SIT SCHOOL FOR INTERNATIONAL TRAINING STUDY ABROAD

SYLLABUS

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Approaches to Community Health in South Africa
IPBH-3000 (3 credits)

South Africa: Community Health and Social Policy

This syllabus is representative of a typical 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

Approaches to Community Health in South Africa is divided into three modules. The course promotes a Primary Health Care Approach that is implemented through a community-up strategy. It engages with communities that identify with Zulu cultural practices, exploring the equitable inclusion of traditional health promotion strategies. The HIV epidemic and coronavirus pandemic are examined so as to engage the role of communication in health promotion. The course is taught through facilitated engagements with local communities, schools, clinics and non-government organizations, and lectures by local experts on health, education, gender, and law. Readings complement the discussion topics and assignments and assessments further engage the students to critically reflect on approaches to wellness and health delivery in the South African context.

Learning Outcomes
Upon completion of the course, students will be able to:
- Elucidate the pillars and principles of a Primary Health Care approach that seeks to make health provision accessible, acceptable and sustainable at the community level;
- Critically evaluate goals and principles coming out of International Health Conferences and to interrogate their feasibility in local contexts;
- Apply a critical lens to the approaches of governments, the World Health Organization and academics, in their suggested strategies to fight epidemics, and;
- Examine the influence and use of media and communication in social development, behavioral change, and health promotion.

Language of Instruction
This course is taught in English, but students will be exposed to vocabulary related to course content through in-South Africa expert lectures and field visits to a wide range of venues and regional locales.

Instructional Methods

SIT's teaching and learning philosophy is grounded in the experiential learning theory developed by Kolb (1984; 2015) and informed by various scholars, such as Dewey, Piaget, Lewin, among others. Experiential learning theory recognizes that learning is an active process that is not confined to the formal curriculum; "knowledge is created through the transformation of experience" (Kolb, 2015, p. 49). Learning involves both content and process. Learning is holistic and happens through various life experiences upon which students draw to generate new ways of knowing and being. Learning involves a community and is a lifelong endeavor. Learning is transformational. The suggested four step-cycle of a *concrete experience*, *reflective observation*, *abstract conceptualization*, and *active experimentation* embedded in the experiential learning model is not linear and might not always happen in that specific order, as any learning is highly context dependent. These stages of taking part in a shared experience; reflecting on that experience by describing and interpreting it; challenging their own assumptions and beliefs to generate new knowledge; and ultimately applying new knowledge, awareness, skills, and attitudes in a variety of situations and contexts are important for students to engage in to become empowered lifelong learners.

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

Module 1: Primary Health Care
Primary health care (PHC) is essential health care made universally accessible to individuals and acceptable to them, through full participation and at a cost the community and country can afford. Explore the pillars and principles of PHC and visit Pholela Community Health Center and The Valley Trust. Various international frameworks have been constructed since Alma Ata, but the hospital centric approach continues to dominate and perpetuate Health Inequalities.

Sessions include:
- Models of health and wellness: Biomedical and ecological models (2 hours)
- Health-seeking and health-providing paradigms (2 hours)
- Primary Health Care and health promotion (2 hours)
- Imagining and defining Community Health (2 hours)
- The assets-based approach – the example of The Valley Trust (2 hours)
- The National Strategic Plan 2030 (2 hours)
- Public Health Communication through the P-Process (2 hours)
- The National Health Plan (2 hours)

Excursions:
- The Valley Trust: PHC in the Valley of 1000 Hills since 1955 (5 hours)
- Pholela Community Health Centre: Birthplace of PHC (2 hours)
- Hospitals and Clinics in Durban (2x 2 hours)
- Community Health Workers in Nzinga (1 hour)

Readings:

Avert. (2018). HIV and AIDS in South Africa. Downloaded from
https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/south-africa

Bopp, M., & Bopp, J. (2004). Welcome to the swamp. Addressing community capacity in
Ecohealth research. EcoHealth, 1, 24-34.

National Strategic Plan 2030 - Executive Summary (2020) Downloaded from
https://www.gov.za/sites/default/files/Executive%20Summary-NDP%202030%20-
%20Our%20future%20-%20make%20it%20work.pdf

Parry, C. D. H., Simmonds, J. E., & Freeman, M. (2020). Failing to respond to health
promotion imperatives could scupper or hamper National Health Insurance
efforts. *SAMJ: South African Medical Journal*, *110*(3), 170-171.

Phillips, H. (2014). The Return of The Pholela Experiment. *Am J Public Health*, 104:1872–
1876.

The Health Communication Partnership (2003). The new P-process. Steps in strategic
communication.

STATS SA. (2019) Mid Year Population Estimates 2019. Downloaded from
https://www.statssa.gov.za/publications/P0302/P03022019.pdf

WHO. (1978). Declaration of Alma Ata. Downloaded from
http://www.who.int/publications/almaata_declaration_en.pdf

Module 2: Communities and Traditions

Where Public Health is inclined to design interventions for the majority, Community Health recognizes that different communities need to have interventions that are adapted to them. Where public health discourse tends to exhibit coloniality, authentic community health approaches are inherently decolonizing. Traditional healing methods struggle for recognition while western medicine receives continued systemic support. Explore the complexities involved where tradition meets modernity in the health arena.

Sessions include:
- Traditional healing (3 hours)
- Traditional masculinities (2 hours)
- Documentary and discussion: "Do girls want it?" Sexuality;, religion & culture (3 hours)
- Problematizing virginity testing as a culturally appropriate HIV intervention (2 hours)

Excursions:
- Durban Exploration Excursion - Traditional Muthi Market and Warwick Triangle (4 hours)
- A life story of a traditional Zulu Woman in Nzinga (1 hour)
- Communities and traditions in practice: homestays in Cato Manor and Nzinga. (3 days)

Readings:

Gqaleni et al (2007). *"Traditional and Complementary Medicine".* In A. Padarath, & R. English
(Eds.), South African Health Review (pp. 89-101). Durban: Health Systems Trust.

Hlabangane, N. (2014). From object to subject: deconstructing anthropology and HIV/AIDS in
South Africa. *Critique of Anthropology, 34*(2), 174-203.

Leclerc-Madlala, S. (2001). Virginity testing: managing sexuality in a maturing HIV/AIDS epidemic. *Medical Anthropology Quarterly*, 15(4), 533-552.https://doi.org/10.1007/s11121-019-01070-w

Mthembu, N. (2021). Relevance for Traditional Medicine in South Africa: Experiences of Urban Traditional Healers, Izinyanga. *International Journal of Medical and Health Sciences*, *15*(3), 132-145.

South African History Online. (2014) Zulu. Downloaded from https://www.sahistory.org.za/article/zulu

Who Global Report On Traditional And Complementary Medicine 2019. P10,77,78.

Module 3: HIV Health Communication and Behavior Change

Behavior change cannot be achieved through education alone. Examine the lessons learned from HIV prevention campaigns and produce your own effective and appropriate Health Communication intervention.

Sessions include:
- Behaviour change and health communication (2 hours)
- Body mapping as an approach for Health Communication – two sessions (2+2 hours)
- Entertainment education (2 hours)
- The history of HIV prevention in South Africa (2 hours)
- Non-communicable diseases (2 hours)
- Sexual and reproductive health and rights (2 hours)

Excursions:
- The Blue Roof Lifespace – creating a space to attract youths to Healthcare and Promotion Programs (5 hours)

Readings:

Govender, E. (2011). Development and health communication for HIV/AIDS prevention. In K. Tomaselli, & C. Chasi (Eds.), Development and public health communication (pp. 51-76). Cape Town: Pearson Education South Africa.

Human Sciences Research Council. (2018). The fifth South African national HIV prevalence, incidence, behaviour and communication survey, 2017: HIV impact assessment summary report.

Lince-Deroche, N., Pleaner, M., Harries, J., Morroni, C., Mullick, S., Firnhaber, C., . . . Sinanovic, E. (2016). Achieving universal access to sexual and reproductive health services: the potential and pitfalls for contraceptive services in South Africa. In A. Padarath, J. King, E.-L. Mackie, & J. Casciola (Eds.), South African Health Review 2016 (pp. 95-108). Durban: Health Systems Trust.

MacGregor, H. N. (2009). Mapping the body: tracing the personal and the political dimensions of HIV/AIDS in Khayelitsha, South Africa. *Anthropology and Medicine, 16*(1), 85-95.

Puoane, T., Tsolekile, L., Egbujie, B., Lewy, M., & Sanders, D. (2017). Advancing the agenda on non-communicable diseases: prevention and management at community level. In A. Padarath, & P. Barron (Eds.), *South African Health Review 2017* (pp. 171-179). Durban: Health Systems Trust.

Assignments and Evaluation
Timely completion of all seminar assignments is expected. Unless otherwise stated, all assignments and papers must be turned in on the due date, by 4 pm.

Assignment Descriptions and Grading Criteria

1) Pillars and Principles of Primary Health Care (PHC)(10%)
Students will be given a description of a health issue (e.g. coronavirus) in the social context of Cato Manor in which they are staying and will write a short essay in which they identify and explain areas in which principles and pillars of Primary Health Care would assist health planners in implementing interventions (e.g. "accessibility" of vaccinations would be improved by offering them at churches) (1-2 pages, 1 hour). Essays will be evaluated on the extent to which they demonstrate a working knowledge of principles of PHC.

2) Health Plans and Strategies (20%)
Students attend a lecture and study the Executive Summary of the National Strategic Plan 2030 (NSP2030) and, in an essay, highlight areas in which it takes and adapts policies and practices suggested in International Health Conferences and Policy Statements. Particular attention needs to be paid to instances where the NSP differs or places different emphasis as it applies strategies according to local context (2-4 pages) essays will be evaluated according to how well they can identify important policies that have been adapted to context.

3) Health Communication (30%)
Students develop a Health Promotion piece designed to evoke behavior change and will present the piece to a panel of community members from Cato Manor, who will assess its acceptability and effectiveness. They will rank promotion pieces according to how effective they are in evoking desires to change behavior, and the AD will take cognizance of that while also evaluating technical work and creative flair. Students less able to create visually, will be given the opportunity to write a proposal for the creation of a health promotion piece in which they describe the need for the promotion, the community that it is designed to appeal to and the piece itself, thereafter expounding on the devices used that will make it effective (5 pages).

4) Approaches to Community Health (40%)
Students write a final paper in which they critically analyze and suggest intervention/s a Health Issue in South Africa that is suited to the use a community-based approach. (e.g. HIV safe sex promotion). Papers will be evaluated according to how well they describe the current state of the issue, the community-specific conditions that form the context, the interventions currently and previously tried and provide rationale for the intervention/s proposed. (8 pages)

(Note that students may not choose the same disease to analyze in their final papers for both Thematic Courses. E.G. if one chooses HIV here one has to choose another disease in the Social Determinants of Health Assignment.)

<u>Assessment</u>
  Pillars and Principles of Primary Health Care – 10%
  Health Plans and Strategies – 20%
  Health Communication – 30%
  Approaches to Community Health – 40%

<u>Attendance and Participation</u>
Due to the nature of SIT Study Abroad programs, and the importance of student and instructor contributions in each and every class session, attendance at all classes and for all program excursions is required. Criteria for evaluation of student performance include attendance and participation in program activities. Students must fully participate in all program components and courses. Students may not voluntarily opt out of required program activities. Valid reasons for absence – such as illness – must be discussed with the academic director or other designated staff person. Absences impact academic performance, may impact grades, and could result in dismissal from the program.

<u>Late Assignments</u>
SIT Study Abroad programs integrate traditional classroom lectures and discussion with field-based experiences, site visits and debriefs. The curriculum is designed to build on itself and progress to the culmination (projects, ISP, case studies, internship, etc.). It is critical that students complete assignments in a timely manner to continue to benefit from the sequences in assignments, reflections and experiences throughout the program.
Example: Students may request a justified extension for one paper/assignment during the semester. Requests must be made in writing and at least 12 hours before the posted due date and time. If reason for request is accepted, an extension of up to one week may be granted at that time. Any further requests for extensions will not be granted. Students who fail to submit the assignment within the extension period will receive an 'F' for the assignment.

<u>Grading Scale</u>
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

Program Expectations
- 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.
- Storing Your Work: Keep several copies of your work as back up and keep one copy accessible to you through an online forum, such as an attachment in your email, the course learning management system, or cloud-based storage. This way your work will always be available to despite technical issues. Lost files, deleted drives, or computer crashes are not excuses for late, missing work.
- Personal Technology Use: Cell phones and other personal electronics can be used for taking notes and other class activities. Off-task usage is not acceptable. You may be marked as absent for habitually using them for something other than classroom activities.
- Course Communication: Course documents and assignments will be posted on the learning management system, Canvas. Although the course calendar provides a broad overview and the general sequence of work and assignments for the course, what we accomplish in class will vary, and revisions to the calendar will be posted at the course site. You will need to check the course site regularly. You are responsible for letting me know about any network-related problems that prevent you from accessing or submitting assignments.
- Content Considerations: Some texts and activities you will encounter in this course delve into sensitive topics that may be emotionally and intellectually challenging. Our classroom is a space where we can engage with challenging ideas, question assumptions, and navigate difficult topics with respect and maturity. As possible, I will flag content and activities that are especially graphic or intense, so we are prepared to address them soberly and sensitively. If you are struggling to keep up with the work or participate in the course because of the nature of the content and activities, you should speak with me and/or seek help from counseling services.
- Classroom recording policy: To ensure the free and open discussion of ideas, students may not record classroom lectures, discussion and/or activities without the advance written permission of the instructor, and any such recording properly approved in advance can be used solely for the student's own private use.

SIT Policies and Resources
Please refer to the SIT Study Abroad Handbook and the Policies section of the SIT website for all academic and student affairs policies. Students are accountable for complying with all published policies. Of particular relevance to this course are the policies regarding: academic integrity, Family Educational Rights and Privacy Act (FERPA), research and ethics in field study and internships, late assignments, academic status, academic appeals, diversity and disability, sexual harassment and misconduct, and the student code of conduct.

Please refer to the SIT Study Abroad Handbook and SIT website for information on important resources and services provided through our central administration in Vermont, such as [Library resources and research support](#), [Disability Services](#), [Counseling Services,](#) [Title IX information](#), and [Equity, Diversity, and Inclusion](#) resources.