes stretched out over a whole semester, key topics will be reiterated cyclically *within* each country site. These **Paths of Inquiry** comprise current interests in the social science of human health, illness and (un)wellbeing, and form the backbone of our comparative approach to understanding global Health and Community.

Within each country cycle, students will tackle and compare these themes by reflecting on the unique or overlapping questions they pose with respect to: (1) local paradigms of health and body, (2) overarching relationships of world politics and economies that shape realities on the ground. As such, students will learn to interpret data and communicate ideas both **individually** through **Preliminary Site Reports** and within groups through **Seminar Discussions**.

The spirit of this course is to create an environment in which, through open discussion, we assess our basic assumptions about health in light of cultural and social realities.

Learning Outcomes

The *Health, Culture, and Community* course comprises 60 class hours of instruction (4 credits). This course aims to introduce students to the discipline of medical anthropology, and the contribution that it makes to research and practice in public health. At its conclusion, students will be able to:

- Articulate an understanding of key concepts and theoretical issues in medical anthropology, and evaluate debated terminologies and describe why and how such terms are contested.
- Compare and contrast definitions of health and ideas about how one achieves health in various societies and community settings, and better understand how diverse peoples define and deal with health and illness, suffering, health practices, and healing techniques.
- Think critically and analytically about the nature of health, disease and healing in cross-cultural realities, through an ethnographic awareness of the political and economic structures shaping sickness and suffering.
- Apply anthropological theories to the analysis of their own observations and research data gathered in diverse settings, over the course of the semester.
- Use analytical skills that will help to critically interpret and represent complex socio-cultural and ecological interactions and processes related to issues of health, illness, and medicine as we encounter them in our lives and in the world.

Grading Scale

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

Note: Where decimal points are used in grading, below 0.5 will be rounded down, while 0.5 and above will be rounded up. For example, 93.4 will be an A-, while 93.5 will be an A.

Expectations and Policies

Class preparation

This program is built upon the conviction that experiences result in deep insights and powerful learning. Course assignments are created to facilitate such first-hand learning opportunities. Dialogue in class about these insights and participation in these activities is critical. For this reason, your participation is required. As a learning community, each one of us influences the learning environment. Please take responsibility for your role in this environment and come to class prepared and ready to engage with others in a positive and thought-provoking manner.

Technology in the classroom

Electronic devices are critical tools for learning and communication, but our IHP courses prioritize engaged conversations unhindered by personal electronic devices. *Students, faculty, and visitors are expected to keep cell phones, laptop computers, and other devices out of sight, sound, and mind during class sessions*. There will be times when technology is needed for presentations or projects. Faculty will advise students of these times. Of course, students with accommodations are always welcome to have the technology needed.

Participation

IHP is an experiential learning program. You have to show up to have the experience. As such, participation is a minimum expectation, not generally to be rewarded with class credit. Students are expected to attend all classes, guest lectures, and field activities unless they have a medical excuse that has been communicated and approved of by IHP staff, faculty, or Fellow. *Missing one class means a small makeup assignment (as determined by the faculty); missing two classes means a sizable makeup assignment; missing three classes means a grade reduction of 2% of the total course grade*. Failure to attend classes or field activities means that a student may not be eligible for credit from their universities, or could result in program dismissal.

Materials
All course readings will be electronically available from the first week. Hard copy of required course readings will be distributed once you arrive in each country, except in the case of the USA where the readings were sent to you as part of your pre-departure assignments. Students are responsible for downloading these materials and can print the optional readings at their own discretion. You may opt in or out of getting hard copies.

Policy on deadlines
Unless otherwise noted, coursework assignments are due on the day of the deadlines via Moodle (or on paper for a few assignments). Unexcused late work will result in a lower grade one full level per day (for example, a B will drop to a B-). No exceptions will be permitted; extensions are not given unless there are necessary circumstances. Exact deadlines for assignments will be confirmed by the instructor and provided to students at the start of each country program.

Keep an additional copy of all work you turn in, so as to avoid unexpected disaster and significant inconvenience for all parties involved; this may mean taking photos or scanning any handwritten assignments. Assignments that are not easily legible will be returned ungraded.

Academic integrity
Academic dishonesty is the failure to maintain academic integrity. It includes, but is not limited to, obtaining or giving unauthorized aid on an examination, having unauthorized prior knowledge of the content of an examination, doing work for another student, having work done by another person for the student, and plagiarism. Academic dishonesty can result in severe academic penalty, including failure of the course and/or dismissal from the institution/program.

Plagiarism is the presentation of another person's ideas or product as one's own. Examples of plagiarism are: copying verbatim and without attribution all or parts of another's written work; using phrases, charts, figures, illustrations, computer programs, websites without citing the source; paraphrasing ideas, conclusions or research without citing the course; and using all or part of a literary plot, poem, film, musical score, computer program, websites or other artistic product without attributing the work to its creator.

Students can avoid unintentional plagiarism by carefully following accepted scholarly practices. Notes taken for papers and research projects should accurately record sources of material to cited, quoted, paraphrased or summarized, and research or critical papers should acknowledge these sources in references or by use of footnotes.

Violations of SIT Study Abroad academic integrity policy are handled as violations of the student code of conduct and will result in disciplinary action. Please discuss this with your Program Director or faculty if you have questions.

General Considerations

- 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.
- 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 Student Handbook for policies on academic integrity, ethics, warning and probation, diversity and disability, sexual harassment, and the academic appeals process.

NB: The instructors retain the right to change the syllabus as needed. Given the flexible field program, changes may occur that are beyond our control.

Course Schedule*

Topics, readings, and assignment details are subject to change, as determined by faculty.

All course readings will be available in Dropbox in electronic format at the beginning of the semester. Required readings will also be available as a hard copy at the beginning of each respective country stay.

Key Concepts	Class topic	Country
biomed./ pluralism emic/etic The Spectrum of Knowledge	**HCC-1** **Cultural Contexts and Medical Anthropology** Required Reading • Hewlett, Barry and RP Amola. 2003. "Cultural Contexts of Ebola in Northern Uganda." *Emerging Infectious Diseases* 9(10): 1-8. • Helman, Cecil G. (2007). Introduction: The Scope of Medical Anthropology. In *Culture, Health and Illness*. London: Hodder Arnold, pp. 1-18. Suggested reading • Baer, Hans A., Singer, Merrill, and Ida Susser. (2003). Medical Anthropology: Central Concepts and Development. In *Medical*	**USA**

	Anthropology and the World System. Westport, Connecticut: Paeger, pp. 3-29. • Nguyen, Vinh-Kim, and Karine Peschard (2003). Anthropology, inequality, and disease: a review. *Annual Review of Anthropology* 32:447-474. • Kleinman, Arthur, Leon Eisenberg, and Byron Good. 1978. "Culture, Illness, And Care." *Annals Of Internal Medicine* 88(2): 251-258. • Kleinman, Arthur, and Peter Benson. 2006. "Anthropology in the Clinic: The Problem of Cultural Competency and How to Fix It." *PLoS Medicine* 3(10): 1673–1676. **Discussion: What does a doctor do?**	
biomed. / pluralism modernity biomedical hegemony	**HCC-2** **Medical Pluralism and Health Seeking Behaviours** Required Reading • Brown, Patricia Leigh. 2009. "A Doctor for Disease, a Shaman for the Soul" *New York Times*. September 20, 2009:A20. • MacDonald, H. 2015 - Believing sceptically: rethinking health-seeking behaviours in central India in *Medicine and The Politics Of Knowledge.* Levine, S (ed). HSRC Press. • Khan, S. 2006. "Systems of medicine and nationalist discourse in India: towards new horizons in medical anthropology and history". *Social Science & Medicine*. 62-11, pp.2786-2797 (1) Suggested Reading • Lambert, H. 2012. Medical pluralism and medical marginality: Bone doctors and the selective legitimation of therapeutic expertise in India. Social Science & Medicine, 74.7, pp.1029-1036 **Discussion: Is biomedicine a tradition?**	**India**
biomedical hegemony	**HCC- 3** **The Problem with the Solution** Required reading • Invisibilia. The Problem with the Solution. (Electronic Document). • May, Tim. 2010. Official Statistics: Topic and Resources. *In* Social Research. Berkshire: McGraw-Hill Education. Pp. 77-84. Suggested reading • Arnold, D., 1993. Introduction", Colonizing the body: State medicine and epidemic disease in nineteenth-century India. Univ of California Press.	**India**

	• Good, Byron (1994). How medicine constructs its objects. In *Medicine, Rationality, and Experience: An Anthropological Perspective*. Cambridge and New York: Cambridge University Press, pp. 65-87. **Discussion: What's the solution to the "solution"?**	
cultural basis of "health" social basis of healing	**HCC-4** **The "Healing Effect"** Required Reading • Hahn, Robert and Arthur Kleinman. 1983. "Belief as Pathogen, Belief as Medicine: 'Voodoo Death' and the 'Placebo Phenomenon' in Anthropological Perspective," *Medical Anthropology Quarterly* 14(4): 3, 16-19. • Lakoff, Andrew. 2002. "The mousetrap: managing the placebo effect in antidepressant trials," *Molecular Interventions* 2: 72-76. • Benedetti, Fabrizio. (2013). What is the Doctor-Patient Relationship? *In* Placebo and the new physiology of the doctor-patient relationship. *Physiol Review,* 93, ○ *Abstract, Intro*. Pp. 1207. ○ *What is the Doctor-Patient Relationship,* Pp. 1211-1213. ○ *Neurophysiological Mechanisms Involved in the Interaction between Doctor and Patient,* Pp. 1214-1219. (skim) Suggested Reading • Good, J. Byron. 1994. "Medical Anthropology and the problem of belief" in Medicine, Rationality, and Experience: An Anthropological Perspective. Cambridge University Press • Helman, C.G, 2007. CHPT 9 - Ritual and the management of misfortune. *Culture, health and illness*. CRC Press • Helman, C.G., 2007. CHPT 2 - Caring and Curing. *Culture, health and illness*. CRC Press. **Discussion: Is healing natural or cultural?**	**India**
food as lens	**HCC- 5** **The Anthropology of Food and Eating.** Required Reading • Fox R. 2003. Food and eating: An anthropological perspective, Social Issues Research Center. Oxford. • Gastropod. First Foods: Learning to Eat. February 23, 2016. TBA Suggested Reading	**South Africa**

	• Caplan, P, 1997. "Approaches to the study of food, health and identity." *Food, health and identity*, pp.1-31 • Lupton, D, 1996. "Introduction" in *Food, the Body and the Self*. Sage • Lupton, D., 1996. CHPT 3, "Food, the Family and Childhood" in *Food, the Body and the Self*. Sage **Gastro-paradigm workshop**	

linguistic violence symbolic ways of thinking	**HCC-6** **Is Disease to Body as Patient is to Society?** Required Reading • Sontag, Susan. 1978. "Illness as Metaphor," in *Susan Sontag: Essays of the 1960s & 70s*. Edited by David Rieff. New York: Library of America. • Robins, S., 2010. "Rights passages from" near death" to" new life": AIDS activism and treatment testimonies in South Africa" in *From revolution to rights in South Africa: Social movements, NGOs & popular politics after apartheid*. Boydell & Brewer. Suggested Reading • Martin, Emily. 1991. "'The Egg and the Sperm' How Science Has Constructed a Romance Based on Stereotypical Male-Female Roles," *Signs* 16(3): 485-501. • Helman, C.G., 2007. CHPT 16 The AIDS Epidemic in *Culture, health and illness.* CRC Press **Discussion: How does medicine get moralized?**	**South Africa**
suffering and vulnerability as structural outcomes	**HCC 7** **Violence: Structural and Intimate** Required Reading • Farmer, Paul. 2005. "On Suffering and Structural Violence" in *Pathologies of Power: Health, Human Rights and the New War on the Poor*. Berkeley: University of California Press. (pp. 328-349). • Moffett, H., 2006. "These women, they force us to rape them": Rape as Narrative of Social Control in Post-Apartheid South Africa." *Journal of Southern African Studies,* 32.1, pp.129-144. Suggested Reading	**South Africa**

	• Kleinman, Arthur, Veena Das, and Margaret Lock (1997). Introduction. In Kleinman, Das, and Lock (eds.) *Social Suffering*. Berkeley and Los Angeles: University of California Press, pp. ix-xiii. **Discussion: Is suffering inevitable?**	

biological citizenship eugenics neoliberalism	**HCC-8** **Biopower** Required Reading • Veatch, Robert M. (2006) How Philosophy of Medicine Has Changed Medical Ethics, Journal of Medicine and Philosophy, 31:6, 585-600. • Edmonds, Alexander and Emilia Sanabria (2014). Medical Borderlands: Engineering the Body with Plastic Surgery and Hormonal Therapies in Brazil. Anthropology & Medicine, 21:2, 202-216. • The Guardian. Inside a war on natural birth: c-sections as status symbol and 'choice' as a myth. Suggested Reading • Foucault, Michel. (1984). Right of death and power over life. In Rabinow, Paul (ed.) *The Foucault Reader* (pp. 258-272). New York: Pantheon Books. • Pinheiro de Oliveira, A., 2016. Brazil's Militarized War on Zika. *Global Societies Journal*, 4(0), pp.85–98. **Discussion: How much choice is there?**	**Brazil**
indigenous alternatives wellness as determined by economic/ productive ideology	**HCC-9** **Environment and Life** Required Reading • Villalba, Unai. (2013). Buen Vivir vs development: a paradigm shift in the Andes? *Third World Quarterly*, 34:8, 1427-1442. • Walker, H. & Kavedžija, I. (2015). Values of happiness. *Hau: Journal of Ethnographic Theory*, 5(3), 1–18. Suggested Reading • Merino, R. (2016). An alternative to 'alternative development'?: Buen vivir and human development in Andean countries. *Oxford Development Studies*, 44(3), 271-283. **Discussion: Can we envision an ecology of wellness?**	**Brazil**

connection and neoliberal ideology	**HCC-10**
	Entanglement and Empathy
	
	Required reading
	• Invisibilia. Entanglement. (Electronic Document).
	  ○ Required: 00:00-34:00
	  ○ Optional: 34:00-59:07
	• Turner, E, 2012. "Introduction". Communitas: The anthropology of Collective Joy. Springer.
	• Turner, E, 2012. "Communitas of Disaster". *Communitas: The anthropology of Collective Joy*. Springer.
	
	Discussion: What is the nature of the self/other binary?
		Brazil

Assignments

Assignments (except for hard copy assignments) should be submitted via the course's Moodle site. Assignments are due the day assigned, uploaded to Moodle. Grades will be returned via Moodle as well.

Students may never use email to submit assignments, per SIT IT Policy.

PLEASE SUBMIT ALL ASSIGNMENTS AS A MICROSOFT WORD FILE to allow for in-document comments. All assignments are to be double spaced with one-inch margins in 11 Times New Roman font. The American Psychological Association (APA) referencing style is preferred.

When using APA format, follow the author-date method of in-text citation. This means that the author's last name and the year of publication for the source should appear in the text, for example, (Jones, 1998), and a complete reference should appear in the reference list at the end of the paper. If you are referring to an idea from another work but not directly quoting the material, or making reference to an entire book, article or other work, you only have to make reference to the author and year of publication and not the page number in your in-text reference. All sources that are cited in the text must appear in the reference list at the end of the paper.

Please include your name on every page of the assignment itself in the header, and the file name should have the following naming convention:

Name_Country_NameOfAssignment.doc
e.g. Josslyn_South Africa_MappingHealthcareSystem.doc

For hard copy assignments, you may be asked to submit the original. KEEP A DIGITAL COPY OF ALL WORK YOU TURN IN ON YOUR COMPUTER, so as to avoid unexpected disaster and significant inconvenience for all parties involved; this may mean scanning or photographing any hard copy assignments (and keeping a copy in .jpg or .pdf). Assignments that are not easily legible will be returned ungraded.

Deadlines / Point Breakdown*

**Topics, readings, and assignment details are subject to change, as deemed necessary by faculty.*
Case study presentations will always take place toward the end of each country stay.

Total			**100%**
Seminar Discussion Leadership			**16 pts**
2 times	A few days before assigned day	Preparatory discussion with faculty	4
		Discussion leadership	4
Reading Digests			**7 pts**
India	Due: HCC 2	Problem with Solution	1 pt (each)
	" " 3	Medical Pluralism	
	" " 4	The Healing Effect	
S. Africa	" " 5	Violence: Structural and Intimate	
	" " 6	Disease to Body as Patient to Society	
Brazil	" " 8	Environment and Life	
	" " 9	Entanglement and Empathy	
Preliminary Site Reports			**65 pts**
USA	By ending of country cycle	Profile on Washington D.C.	5
India		Compare India and Washington D.C.	20
S. Africa		Compare India and S. Africa	20
Brazil		Compare S. Africa and Brazil	20
Research Proposal			**12 pts**
Brazil	TBA	Consult rubric and prompt	12

Seminar Discussion Leadership

Groups of 3-4 students will collaborate with the Instructor to help their peers discuss and think through potentially difficult questions in class. The Seminar Discussion Leadership exercise challenges students to explain abstract ideas ***in their own voice,*** facilitating peer learning and communication formats that comprise increasingly important skills in professional settings.

Objectives:

1. ***Comprehension and evaluation:*** Learn how to pick out key ***theoretical*** ideas but also apply those ideas to broader, meaningful, ***practical*** questions.
2. ***Communication:*** Practice communicating, in a safe space, complicated ideas or questions to a group of peers, both verbally and visually. These are skills that are increasingly important in an era of misinformation and multimedia outlets.
3. ***Skill Building:*** Practice working in a team, including the Instructor, toward covering material and exercising the ***social and disciplinary skills*** needed to refute, question, encourage, and support peers in a productive, competent way.

Format:

1. **Preparation (4pts):** It is the responsibility of Seminar Discussion leaders to:
    - plan the discussion content, coordinate individual efforts, assign duties/roles, etc.
    - schedule a meeting with the Instructor at least 2 days prior to class and to come prepared with a proposed discussion outline to develop together.
2. **Leading Class Discussion (4pts):**
    - **Briefing:** Present a ***short*** overview of the key takeaway points of the assigned readings, checking in to ensure that all colleagues agree with your synthesis or have further contributions. Discussion Leaders ***must*:**
        - identify specific passages or pages worth noting, paraphrasing their meaning
        - illustrate key points using visual representations of any kind. (Creativity will be rewarded. Ex., diagrams, graphs, etc.). **A visualization is required**.
    - **Prompting:** Initiate a wider discussion among the class, taking the necessary steps toward addressing the discussion prompt in the Schedule. Options include:
        - Elaboration: elicit examples from specific country experiences that illustrate key arguments
        - Imagination/Application: Offer hypothetical scenarios for peers to think about using key arguments, or how these arguments apply to experiences in home countries
        - Devil's advocacy: offer ideas from counter-arguments, or push colleagues to backup their claims

Preliminary Site Reports

Preliminary Site Reports challenge students to develop a working model about the relationship(s) at play between ***health, culture, and community*** in our country visits. As such, the Report brings together the two things driving this class: ***theory*** and ***local reality***. Where the former provides a model for understanding and describing abstract relationships in the observed world, the latter grants a working knowledge of how these manifest in real situations.

Objectives:

1. Synthesize and demonstrate understanding of 1-2 key **theories** explaining the relationship between **health**, **culture**, and **communities**.
2. Through comparison, analyze some aspect of health, culture, and community from the **local realities** encountered in the current and the previous country, as witnessed in site visits, lectures, homestays, etc.

Due: The day prior to Case Study presentations, or as indicated on the schedule, at POD.

Requirements: Reports will be **1400-1500** words in length (DC Report is **700-750**). While you have substantial freedom to pick the theories and country examples you like. The idea is that the theoretical perspective you elaborate in part one, "HCC Dimension," will underpin the comparative analysis that you attempt in part two, "Local Realities." Thus, your HCC Site Report must integrate the following:

1. HCC Dimension (50%)
    - Summarizes clearly and accurately 1 or 2 closely related theoretical dimensions explored in the readings and Seminar Discussions. (E.g., medical pluralism or structural violence). **Hint:** refer to the syllabus concepts and headings of class sessions. (25%)
    - States explicitly what relationship this dimension draws between **health**, **culture**, and/or **community**. How well does it explain these connections? What are its limitations? (25%)
2. Local realities (50%)
    - Draws from your ethnographic research and compares clearly and vividly a real-world reality between the present country and the previous one (Except for Washington DC). This real life situation can be as specific as you like (e.g., Ayurvedic healing in India and Sangoma healing in S. Africa); OR as general as you like (e.g., diversity in Indian and S. African healthcare models).(25%)
    - Evaluates how these local realities can reveal or suggest new ideas about your chosen theoretical framework or about health and healing broadly. Can the issue from one country be helpful (or misleading) when thinking about reality in another? How so? (25%)

Hint: *Your evaluation does not have to compare the same issue, so long as they are comparable through theory. For example you can compare TB in India to TB in South Africa* ***or*** *you could compare TB in India with HIV in South Africa, identifying them as both implicated in structural suffering and poverty.*

Grading Rubric

Requirement	Incomplete	Disagree	Agree Somewhat	Agree	Strongly Agree
(score)	0	6 – 6.9	7 – 7.9	8 – 8.9	9 – 10
Discusses with accuracy and clarity 1-2 theoretical frameworks discussed in the course.					
Explains how this theoretical framework articulates health, culture, and/or community and evaluates its strengths/limitations.					
Specifies and vividly describes an issue that is particular to each country.					
Evaluates and synthesizes potential new insights gained by comparing country-specific issue(s).*					
			Total Score (14pts)		/40

*** Not valid for Washington D.C.**

Reading Digests

Practical outcomes in medical practice or policy advocacy do not always mean reinventing the wheel. In fact, there is a broad literature theorizing the linkages between health, culture, and communication. For these ideas to be helpful across different cultural contexts, we must not only have an accurate understanding of their underlying ***arguments***, but also a critical stance on their ***applicability*** across situations. ***Seminar Discussion Leaders need not submit a Reading Digest for the day they are leading.**

Objective: Practice critical reading skills, ***interpreting*** readings and ***evaluating*** their merits/weaknesses, and reflecting on their ***broader implications*** with respect to health, culture, and communication, and their relation to one another. These elements are essential theoretical components of any research proposal.

Due: In the class in which the topic will be discussed, as indicated on the schedule.

Requirements: Each section on the Readings Digest form should be about 150-200 words / 4-5 sentences.

Format:

1. **Read:** Carefully examine the assigned readings, identifying and noting on the Readings Digest sheet what you think are:
    1. **Key Points** each author is trying to make,
    2. **Strengths/Weaknesses** of their arguments
    3. **Collective** contributions these readings make to understanding broader patterns in health, culture, and community and the interconnections linking them
    4. **Applications** that you think these particular arguments and broader theories offer to better understanding your **Case Study** or other research topics.
2. **Class Discussion:**
    1. Submit your sheet to the Instructor for a spot-check grade.
    2. Contribute these reflections to the discussion in class.
    3. Amend any final thoughts or comments on your forms as they emerge from class discussion and submit to the Instructor.

HCC Dimensions	Reading Digest	HCC: Grade: / 1

Key Points

What are the main arguments the authors make about their particular case study?

(in research proposals: Literature Review)

Evaluation of Key Points

Analyze the Supporting Evidence

What data/examples do the authors give in support of their arguments? How did the use this support to advance their argument?

(in research proposals: Literature Review)

Connections

What aspects of this were compelling to you given your experiences thus far in the field program and classes. How and why?

(in research proposals: Literature Review)

Interpretation of Big Picture

What overall relationship or pattern do these readings reveal about health, culture, and/or community?

Hint: This should be 1 or 2 generalizations about all the readings together (in research proposals: Literature Review/Theoretical Contributions/Background)

Practical Implications

How can you use this to address your own Case Study?

How would you apply this insight to other situations?

(in research proposals: Hypothesis)

Research Proposal

This assignment is shared in both the Research Methods course and the Health, Culture, and Community course (the assignment outline here is replicated on that syllabus too).

Grade: 12pts in RM, 12pts in HCC.

Due: On day after Final Case Study Presentation

Guidelines:
Identify a health and/or public health-related issue that you feel would warrant further research, drawing on what you now learned about that issue and what you understand to be the current state of knowledge about the issue. You are not expected to be a world- leading expert overnight. Rather, you are expected to work intelligently with what you have had access to over the course of your 4 country stays. **In short, ask an interesting Research Question given your exploratory research.**

This is to be presented as a single document even though grade points will be evenly awarded between the two courses. You may refer to any and as many of the **theoretical dimensions** explored in class. Your proposal should:

1. Be about 1000-1200 words long, minimum.
2. Specify the topic and location(s) of the proposed research
3. Includes the following:
    a. Ethnographic description (10%): Specifies and vividly describes an issue that is particular to your proposed fieldsite.
    b. Theoretical framework (20%): Discusses with accuracy and clarity 1-2 theoretical approaches used to frame your research question.
    c. Research Methodology (50%): Specifies
        i. the research question;
        ii. the techniques proposed for collecting data;
        iii. your justification for these techniques;
        iv. and disclosure of their strengths / weaknesses
    d. Ethical considerations (10%): outlines the kinds of ethical issues the proposed research presents and offers ways of addressing them.
    e. Comparative Method (10%): Suggests applicability of research findings to other fields of study and/or to other geographical contexts.

Research Proposal

Rubric **Name:** _____

Requirement	Incomplete	Disagree	Agree Somewhat	Agree	Strongly Agree
(score)	**0**	**6 – 6.9**	**7 – 7.9**	**8 – 8.9**	**9 – 10**
Ethnography Specifies and vividly describes an issue that is particular to your proposed fieldsite. (10%)					
Anthrop. Theory Discusses with accuracy and clarity 1-2 theoretical approaches used to frame your research question. (20%)					
Research Methods Specifies (1) the research question; (2) the techniques proposed for collecting data; (3) your justification for these techniques; (4) and disclosure of their strengths / weaknesses (50%)					

Requirement	Incomplete	Disagree	Agree Somewhat	Agree	Strongly Agree
(score)	**0**	**6 – 6.9**	**7 – 7.9**	**8 – 8.9**	**9 – 10**
Ethics Considers the kinds of ethical issues the proposed research presents and offers ways of addressing them. (10%)					
Comparative Method Suggests applicability of research findings to other fields of study and/or to other geographical contexts. (10%)					
			Total Score (12pts per class)		