University of the Witwatersrand
African Centre for Migration & Society

GRAD4042/5087/7052: The Psychosocial and Health Consequences of Forced Migration.

Coordinator:

Jo Vearey, PhD (jovearey@gmail.com)

Tel: 011 717 4033

Class meetings: Tuesdays and Thursdays 9.30 – 12.30

Basement Classroom, SWE Building

Background

This course provides a critical introduction to the health and psychosocial consequences of migration. The primary purpose of the course is to examine the intersections of humanitarianism, vulnerability and displacement from a health perspective. In order to do this, the course will introduce fundamental concepts and analytical tools to understand the interaction between health, disease and illness in social contexts. It will investigate the differential impacts of integrated public health responses on migrants with respect to ethnicity, gender, age and legal status. Case studies will be provided of a number of common interventions with migrant populations including HIV/AIDS interventions (particularly access to services and treatment), psychological and psychosocial interventions and the provision of basic services such as water, sanitation and immunisation. Throughout the course, the focus is on the complexity and politics of humanitarianism and the assumptions that underpin such interventions.

Core themes cutting through this course include:

- The need to critically evaluate the role of health and psychosocial interventions with displaced populations;
- The ethical and moral implications of humanitarian intervention;
- The role of culture and society in understanding of health and well-being among migrants and displaced populations;
- Illness and health in view of the political, economic and social context that underlie forced migration;
- The tension between individual and social health and well-being.

Teaching and learning process

Students will learn on this course in a variety of ways, all of which are equally important in successfully completing the course. These include:

- *Independent reading*: of weekly set texts, but ideally reading more widely;
- *Regular writing*: of response papers before class and practice exam question outlines in class;
- *Presentations in class*: based on response papers;
- *Discussion in class; and*
- *Student-run study groups and discussion groups:* these are not compulsory but it is highly recommended that students set up their own groups for regular discussion of readings.

Students should remember that the class coordinators are available for consultation. It is up to students to arrange consultations and to make the most of this opportunity.

Structure and assessment

The course is divided into 10, three-hour seminars held on Tuesday and Friday mornings: 9.30 – 12.30. Attendance is compulsory. The course will be based on guest lectures as well as set readings which are to be completed before class. Each lecture outline begins with some guiding questions that should shape students' reading. Students should come to class ready to give a brief summary of any of the readings and to and actively participate in debates and discussion related to the guiding questions. Depending on the number of participants, students will be asked to present the course readings once or twice during the term and comment on all readings in each class meeting.

The course privileges analysis, synthesis, and explanation over memorization and description. To get the most from the readings and class room discussion, students are encouraged to continuously link specific topics and readings to the broader questions outlined above and to their own empirical work. Students should consider organising independent study groups and discussions towards this end.

<u>The course will be assessed in two ways:</u>

Assessment will be based on performance in two primary areas. Please note, any assignment submitted after the due date will be penalised by 20 points per 24 hours or portion thereof.

1. ***Response Papers of no more than 1000 words*** **(50% of total mark): 4 for MA; 2 for Hons**

   These papers synthesise all of the required readings for a given week and/or critically engage with assertions made within them. The best papers will relate all the works to the course's primary questions or extend the reading's implications to critical themes in the field. Under no circumstances should they merely summarise the readings. ***Each paper should be structured in the form of a short essay with an original and provocative thesis statement supported by evidence drawn from the readings.***

To earn credit, students must email copies to all course participants at least 24 hours before the class meeting. Response papers will be marked on the basis of the ACMS assessment template provided to students at orientation Response papers will be marked solely by the course coordinators and returned after the relevant class session. Marks on the paper are a good predictor of exam performance so students are encouraged to consider how to improve them. An additional response paper may be submitted for credit. In such case, the student's lowest mark will be removed from the record.

Please note that for each week, one student will be responsible for presenting their argument and leading an initial class discussion (the use of powerpoint or handouts is encouraged). One other student who has written a response paper for the course will be charged with acting as a primary respondent, highlighting differences of opinions or interpretation and contributing additional insights and extrapolations.

2. *Final Written Examination* (50% of total mark)

This take home exam will include a series of questions asking students to synthesise course readings. There will be no topic-based questions, so students must have a broad understanding of the course material. All students will be asked to answer three questions in 48 hours although MA and HONS students will be asked to answer different questions. Review questions will be distributed before the exam. Students are encouraged to work together while preparing but are not permitted to communicate about the exam while writing. Any evidence of plagiarism on the exam or other written work will be dealt with severely. Exams will be marked by the course coordinator and an external examiner. Please ensure that your student number (**not name**) appears on each page along with the page number. Documents should be in 11-12 point font (Times New Roman, Calibri or Arial preferred), 1.5 spacing, and stapled on A4 paper (**no covers please**). **The exam will be distributed on Tuesday 4th September at 12 noon. It will be due Thursday 6th September at 12 noon.**

Timeline

Assignment	Date Due
First Class Session	Tuesday 23rd July
Response papers (4 for MA, 3 for Hons)	By Thursday 22nd August
Revision Session	Tuesday 27th August
Final examination (48 hour take home exam)	Tuesday 2nd September – Thursday 4th September

Acknowledgements

Many thanks to Egbert Sondorp, and the London School of Hygiene Health and Conflict Unit, for sharing the contents of their 'Conflict and Health Study Unit 1402'. For more details on the work of the Unit, visit: **http://www.lshtm.ac.uk/hpu/conflict/en/**

Many thanks to Marlise Richter for sharing her reading list for a Wits Msc Bioethics and Health Law (Med) module on **Policy, Public Health, Resource Allocation, Ethics and the Law (FAMH7008)**.

Readings

For each session there will be a set of four required (key) readings. **It is essential that you have read these in advance of the session**. You will be provided with these readings in a printed reading pack. Additionally, a list of recommended readings is included to guide your reading around the subject.

There are 3 important documents that you are expected to familiarise yourself with.

- CSDH (2010) A conceptual framework for action on the social determinants of health. World Health Organization. Geneva.
- Urquia, M. and Gagnon, A. (2011) Glossary: migration and health *J Epidemiol Community Health* **65** 467-472. doi:10.1136/jech.2010.109405
- UNAIDS (2011) UNAIDS Terminology guidelines. UNAIDS, Geneva. Revision: October 2011.

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GRAD 7052(MA)/4042(HONS): The Psychosocial and Health Consequences of Forced Migration.
Tuesdays and Thursdays 9.30 – 12.30; Basement Classroom, SW Engineering building

Introduction session	Tuesday 23rd July	1	An introduction to the study of health and migration: introducing a social determinants of health approach	Dr. Jo Vearey, ACMS
Individual	Thursday 25th July	2	Illness, disease and sickness: understanding health and wellbeing through Idioms of distress	Dr. Lorena Nunez , ACMS
Social	Tuesday 30th July	3	The Healthy Migrant Effect	Dr. Jo Vearey, ACMS
	Thursday 1st August	4	Migration and HIV	Dr. Jo Vearey, ACMS
	Tuesday 6th August	5	Sex work, trafficking and (public) health	Dr. Jo Vearey, ACMS
	Thursday 8th August	6	Social Capital and Migration	Dr. Liz Thomas and Ms. Pinky Mahlangu, Centre for Health Policy (Wits) and MRC
Individual	Tuesday 13th August	7	Conceptualising distress: trauma	Prof. Ingrid Palmary, ACMS
Intervention	Thursday 15th August	8	The provision of healthcare to migrant groups: interactions	Dr. Lorena Nunez, ACMS
	Tuesday 20th August	9	Humanitarian interventions, biopolitics and therapeutic citizenship	Dr. Matthew Wilhelm-Solomon, ACMS
	Thursday 22nd August	10	Risk, vulnerability and programming	UNAIDS (TBD)
	Tuesday 27th August	11	Revision Session	Dr. Jo Vearey, ACMS
Take home exam	Monday 2nd September	Exam	48 hour take home exam 10am Monday 2nd September Submit 10am Wednesday 4th September	

School of Social Sciences
PO Box 76, Wits 2050
South Africa
t: +27 11 717 4033 f: +27 11 717 4039

http://migration.org.za

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Lecture 1: An introduction to the study of health and migration: introducing a social determinants of health approach

Dr. Jo Vearey

PRESENTER: _____

RESPONDENT: _____

Objective:

- To introduce the concepts of public health and public health ethics.
- To introduce the relationship between migration, displacement and health.
- To interrogate the health needs of migrant groups and the responsibilities of healthcare providers.

Guiding questions:

- What is the relationship between health and migration?
- How do the different phases of migration influence health?
- What is public health and how does it apply to migrant's health?
- Who is responsible for 'public health'?
- In a resource-limited setting such as South Africa, should cross-border migrants be provided with free healthcare?

Readings

- Davies, A., Basten, A. and Frattini, C. (2010) Migration: A social determinant of migrants' health. *Eurohealth* **16**(1) 10 - 12
- Gushulak, B. and D. W. MacPherson (2006) The basic principles of migration health: Population mobility and gaps in disease prevalence *Emerging Themes in Epidemiology* **3**(3): doi:10.1186/1742-7622-1183-1183
- Sargent, C. and Larchanche, S. (2011) Transnational Migration and Global Health: The Production and Management of Risk, Illness, and Access to Care *Annu. Rev. Anthropol.* 40 345–61
- Zimmerman C, Kiss L, Hossain M (2011) Migration and Health: A Framework for 21st Century Policy-Making. *PLoS Med* **8**(5)

Recommended readings

- Allotey, P., Pickles, H. & Johnston, V. (2007) Duties to refugees and asylum seekers in host countries' medical systems in R.E Ashcroft,, A. Dawson, H. Draper & J.R. McMilan (eds.) *Principles of Health Care Ethics* West Sussex: John Wiley & Sons Ltd

- Amon, J. and Todrys, K. (2008) Fear of Foreigners: HIV-related restrictions on entry, stay, and Residence *Journal of the International AIDS Society* 2008, 11:8 doi:10.1186/1758-2652-11-8

- Banatvala N and A Zwi. 2000. Public health and humanitarian interventions: developing the evidence base. *BMJ* 321:101-105.

- Carballo M, Divino, J.,J. and Zeric D. (1998) Migration and Health in the European Union *Tropical Medicine and International Health* Vol. 3(12): 936-944

- Castaneda, H. (2010) 'Im/migration and health: conceptual, methodological, and theoretical propositions for applied anthropology', *Napa Bulletin* 34: 6–27.

- CSDH (2010) A conceptual framework for action on the social determinants of health. World Health Organization. Geneva.

- Gostin, L. and Mann, J. (1999) "Towards the development of a human rights impact assessment for the formulation and evaluation of public health policies" in J.M Mann, S. Gruskin, M. Grodin & G. Annas *Health and Human Rights – A Reader* New York & London: Routeldge

- Grove, N. and Zwi, A. (2006) Our health and theirs: Forced migration, othering and public health *Social Science and Medicine* 62 1931 – 1942

- Gushulak, B. and D. W. MacPherson (2004) Population Mobility and Health: An Overview of the Relationships Between Movement and Population Health *J Travel Med* **11**(3): 171-178.

- Gushulak, B., J. Weekers, et al. (2010) Migrants and emerging public health issues in a globalized world: threats, risks and challenges, an evidence-based framework. *Emerging Health Threats Journal* **2**(e10): doi: 10.3134/ehtj.3109.3010.

- Hadley, C. (2011) 'The complex interactions between migration and health: an introduction',*Napa Bulletin* 34: 1–5.

- Harper, I. and Raman P. (2008) Less than Human? "Diaspora, Disease and Question of Citizenship". *International Migration* Vol. **46** (5)

- Human Rights Watch (2009) Discrimination, Denial, and Deportation Human Rights Abuses Affecting Migrants Living with HIV *June 2009* 1-56432-490-7 http://www.hrw.org/sites/default/files/reports/health0609web.pdf

- Junghanss, T. (1998) how unhealthy is migrating? *Tropical Medicine and International Health* Vol. 3(12): 933-934.

- MacPherson, D. W., B. Gushulak, et al. (2007) Health and foreign policy: influences of migration and population mobility. *Bulletin of the World Health Organization* **85**(3): 200-206.

- MacPherson, D. W. and B. D. Gushulak (2001) Human Mobility and Population Health: new approaches in a globalizing world *Perspectives in Biology and Medicine* **44**(3): 390.

- Mann, J. (1999) "Medicine and Public Health, Ethics and Human Rights" in J.M Mann, S. Gruskin, M. Grodin & G. Annas *Health and Human Rights – A Reader* New York & London: Routledge

- Marmot, M. (2004) "Social causes of social inequalities in health" S. Anand, F. Peter and A. Sen (eds) *Public Health, Ethics, and Equity* Oxford: Oxford University Press

- Mcneill, P. (2003) Public Health Ethics: Asylum Seekers and the Case for Political Action" *Bioethics* 17 (5/6) 487 – 502

- Nickel, J. (1986) Should Undocumented Aliens Be Entitled to Health Care? *The Hastings Center Report* 16 (6) 19-23

- Pearmain, D. (2007) "Health Policy and Legislation" chapter in Harrison S, Bhana R, Ntuli A (eds) *South African Health Review 2007*. Durban: Health Systems Trust

- Peek, M. Philip (ed.) 1991. African Divination Systems. Ways of Knowing. Bloomington: Indiana University Press.

- Pursell, R. (2004) Accessing health services at Johannesburg's clinical and hospital. In Forced Migrants in the New Johannesburg: Towards a Local Government Response, 93-98.

- Sen, A. (2004) "Why Health Equity?" in S. Anand, F. Peter and A. Sen (eds) Public *Health, Ethics, and Equity* Oxford: Oxford University Press

- Toole, MJ and Waldman, RJ. 1997. 'The Public Health Aspects of Complex Emergencies and Refugee Situations' *Annual Review of Public Health.* Vol. 18:283-312.

- Vearey, J. (2008) Migration, access to ART and survivalist livelihoods in Johannesburg *African Journal of AIDS Research* ***7***(3): 361–374.

- Vearey, J. (2011) Chapter 5: Migration and health in South Africa: implications for development. In: Segatti, A. and Landau, L. (eds) Contemporary Migration to South Africa: A Regional Development Issue. World Bank and AFD. The World Bank: Washington DC

- Vearey, J. and Núñez, L. (2010) Migration and health in South Africa: A review of the current situation and recommendations for achieving the World Health Assembly Resolution on the Health of Migrants. International Organization for Migration, Pretoria and FMSP, Wits.

- Wikler, D. (2004) "Personal and Social Responsibility for Health" in S. Anand, F. Peter and A. Sen (eds) *Public Health, Ethics, and Equity* Oxford: Oxford University Press, 2004.

- Worth, H. (2006) Unconditional Hospitality: HIV, Ethics and the Refugee Problem *Bioethics* 20 (5) 223-232

Lecture 2: Illness, disease and sickness
Understanding health and wellbeing through Idioms of distress

Dr. Lorena Núñez

Objectives

- To understand the main theoretical approaches that conceptualises sickness, illness and diseases.
- To outline some of the characteristics of the biomedical approach and non-western medical systems.
- To understand the psychosocial, cultural and political dimensions of migrants' health in the light of the multiple forms of understanding wellbeing and treating illness and distress.
- To identify the uses of idioms of distress as a mean to communicate experiences of illness and distress among migrant populations, in contexts of inequality, conflict and violence.
- To examine the place that idioms of distress have in the biomedical system, particularly in light of processes of medicalisation of human suffering and distress.

Guiding Questions

- What are the differences between disease, sickness and illness? How are these differences theoretically conceptualised? What are some of the implications of these distinctions on the study of migrants' health?
- What is an idiom of distress? Why are these idioms used? What purposes do they serve? How do they relate to migrant's living conditions, and the socio-political and economic contexts?
- Does the biomedical system recognise idioms of distress used by its patients? How are these idiom of distress treated within the biomedical system?
- What are the implications of incorporating idioms of distress as a tool to address migrants' healthcare needs in contexts of inequality, conflict and violence?

Readings

- Armstrong, D. (2000) Social Theorizing about Health and Illness in G.L. Alberecht, R. Fitzpatrick and S. Scrimshaw (eds.), *The Handbook of Social Studies in Health and Medicine.* Sage: London, pp.24-35.
- Darghouth, S., Pedersen, D., Bibleau, G., & Rosseau, C., (2006). "Painful Languages of the Body: Experiences of Headaches among Women in two Peruvian Communities". *Culture, Medicine and Psychiatry*, 30 (3), 271-297 **(Available online)**
- Turner B.S. (2000) The History of the Changing Concepts of Health and Illness: Outline of a General Model of Illness Categories. In: Albrecht G.L., Fitzpatrick R. & Scrimshaw S.C. The Handbook of Social Studies in Health & Medicine. London: Sage Publication [pp. 9-23]

- Patel, V., Abas, M., Broadhead, J., Todd, C., Reeler, A. (2001). *Depression in developing countries: lessons from Zimbabwe*, BMJ; (322):482-484, 2001 **http://www.bmj.com/cgi/content/full.**

Recommended readings:

- Farmer, P. *Pathologies of Power: Health, human rights and the new war on the poor.* Berkeley: University of California Press, pp. 1-22.
- Helman, Cecil G., (1994) "Culture Health and Illness". Oxford, Butter-worth Heineman, Woburn, MA.
- Nichter, M., (1981). "Idioms of Distress: Alternatives in the Expression of Psychosocial Distress: A Case Study from South India". *Culture, Medicine and Psychiatry,* 5, 379-408. **(Available online)**
- Nunez, L (2009). "Is it possible to eradicate poverty without attending to mental health? Listening to migrants workers in Chile through their idioms of distress." (to be published in the Journal of Health management 11(3) 2009.

Lecture 3: The healthy migrant effect

Dr. Jo Vearey

PRESENTER: _____

RESPONDENT: _____

Objectives:

- To explore the idea of a "healthy migrant effect".
- To examine the processes that explain the healthy migrant's effect as well as the potential stressors that may deteriorate that condition.

Guiding questions:

- What is it understood by the healthy migrant effect?
- Is morbidity and mortality affecting migrants differently according to sex, age, and ethnicity/race?
- What is the relationship between acculturation and health?

Readings

- Lu, Y. (2008) 'Test of the "healthy migrant hypothesis": a longitudinal analysis of health selectivity of internal migration in Indonesia', *Social Science & Medicine* 67:1331–1339.
- Malmusi, D., C. Borrell and J. Benach (2010) 'Migration-related health inequalities: showing the complex interactions between gender, social class and place of origin'. *Social Science & Medicine* 71: 1610–1619.
- Razun , O., Zeeb, H., Akgun, S., and Yilmaz, S. (1998) Low overall mortality of Turkish residents in Germany persists and extends into a second generation; merely a health migrant effect? *Tropical Medicine and International Health* **3** (4) 297-303
- Wingate, M and Alexander, G. (2006) The healthy migrant theory: variation in pregnancy outcome among US born migrants. *Social Science and Medicine* **62** 491-498

Recommended Readings

- Healthy Generations (2005) "The 'healthy migrant' effect" Maternal and Child Program, School of Public Health University of Minnesota **5** (3) February 2005.

- Singh, G. (2001) All-cause and cause specific mortality of immigrants and native born in the United States *American Journal of Public Health* **91** (3)

- Vearey, J. (2013) Migration, urban health and inequality in Johannesburg. In: Migration and Inequality. Bastia, T. (ed). Routledge.

- Waldestein A. (2008) "Diaspora and health? Traditional Medicine and Culture in a Mexican Migrant Community". *International Migration* Vol.46 (5) 2008.

Lecture 4: Migration and HIV

Dr. Jo Vearey

PRESENTER: _____

RESPONDENT: _____

Objectives:

- To understand the linkages between mobility, migration and HIV.
- To understand how migrant groups may be vulnerable to HIV.
- To consider appropriate HIV interventions in a region of high population mobility.

Guiding questions:

- What is the relationship between migration and HIV?
- What can we say about migrants' vulnerability to HIV?
- What does this mean for HIV programming in a region of high population mobility?

Readings:

- Deane, K.D, Parkhurst, J.O. and Johnston, D. (2010) Linking migration, mobility and HIV Tropical Medicine & International Health **15** (12) 1458–1463
- Lurie, M. (2006) The Epidemiology of Migration and HIV/AIDS in South Africa *Journal of Ethnic and Migration Studies* 32 (4) 649 – 666
- Todrys K, Amon J (2009) Within but without: human rights and access to HIV prevention and treatment for internal migrants. *Globalization and Health* **5** (17) doi:10.1186/1744-8603-5-17
- Voeten, H., Vissers, D., Gregson, S., Zaba, B., White, R. and de Vlas, S., Habbema, J. (2010) Strong Association Between In-Migration and HIV Prevalence in Urban Sub-Saharan Africa *Sexually Transmitted Diseases* **37** (4) 240 - 243

Recommended readings:

- Links between Mobility and HIV – Entire issue (2006) *Crossings* 7(1)

- Booysen, F. (2006) Out-Migration in the Context of the HIV/AIDS Epidemic: Evidence from the Free State Province *Journal of Ethnic and Migration Studies* 32 (4) 603 – 631

- Camlin CS, Hosegood V, Newell M-L, McGrath N, Bärnighausen T, et al. (2010) Gender, Migration and HIV in Rural KwaZulu-Natal, South Africa. *PLoS ONE* **5**(7): e11539. doi:10.1371/journal.pone.0011539

- Collinson, M., Wolff, B., Tollman, S. and Kahn, K. (2006) Trends in Internal Labour Migration from Rural Limpopo Province, Male Risk Behaviour, and Implications for the Spread of HIV/AIDS in Rural South Africa *Journal of Ethnic and Migration Studies* 32 (4) 633 – 648

- Crush, J., Frayne, B. and Grant, M. (2006) Linking Migration, HIV/AIDS and Urban Food Security in Southern and Eastern Africa *The Regional Network on HIV/AIDS, Livelihoods and Food Security (RENEWAL), International Food Policy Research Institute (IFPRI), Southern African Migration Project (SAMP)*

- Gilbert, L. and Walker, L. (2002) Treading the Path of Least Resistance: HIV/AIDS and Social Inequalities - A South African Case Study *Social Science & Medicine,* 54(7) 1093-1110

- IOM/UNAIDS (2003) Mobile Populations and HIV/AIDS in the Southern African Region Recommendations for Action Desk review and Bibliography on HIV/AIDS and Mobile Populations *IOM, UNIADS and SIDA*

- IFRC (International Federation of Red Cross and Red Crescent Societies) (2008) Chapter 4: HIV and population mobility: reality and myths *World Disasters Report 2008 – Focus on HIV and AIDS* http://www.ifrc.org/Docs/pubs/disasters/wdr2008/WDR2008-English-4.pdf

- Lurie, M. (2000). Migration and AIDS in Southern Africa: a review. *South African Journal of Science*, *96*(6): 343-369.

- McCarthy, K., Chersich, M. F., Vearey, J., Meyer-Rath, G., Jaffer, A. Simpwalo, S. and Venter, W.D.F. (2009) Good treatment outcomes among foreigners receiving antiretroviral therapy in Johannesburg, South Africa *International Journal of STD and AIDS* **20** 858–862

- Mundandi, C., Vissers, D., Voeten, H., Habbema, D. and Gregson, S. (2006) No difference in HIV incidence and sexual behaviour between out-migrants and residents in rural Manicaland, Zimbabwe *Tropical Medicine and International Health* 11 (5) 705–711

- Núñez, L., Vearey, J. and Drimie, S. (2011) Who cares? The impact of HIV-related sickness on migration patterns in South Africa *Gender and Development* **19** (1) 105 - 114

- Parker, R. and Aggleton, P. (2003). HIV and AIDS-related stigma and discrimination: a conceptual framework and implications for action. *Social Science and Medicine 57*(1): 13–24.

- Vearey, J., Palmary, I., Thomas, L., Núñez L. and Drimie, S. (2010) Urban health in Johannesburg: the importance of place in understanding intra-urban inequalities in a context of migration and HIV *Health and Place* **16** 694 - 702

- Vearey, J., Núñez, L., Richter, M. and Moyo, K. (2011) HIV prevention in the workplace and beyond: the importance of engaging with migration, urban livelihoods and the “informal economy” in South Africa. *African Journal of AIDS Research* **10** (supplement): 381–391

- Vearey, J. (2011) Learning from HIV: exploring migration and health in South Africa *Global Public Health* DOI: 10.1080/17441692.2010.549494

- Weiser, S.D., Letiter, K., Bangsbert, D., Butler, L., Percy-de Korte, F., Hlanze, Z., Phaladze, N., Lacopino, V., & Heisler, M. (2007). Food Insufficiency Is Associated with High-Risk Sexual Behavior among Women in Botswana and Swaziland. *PLoS Medicine*, 4(10), e260.

Lecture 5: Sex work, trafficking and (public) health

Dr. Jo Vearey

PRESENTER: _____

RESPONDENT: _____

Objectives:

- To explore the relationship between sex-work, migration and trafficking
- To discuss sex-work in the context of West and South Africa
- To examine the relationship between health and sex-work

Guiding questions:

- Why do we talk about sex-work rather than prostitution?
- What are the differences between migration, sex-work and trafficking?
- Do sex-workers have a choice?
- Is sex-work work?
- What is the relationship between sex-work and HIV?

Readings:

- Laura Agustín (2006) The Disappearing of a Migration Category: Migrants who Sell Sex *Journal of Ethnic and Migration Studies* **32**(1) 29-47
- Brewis, J. and S. Linstead (2000) 'The Worst Thing is the Screwing' (1): Consumption and the Management of Identity in Sex Work *Gender, Work and Organization* **7**(2)
- Gould, C. (2011) Trafficking? Exploring the relevance of the notion of human trafficking to describe the lived experience of sex workers in Cape Town, South Africa *Crime Law Soc Change* (2011) 56:529–546 DOI 10.1007/s10611-011-9332-3
- Richter ,M., Chersich, M.F., Vearey, J., Sartorius, B., Temmerman, M. and Luchters, S. (2012) Migration Status, Work Conditions and Health Utilization of Female Sex Workers in Three South African Cities *Journal of Immigrant and Minority Health* doi: 10.1007/s10903-012-9758-4

Recommended Readings:

- Brennan, D. (2004). What's Love Got to Do with It? Transnational Desires and Sex Tourism in the Dominican Republic. Durham and London, Duke University Press.

  Selected text available online:
  http://books.google.co.za/books?hl=en&lr=&id=pB6IIKGtP2cC&oi=fnd&pg=PR9&dq=brennan+love+got+to+do+with+it&ots=zHeVNNe_y4&sig=FhAMk2bbsDiPeo4MYDKc7oCpZ4I#v=onepage&q&f=false:

- Brewis, J. and S. Linstead (2000b). "'The Worst Thing is the Screwing' (2): Context and Career in Sex Work." Gender, Work and Organization **7**(3).

- Buckner, M. (1998). Village Women as town prostitutes: cultural factors relevant to prostitution and HIV epidemiology in Guinea-Bissau. *Vivre et penser le sida en Afrique. Experiencing and understanding AIDS in Africa. C. Becker, J.-P. Dozon, C. Obbo and M. Touré. Paris, CODESRIA, Karthala & IRD: 712. Available online:* http://www.codesria.org/IMG/pdf/22LBUCKNER_.pdf

- Busza, J. (2004). "Sex work and Migration: The Dangers of Oversimplification: A Case Study of Vietnamese Women in Cambodia." Health and Human Rights **7**(2): 231-249.

- Butcher, K. (2003) "Confusion between prostitution and sex trafficking." The Lancet **361**: 1983

- Campbell, C. (2000). "Selling sex in the time of AIDS: the psycho-social context of condom use by sex workers on a Southern African mine." Social Science & Medicine **50**: 479-494.

- Constable, N. (2006). "Brides, maids and prostitutes: reflections on the study of 'trafficked' women." *PORTAL Journal of Multidisciplinary Studies* ***3****(2).*

- Human Rights Council; Fourteenth session; Agenda item 3; "Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development"; Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Anand Grover; 27 April 2010; A/HRC/14/20

- Kempadoo, K. and J. Doezema (1998). Global Sex Workers. Rights, Resistance and Redefinition. London, Routledge.

  Selected text available online:
  http://books.google.co.za/books?id=fiJztJAgUTMC&printsec=frontcover&dq=kempadoo+global+sex+workers&hl=en&ei=96stTIXTMtKcOOyU2OsB&sa=X&oi=book_result&ct=result&resnum=1&ved=0CDUQ6AEwAA#v=onepage&q&f=false

- Nyangairi, B. (2010) Migrant women in sex work: trajectories and perceptions of Zimbabwean sex workers in Hillbrow, South Africa. *MA Thesis, Forced Migration Studies Programme*

- Richter, M. L., M. F. Chersich, et al. (2010). "Sex work and the 2010 FIFA World Cup: time for public health imperatives to prevail." Globalization and Health **6**(1).

- Sanders, T. (2005). ""It's just acting." Sex workers' Strategies for Capitalising on Sexuality." *Gender, Work and Organization* ***12****(4).*

- Stadler, J. and S. Delany (2006) The 'healthy brothel': The context of clinical services for sex workers in Hillbrow, South Africa *Culture, Health & Sexuality* **8**(5) 451-463.

- Venables, E. C. (2007). "They don't know, and I don't want them to know": Sex-workers and Uncertain Identity in a Senegalese STI Clinic Crossing Places: New Research in African Studies C. Baker and Z. Norridge. Newcastle, Cambridge Scholars Press.

- Wojcicki, J. M. (2002). "Commercial sex work or ukuphanda? Sex-for-money exchange in Soweto and Hammanskraal area, South Africa*."* *Culture, Medicine and Psychiatry* ***26****: 339-370.*

- Wojcicki, J. M. and J. Malala (2001). "Condom use, power and HIV/AIDS risk: sex-workers bargain for survival in Hillbrow/Joubert Park/Berea, Johannesburg." Social Science & Medicine **53**: 99-121.

Lecture 6: Social Network, social capital and migrant's health

Dr. Liz Thomas and Ms. Pinky Mahlangu, MRC/Centre for Health Policy

PRESENTER: _____

RESPONDENT: _____

Objectives

- To understand the theories about social capital in the context of migration
- To understand the role of social capital as a determinant of health
- Reflect on the role of social capital in helping migrants get by and get ahead

Guiding questions:

- How can debates about 'social capital' help in understanding the complexity of its relationship between health and disease for migrants (especially forced migrants)?
- What are the implications of migrants as 'other', 'excluded' in addressing the social determinants of health?
- What are the implications of individual and neighbourhood social capital in addressing the social determinants of health, using spatial targeting?

Readings

- Berkman, L. F., Glass, T, Brissette I, and Seeman, T.E (2000). From social integration to health: Durkheim in the new millennium. *Social Science & Medicine, 51*(6): 843-857
- Carpiano, R.M. (2006) Toward a neighbourhood resource-based theory of social capital for health: Can Bourdieu and sociology help? *Social Science and Medicine* **62** 65-175
- Madhavan, S. and Landau, L. (2011) Bridges to Nowhere: Hosts, Migrants, and the Chimera of Social Capital in Three African Cities *Population and Development Review* **37**(3): 473–497
- Menjivar, C. (2002) The ties that heal: Guatemalan immigrant women's networks and medical treatment *International Migration Review* 36(2) 437 - 466

Recommended readings

- Cattell, V. (2001). Poor people, poor places, and poor health: the mediating role of social networks and social capital. *Social Science & Medicine, 52*(10)*: 1501-1516*

- Thomas, L. (2006) Social capital and mental health of women living in informal settlements in Durban, South Africa, and Lusaka, Zambia. In McKenzie, K., Harpham, T. and Wilkinson, R. (eds) Social Capital and Mental Health. Jessica Kingsley Publishers: London

Lecture 7: Conceptualising distress in displaced populations: the rise and fall of trauma interventions

Prof. Ingrid Palmary

PRESENTER: _____

RESPONDENT: _____

Objective:

- To gain a historical perspective on the emergence of trauma interventions with displaced populations.
- To understand the critiques that have been developed of trauma interventions.
- To look at examples of alternatives to traditional trauma interventions with a focus on migrant children.

Guiding questions:

- What are the most common ways of understanding and measuring the distress caused by forced displacement?
- What are the complexities of applying this model to forcibly displaced people in the African context?
- What critiques have emerged of notions of trauma?
- What contexts do these critiques come from?
- What alternatives are suggested?
- Do we need interventions aimed at reducing trauma when working with forcibly displaced populations?

Readings:

- American Psychological Association. Diagnostic and Statistical Manual IV-R. Arlington: APA, pp. 467-468. (Anxiety disorders / post-traumatic stress disorder).
- Boyden, J. (2003) Children under Fire: Challenging Assumptions about Children's Resilience *Children, Youth and Environments* **13**(1)
- Summerfield, D. (1999) A critique of seven assumptions behind psychological trauma programmes in war-affected areas. *Social Science & Medicine* 48 (1999) 1449-1462
- Zarowsky, P. C. and Pedersen, D. (2000) Rethinking Trauma in a Transnational World *Transcultural Psychiatry* 2000 37: 291

Recommended readings

- P. Bracken and C. Petty (Eds.), *Rethinking the trauma of war* (1998). London: Free Association Books Ltd.

- Bracken, P. (1998) Hidden Agendas: Deconstructing Post Traumatic Stress Disorder In P. Bracken and C. Petty (Eds.), *Rethinking the trauma of war* (1998). Reproduced with permission from Free Association Books Ltd, London, UK)

- Kalksma-VanLith, B. (2007) Psychosocial interventions for children in war-affected areas: the state of the art. *Intervention*, Volume 5, Number 1, Page 3-17

- Miller, K. E. and Rasmussen, A. (2010) War exposure, daily stressors, and mental health in conflict and post-conflict settings: Bridging the divide between trauma-focused and psychosocial frameworks *Social Science & Medicine* 70 (2010) 7–16

- Palmary, I. (2006). (M)othering women: Unpacking women's trauma and trauma service delivery. *International Journal of Critical Psychology, 17*: 119-139.

- Pupavac, V. (2002). Pathologizing populations and colonizing minds: International psychosocial programmes in Kosovo. *Alternatives, 27*: 489-511.

- Young, A. (1995). *The harmony of illusions: Inventing post-traumatic stress disorder*. Princeton: Princeton University press.

- Bracken, P., Giller, J., and Summerfield, D. (1997). Rethinking mental health work with survivors of wartime violence and refugees. *Journal of refugee studies, 10*(4): 431-442.

Lecture 8: The provision of healthcare to foreign migrants: healthcare practitioners and migrants' interactions

Dr. Lorena Núñez

PRESENTER: _____

RESPONDENT: _____

Objectives:

- To identify social, cultural and political processes involved in the interaction of healthcare providers and migrants, in the provision of healthcare.
- To understand the influence exerted by gender, race and ethnicity in the interaction between healthcare providers and migrants and provision of healthcare to migrant groups.
- To understand processes of renegotiation, of migrant's resistance and agency taking place in migrant's interactions with healthcare providers as well as in dealing with their own healthcare needs.

Guiding questions:

- What are the processes that can be identified in the interaction between healthcare providers and migrants, in various medical settings?
- Are these processes applicable to understand the provision of healthcare to migrants in the (Southern) African context?

Readings:

- Anderson, H. (2004) Villagers: Differential treatment in a Ghanaian Hospital: Hospital ethnography *Social Science and Medicine* **59** (10) 2003-2012
- Mechanic, D., (1992) Health and Illness behaviour and Patient- Practitioner Relationships. *Social Sciences and Medicine* 34(12) 1345-1350
- Ong, A., (1995) Making the Biopolitical Subject: Cambodian Immigrants, Refugee Medicine and Cultural Citizenship in California *Social Science and Medicine* 40(9) 1243-1257
- Willen, S. (2012) Migration, 'illegality,' and health: Mapping embodied vulnerability and debating health-related deservingness Special Issue Introduction *Social Science & Medicine* **74** 805–811

Recommended Readings:

- Barnett, C.R., (1985) "Anthropological Research in Clinical Settings: Role Requirements and Adaptations" *Medical Anthropology Quarterly Anthropology* 16(3), 59-61.

- Fassin, D. 2001 "The biopolitics of other. Undocumented foreigners and racial discrimination in French public debate." *Anthropology Today*. Volume 17(1), February.

- Manderson, L. & Allotey, P., (2003) Storytelling, marginality, and community in Australia: How immigrants position their difference in healthcare settings *Medical Anthropology* 22(1)1-21

- Moyo, K. (2010) Street level interface: The interaction between health personnel and migrant patients at an inner-city public health facility in Johannesburg. *MA Thesis, Forced Migration Studies Programme*

- Partners for Health, (2005). *A tool kit to identify and sight discrimination against migrants in health care, Partners for Health*. A project funded by the European Union, www.salutepertutti.org.

- Sargent, C, and Larchanche, S. (2007) "The Muslim Body and the Politics of Immigration in France. Popular and Biomedical Representations of Malian Migrant Women". *Body and Society*; 13 (79)

- Van der Geest, S .; Finkler, K . (2004) Hospital ethnography: introduction. *Social Science and Medicine*. 59 (10) 1995-2001.

Lecture 9: The Practice and Biopolitics of Humanitarianism

Dr. Matthew Wilhelm-Solomon

PRESENTER: _____

RESPONDENT: _____

Objective:

The objective of this lecture is to introduce students to both practical and critical perspectives on humanitarianism. It will focus on humanitarian interventions in so-called 'complex emergencies' – situations affected by conflict, natural disaster and forced displacement – but also explore how humanitarian logics operate in stable settings particularly with regard to migrant health. The public health dimension of this lecture will explore how we can understand humanitarian health interventions as situated on a spectrum between primary health and emergency paradigms of care. It will outline the particularly difficulties of providing interventions in contexts characterised by high levels of instability and mobility. However, the lecture will also hold up the notion of humanitarianism to a critical perspective, arguing that a narrow focus on public health dimensions of humanitarian interventions risks ignoring the social and political dimensions of humanitarian health interventions. The lecture will also apply the analysis to three case studies: Darfur, Eastern DRC and Northern Uganda.

Guiding questions:

- Do humanitarian health interventions end up privileging biological life over social justice and equality? If so, for what reasons?
- What is a 'complex emergency'? Is such a characterisation useful? Do similar dynamics emergence in urban settings?
- Are paradigms of primary health or emergency health-care still applicable in understanding health interventions targeted at refugee or migrant populations?
- What strategies do healthcare providers need to put in place to adapt to uncertainty and displacement?
- In what ways can medical data be used or misused for political ends?
- Can we understand humanitarian health interventions as social interventions?

Required Reading:

- Nguyen, V-K. (2005) Antiretroviral Globalism, Biopolitics, and Therepeutic Citizenship. *In* Global Assemblages: Technology, Politics and Ethics as Anthropological Problems. A. Ong and S. Collier, eds. Oxford: Blackwell. 124 -144

- Van Damme, W, W. Van Lerberghe & M. Boelaert (2002) Primary Health Care vs Emergency Medical Assistance: A Conceptual Framework. *Health Policy and Planning* **17** (1) 49-60

- Mamdani, Mahmood. *Saviors and Survivors: Darfur, Politics and the War on Terror*. London: Verso, 2009 [Introduction & Chapter 2]

[See also the Readings for the Humanitarianism Lecture in the Core Course]

Public Health Approaches towards Humanitarian Assistance

- Banatvala, N. and Zwi, A. 2000. "Public health and humanitarian interventions: developing the evidence base". *BMJ* 321:101-105.
- Humanitarian Futures. *Urban Catastrophes.* Available at http://www.humanitarianfutures.org/sites/default/files/WatSan%20Report.pdf
- Salama, P., P. Spiegel, L. Talley, and R. Waldman. 2004. "Lessons Learned from Complex Emergencies over Past Decade." *Lancet* 364, no. 9447: 1801-13.
- Sondorp, E., Kaiser, T. and Zwi, A. 2001. "Beyond emergency care: challenges to health planning in complex emergencies". *Tropical Medicine and International Health* 6 (12): 965 – 970.
- Sondorp, E. and Bornemisza, O. 2005. "Public Health, emergencies and the humanitarian impulse". *Bulletin of the World Health Organization* 83(3):163.
- The Sphere Project. 2004. "Humanitarian charter and minimum standards in disaster response." *The Sphere Project, Oxford Publishing* www.sphereproject.org *(skim to gain overview)*
- Waldman, R. J. "Prioritising Health Care in Complex Emergencies." 2001. Lancet 357, no. 9266: 1427-29.
- Waldman, Ronald J. 2008. "The Roles of Humanitarian Assistance Organizations." In *War and Public Health*, edited by Barry S Levy and Victor W Sidel. Oxford: Oxford University Press,

Case Studies:

Northern Uganda:

- Allen, Tim. 2006. "Aids and Evidence: Interrogating Some Ugandan Myths." Journal of Biosocial Science 38: 7-28.
- Branch, A., 2008. "Against Humanitarian Impunity: Rethinking Responsibility for Displacement and Disaster in Northern Uganda". *Journal of Intervention and Statebuilding*, 2(2): 151-173.
- Dolan, Chris. 2009. *Social Torture: The Case of Northern Uganda, 1986-2006*. New York, Oxford: Berghahn Books,
- Finnström, Sverker. 2008. *Living with Bad Surroundings: War, History, and Everyday Moments in Northern Uganda*. Durham and London: Duke University Press.
- Nibbe, Ayesha. "The Effects of a Narrative." Doctorate, Department of Anthropology, University of California at Davis. , 2010 [Available from M. Wilhelm-Solomon on request].
- Redfiedl, Peter. 2010 "The Verge of Crisis: Doctors Without Borders in Uganda" in Contemporary States of Emergency (edited by Fassin, D & M Pandolfi). Zed Books.
- Wilhelm-Solomon, Matthew. 2013. "The Priest's Soldiers: HIV Therapies, Health Identities and Forced Encampment in Northern Uganda" Medical Anthropology 32,3: 227-246

Eastern DRC

- Coghlan, B et al., 2006. Mortality in the Democratic Republic of Congo: a nationwide survey. the Lancet, Volume 367, Issue 9504,7–13: 44–51
- Culbert, H., D. Tu, D. P. O'Brien, T. Ellman, C. Mills, N. Ford, T. Amisi, K. Chan, and S. Venis. 2007. "HIV Treatment in a Conflict Setting: Outcomes and Experiences from Bukavu, Democratic Republic of the Congo." *PLoS Medicine* 4, no. 5 0794-98.
- Goma Epidemiology Group. 1995. "Public health impact of Rwandan refugee crisis: what happened in Goma, Zaire, in July 1994." *Lancet*; 345: 339-44.

- Kisingani, NF "The Massacre of Refugees in Congo: A Case of UN Peacekeeping Failure and International Law". The Journal of Modern African Studies, 38.2: 163-202.
- Saddique AK, Samal A, Isham MS, et al. 1995. "Why treatment centers failed to prevent cholera deaths among Rwandan refugees in Goma, Zaire." *Lancet*; 345: 359-61.
- Roberts L, Toole M. "Cholera Deaths in Goma." 1995. Lancet 1995; 346: 1431.
- Van Damme, W. "Do refugees belong in camps? Experiences from Goma and Guinea." *Lancet* 1995; 346: 360-62.
- Vlassenroote & Hans Romkema. 2002. "The Emergence of a New Order? Resources and War in Eastern Congo" The Journal of Humanitarian Assistance. http://archive.niza.nl/docs/200211181206574061.pdf
- Watch "Kisangani Diary" directed by Hubert Sauper available on YouTube http://www.youtube.com/results?search_query=Kisangani+Diary&sa=X&spell=1&search=Search&oi=spell

Darfur, Sudan

- Degomme, Olivier & Debarati Guha-Sapir. 2010. "Patterns of mortality in Darfur conflict" www.thelancet.com, Vole 375, 23 January
- De Waal, Alex. 1989. *Famine that Kills*. Clarendon Press: Oxford [Intro, Conc & Ch8].
- De Waal, Alex and Julie Flint. 2008. *Darfur: A New History of a Long War*. London: Zed Books
- Pedersen, Jens. N.d. "Advocacy versus delivery: The dilemma facing humanitarianism after the expulsion of NGO's in Darfur". [To be circulated via email ahead of lecture]

Lecture 10: Risk, vulnerability and programming – an introduction to HIV in emergencies

Mumtaz Mia, UNAIDS

PRESENTER: _____

RESPONDENT: _____

Objectives:

- To describe the HIV-related needs of forced migrants within an emergency setting.
- To explore the relationship between emergencies and HIV.

Guiding questions:

- Is conflict a predictor of increased vulnerability to HIV infection?
- What are the immediate HIV-related needs within an emergency setting?

Readings:

- IFRC (International Federation of Red Cross and Red Crescent Societies) (2008) Chapter 5: Refugees and the impact of war on HIV *World Disasters Report 2008 – Focus on HIV and AIDS* http://www.ifrc.org/Docs/pubs/disasters/wdr2008/WDR2008-English-5.pdf
- Lowicki-Zucca, M., Spiegel, P., Kelly, S., Dehne, K., Walker, N. and Ghys, P. (2008) Estimates of HIV burden in emergencies *Sex. Transm. Inf* doi:10.1136/sti.2008.029843
- Samuels, F. (2009) HIV and emergencies: One size does not fit all *ODI Briefing paper 50* London: Overseas Development Institute
- UNAIDS (2008) After Action Review - *HIV Integration into the Humanitarian Response Kenya: Post-Election Violence*

Recommended readings:

- http://www.aidsandemergencies.org/cms/ A range of resources, reports and guidelines.
- IFRC (International Federation of Red Cross and Red Crescent Societies) (2008) World Disasters Report 2008 – Focus on HIV and AIDS http://www.ifrc.org/publicat/wdr2008/summaries.asp
- Jewkes, R. (2007) Comprehensive response to rape needed in conflict settings (response to Spiegel paper) The *Lancet* 369 2140 – 2141.
- NGO Code of Good Practice (2008) Self-assessment checklist: HIV in Emergencies

- Reid, T., Engelgem, I., Telfer, B. and Manzi, M. (2008) Providing HIV care in the aftermath of Kenya's post-election violence Medecins Sans Frontieres' lessons learned January - March 2008 *Conflict and Health* 2:15 doi:10.1186/1752-1505-2-15

- Rowley, E., Spiegel, P., Tunze, Z., Mbaruku, G., Schilperoord, M. and Njogu, P. (2008) Differences in HIV-related behaviors at Lugufu refugee camp and surrounding host villages, Tanzania *Conflict and Health* **2**:13 doi:10.1186/1752-1505-2-13

- Samuels, F., Harvey, P. and Bergmann, T. (2008) HIV and AIDS in Emergency Situations *Synthesis Report* London: Overseas Development Institute

- Spiegel, P. (2004). HIV/AIDS among Conflict-Affected and Displaced Populations: Dispelling Myths and Taking Action. *Disasters 28*(3): 322-339.

- Spiegel, B., Rygaard Bennedsen, A., Glaass, J., Bruns, L., Patterson, N., Yiweza, D., Schiliperoord, M. (2007) Prevalence of HIV infection in conflict-affected and displaced people in seven sub-Saharan African countries: a systematic review *The Lancet* 369 2187-2195.

- Utzinger, J. and Weiss, M. (2007) Editorial: Armed conflict, war and public health *Tropical Medicine and International Health* 12 (8) 903–906