

GRAD SOSS 4021/7027: Migration and health

Coordinator: Jo Vearey, PhD jovearey@gmail.com

Class times and venue: Tuesdays and Thursdays, 9.30 – 12.30, ACMS Seminar Room

Background

This course provides a critical introduction to the relationship between migration and health. The primary purpose of the course is to examine the intersections of health, wellbeing and migration from a social determinants of 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 to migration with respect to multiple intersecting factors, including nationality, gender, and sexuality. 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 – including healthcare. Throughout the course, the focus is on the complexity, politics and governance of health and migration and the assumptions that underpin such interventions.

Core themes cutting through this course include:

- The need to critically explore the relationship between migration and health;
- The ethical and moral implications of health interventions with migrant and mobile populations;
- 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 migration;
- The tension between individual and social health and well-being; and
- To consider global scholarship on migration and health, associated research agendas and the geopolitics of such knowledge production.

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 seminars*: based on response papers;
- *Discussion and group work during seminars*; 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.

The course coordinator is 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 11, three-hour seminars held on Tuesday and Thursday mornings: 9.30 – 12.30. Attendance is compulsory. The course will be based on a discussion of set readings which are to be completed before class. Each seminar 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 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 course and comment on all readings in each class meeting.

The course privileges analysis, synthesis, and explanation over memorisation 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.

The course will be assessed in three ways:

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. 2 x Response Papers of no more than 1,500 words including references (20% of total mark for MA; 50% 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 seminar, 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. Discussion paper (30% of final mark) reflecting on migration and health scholarship in low- and middle-income contexts – **MA STUDENTS ONLY******

- Students are asked to write an essay reflecting on the state of global scholarship on migration and health and to develop a suggested research agenda on migration and health for a global South context of their choice.
 - Drawing on the course readings, seminar discussions, and wider reading, students should develop an essay that considers knowledge production about migration and health in the global South. Students may want to consider intersections between the politics of knowledge and the geopolitical privileging of certain knowledge and scholarship over others. For example: Who is producing this knowledge? Whose knowledge counts? What approaches to research and knowledge production are needed?
- 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**).
- This should be to a **maximum of 3,500 words including references**.
- This is due by **3pm on Friday 31st August**.

3. 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.
- **Each response should be a maximum of 2,000 words including references.**
- 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 Monday 10th September (10am) and is due on Wednesday 12^h September (10am).**

NB: LATE SUBMISSION of any written work – 20% will be deducted per 24 hour period

Timeline

Assignment	Date Due
First Class Session	Wednesday 18 th July
2 x Response papers	By Tuesday 21 st August
Essay (MA students only)	By 3pm Friday 31 st August
Final examination (48 hour take home exam)	10 am Monday 10 th to 10 am Wednesday 12 th September

Readings

For each session there will be a set of required (key) readings. **It is essential that you have read these in advance of the session.** You will be provided with these readings electronically. 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 (2015) UNAIDS Terminology guidelines. UNAIDS, Geneva. UNAIDS / JC2672E

Session overview

1	Wednesday 18 th July	An introduction to the study of health and migration: a social determinants of health approach	Jo Vearey, ACMS
2	Thursday 19 th July	The governance of migration and health: a global perspective	Jo Vearey, ACMS
3	Tuesday 24 th July	<i>Illness, disease and sickness: understanding health and wellbeing through idioms of distress</i>	Jo Vearey, ACMS
4	Thursday 26 th July	The Healthy Migrant Effect: a health paradox?	Jo Vearey, ACMS
5	Tuesday 31 st July	Migration, health, and ethics: deservingness and the right to health	Jo Vearey, ACMS
	<i>Thursday 2nd August</i>	<i>NO CLASS</i>	
6	Tuesday 7 th August	Migration and HIV: a complex relationships	Jo Vearey, ACMS
	<i>Thursday 9th August</i>	<i>Public Holiday</i>	
7	Tuesday 14 th August	Humanitarian interventions, biopolitics and therapeutic citizenship	Matthew Wilhelm-Solomon, Anthropology
8	Thursday 16 th August	Sex work, trafficking and (public) health	Becky Walker, ACMS

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>

9	Tuesday 21 st August	Migration, sexuality and health	B Camminga, ACMS
10	Thursday 23 rd August 9.30 – 12.30	Social networks, social capital, and the health of migrants	Jo Vearey, ACMS
11	Thursday 23 rd August 2 – 4pm	Migration and health: a review of key concepts	
	OR		
11	Tuesday 28 th August 9.30 – 11.30	Migration and health: a review of key concepts	
	Week of 27 th August REVISION	Revision	
	Friday 31 st August 3pm	Essay submission	
	Week of 3 rd Sept TEACHING BREAK	Teaching & study break	
Exam	Monday 10 th – Wednesday 12 th September	48 hour take home exam	

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

Wednesday 18th July

Jo Vearey

PRESENTER: _____

RESPONDENT: _____

Objectives:

- 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

- Chung, R. and Griffiths, S. (2018) Migration and health in the world: a global public health perspective *Public Health* 158 64 - 65

- 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
- Sweileh, S. et al (2018) Bibliometric analysis of global migration health research in peer-reviewed literature (2000–2016) *BMC Public Health* **18**:777 <https://doi.org/10.1186/s12889-018-5689-x>
- Thomas, F. (2017) Migration and health: an introduction p3-15 in Thomas, F. (ed) *Handbook of migration and health*. Edward Elgar

Recommended readings

- 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.
- Davies, A., Basten, A. and Frattini, C. (2010) Migration: A social determinant of migrants' health. *Eurohealth* **16**(1) 10 - 12
- Gerritsen A, Bocquier P, White M, Mbacké C, Alam N, Beguy D, et al. (2015) Health and demographic surveillance systems: contributing to an understanding of the dynamics in migration and health. *Glob. Health Action* Available from: <http://www.globalhealthaction.net/index.php/gha/article/view/21496>
- ***Hanefeld, J., Vearey, J., Lunt, N. et al. (2017) A global research agenda on migration, mobility, and health *The Lancet* **389** 2358-2359
- ***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/ehjtj.3109.3010.
- Junghanss, T. (1998) How unhealthy is migrating? *Tropical Medicine and International Health* Vol. 3(12): 933-934.
- Kusuma, Y., Kaushal, S., Sundari, A. and Babu, B. (2018) Access to childhood immunisation services and its determinants among recent and settled migrants in Delhi, India *Public Health* 158 135 - 143
- 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.
- 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.
- 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. (2014) Healthy migration: A public health and development imperative for south(ern) Africa *South African Medical Journal* 104(10) 63-664. DOI:10.7196/samj.8569
- 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.
- Walls, H., Vearey, J., Modisenyane, M., Chetty-Makkan, C., Charalambous, S., Smith, R. and Hanefeld, J. (2016) Understanding healthcare and population mobility in southern Africa: The case of South Africa. *South African Medical Journal* 106(1):14-15. DOI:10.7196/SAMJ.2016.v106i1.10210
- Zimmerman C, Kiss L, Hossain M (2011) Migration and Health: A Framework for 21st Century Policy-Making. *PLoS Med* 8(5)

Seminar 2: The governance of migration and health: a global perspective

Thursday 19th July

Jo Vearey

Objectives

The governance of migration and health

Readings

- Frenk, J. et al. (2014) From sovereignty to solidarity: a renewed concept of global health for an era of complex interdependence *Lancet* 2014; 383: 94–97
- Lee, A., Sim, F. and Mackie, P. (2018) Migration and health: seeing past the hype, hysteria and labels *Public Health* 158 A1 – A2
- Thiel de Bocanegra, H. et al. (2017) Addressing refugee health through evidence-based policies: a case study *Annals of Epidemiology* xxx (2017) 1e9
- Tangcharoensathien, V., et al (2017) Implementing health insurance for migrants, Thailand *Bull World Health Organ* 2017;95:146–151 doi: <http://dx.doi.org/10.2471/BLT.16.179606>

Recommended readings

- ***Brolan, C. et al (2017) The right to health of non-nationals and displaced persons in the sustainable development goals era: challenges for equity in universal health care *International Journal for Equity in Health* 16:14 DOI 10.1186/s12939-016-0500-z
- Petter Ottersen et al. (2014) The Lancet–University of Oslo Commission on Global Governance for Health - The political origins of health inequity: prospects for change *Lancet* 383: 630–67
- Vearey, J., Thomson, K., Sommers, T. and Sprague, C. (2017) Exploring local-level responses to migration and urban health in Hillbrow: the Johannesburg Migrant Health Forum *BMC Public Health* **17**:4352
- Vearey, J. (2018) Securing borders: The danger of blurring global migration governance and health security agendas in southern Africa *South African Institute of International Affairs – Occasional Paper. SAIIA, Johannesburg*

Seminar 3: Illness, disease and sickness - understanding health and wellbeing through idioms of distress

Thursday 24th July

Jo Vearey

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. Albrecht, R. Fitzpatrick and S. Scrimshaw (eds.), *The Handbook of Social Studies in Health and Medicine*. Sage: London, pp.24-35.

- 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
- Whittaker, A. and Leng Chee, H. (2015) Perceptions of an ‘international hospital’ in Thailand by medical travel patients: Cross-cultural tensions in a transnational space *Social Science & Medicine* 124 (2015) 290- 297

Recommended readings

- 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.
- 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)
- ***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
- ***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.
- ***Holmes, S. (2012) The clinical gaze in the practice of migrant health: Mexican migrants in the United States *Social Science & Medicine* 74 (2012) 873e881
- Igreja, V. (2003) ‘Why are there so many drums playing until dawn?’ Exploring the Role of Gamba Spirits and Healers in the Post-War Recovery Period in Gorongosa, Central Mozambique *Transcultural Psychiatry* 40 (4) 459-487
- 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

- 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.
- Palmary, I. (2006). (M)othering women: Unpacking women's trauma and trauma service delivery. *International Journal of Critical Psychology*, 17: 119-139.
- 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>.
- Pupavac, V. (2002). Pathologizing populations and colonizing minds: International psychosocial programmes in Kosovo. *Alternatives*, 27: 489-511.
- Summerfield, D. (1999) A critique of seven assumptions behind psychological trauma programmes in war- affected areas. *Social Science & Medicine* 48 (1999) 1449-1462
- 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]
- Young, A. (1995). *The harmony of illusions: Inventing post-traumatic stress disorder*. Princeton: Princeton University press.
- Zarowsky, P. C. and Pedersen, D. (2000) Rethinking Trauma in a Transnational World *Transcultural Psychiatry* 2000 37: 291

Lecture 4: The Healthy Migrant Effect: a health paradox?

Thursday 26th July

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

- Kearns A, Whitley E, Egan M, Tabbner C, Tannahill C. (2016) Healthy Migrants in an Unhealthy City? The Effects of Time on the Health of Migrants Living in Deprived Areas of Glasgow. *Journal of International Migration and Integration* doi:10.1007/s12134-016-0497-6
- Lu, Y. and Qin, L. (2014) Healthy migrant and salmon bias hypotheses: A study of health and internal migration in China *Social Science & Medicine* 102 (2014) 41 – 48
- 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.
- Roura M. (2017) Unravelling migrants' health paradoxes: a transdisciplinary research agenda *J Epidemiol Community Health* 0:937–940. doi:10.1136/jech-2016-208439

Recommended Readings

- ***Abraído-Lanza AF, Dohrenwend BP, Ng-Mak DS, Turner JB. (1999) The Latino mortality paradox: a test of the “salmon bias” and healthy migrant hypotheses. *Am. J. Public Health*. 89:1543–8
- Andersson G, Drefahl S. (2016) Long-Distance Migration and Mortality in Sweden: Testing the Salmon Bias and Healthy Migrant Hypotheses. *Population, Space and Place*
- Healthy Generations (2005) “The ‘healthy migrant’ effect” Maternal and Child Program, School of Public Health University of Minnesota **5** (3) February 2005.
- ***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.
- Mathee A, Naicker N. (2016) The socioeconomic and environmental health situation of international migrants in Johannesburg, South Africa. *South African Medical Journal* 106:70–5.
- Razum, 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
- ***Razum O. (2006) Commentary: Of salmon and time travellers--musing on the mystery of migrant mortality. *Int. J. Epidemiol.* 35:919–21
- Razum O. and Twardella D. (2002) Time travel with Oliver Twist *Tropical Medicine and International Health* 7:4–10
- ***Salazar, M. and Hu, X. (2015) Health and lifestyle changes among migrant workers in China: implications for the healthy migrant effect *The Lancet Diabetes & Endocrinology* **4** (2) 89 - 90
- 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)
- 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

Seminar 5: Migration, health and ethics: deservingness and the right to health

Tuesday 31st July

Jo Vearey

PRESENTER: _____

RESPONDENT: _____

Objectives:

- To explore the role of deservingness in the politics of migration and health
- To consider the duty of nation states and healthcare providers in the provision of healthcare to migrant groups

Guiding questions:

- Is migration a core public health ethics issue?
- In a resource constrained setting such as South Africa, what duty does the state have to providing healthcare to non-nationals?
- Who is responsible for the health and wellbeing of non-nationals?

Readings:

- Harper, I. and Raman P. (2008) Less than Human? “Diaspora, Disease and Question of Citizenship”. *International Migration* Vol. **46** (5) 3 - 26
- Sargent, C. (2012) Special Issue Part I: ‘Deservingness’ and the politics of health care *Social Science & Medicine* **74** 855- 857
- Wild, V. and Dawson, A. (2018) Migration: a core public health ethics issue *Public Health* 158 66 - 70

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

- Goldade, K. and Okuyemi, S. (2012) Deservingness to state health services for South-South migrants: A preliminary study of Costa Rican providers' views *Social Science & Medicine* 74 882 - 886
- 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
- ***Quesada, J. (2012) Special Issue Part II: Illegalization and Embodied Vulnerability in Health *Social Science & Medicine* 74 894 – 896
- ***Todrys, K. and 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
- 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 6: Migration and HIV: a complex relationship

Tuesday 7th August 2018

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
- El-Bassel N. et al (2016) The Silk Road Health Project: How Mobility and Migration Status Influence HIV Risks among Male Migrant Workers in Central Asia. *PLoS ONE* 11(3): e0151278. doi:10.1371/journal.pone.0151278
- Nicholas, P. et al (2016) HIV vulnerability in migrant populations in southern Africa: Sociological, cultural, health-related, and human-rights perspectives *International Journal of Africa Nursing Sciences* 5 1–8

- Rai, T. et al (2016) Migration as a risk and a livelihood strategy: HIV across the lifecourse of migrant families in India *Global Public Health* <http://dx.doi.org/10.1080/17441692.2016.1155635>

Recommended readings:

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

- ***Lurie, M. (2006) The Epidemiology of Migration and HIV/AIDS in South Africa *Journal of Ethnic and Migration Studies* 32 (4) 649 – 666
- McCarthy, K., Chersich, M. F., Vearey, J., Meyer-Rath, G., Jaffer, A. Simpwal, 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
- McGrath N, Eaton JW, Newell M-L, Hosegood V. (2015) Migration, sexual behaviour, and HIV risk: a general population cohort in rural South Africa. *Lancet HIV* 2:e252–9.
- ***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
- Townsend, L., Giorgio, M., Zembe, Y., Cheyip, M. and Mathews, C. (2014) HIV Prevalence and Risk Behaviours Among Foreign Migrant Women Residing in Cape Town, South Africa. *AIDS and Behaviour* 18:2020–9
- ***Vearey, J. (2016) Mobility, migration and generalised HIV epidemics: a focus on sub-Saharan Africa. In: Thomas, F. (ed) *Handbook of Migration and Health*. Edward Elgar Publishing: UK
- Vearey, J. (2013) HIV, population mobility, and the post-conflict nexus: unpacking complexity *International Peacekeeping* (20)4 439-449 DOI:10.1080/13533312.2013.846135
- Vearey, J., Palmay, 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
- 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

Seminar 7: The Practice and Biopolitics of Humanitarianism

Tuesday 14th August

Matthew Wilhelm-Solomon

PRESENTER: _____

RESPONDENT: _____

Objective:

- To introduce students to both practical and critical perspectives on humanitarianism.
- To explore how we can understand humanitarian health interventions as situated on a spectrum between primary health and emergency paradigms of care.
- To outline the particular difficulties of providing interventions in contexts characterised by high levels of instability and mobility.
- To explore humanitarianism through 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.

Guiding questions:

- Do humanitarian health interventions privilege 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 emerge 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 Readings

- Daley, P. (2013) Rescuing African bodies: celebrities, consumerism and neoliberal humanitarianism, *Review of African Political Economy*, **40**:137, 375-393, DOI:10.1080/03056244.2013.816944
- Redfield, P (2012) The unbearable lightness of ex-pats: Double binds of Humanitarian Mobility

Cultural Anthropology **27** (2) 358–382 ***NB: this is a long reading and can be dropped if needed

- Van Damme, W. et al. (2002) Primary health care vs emergency medical assistance: a conceptual framework *Health Policy and Planning* **17**(1) 49-60
- Wilhelm-Solomon, L. and Pedersen, J. (2017) Crossing the Borders of Humanitarianism: Médecins Sans Frontières (MSF) in Inner-City Johannesburg *Urban Forum* **28** 5-26

Seminar 8: Sex work, trafficking and (public) health

Thursday 16th August

Becky Walker

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:

- Agustín, L. (2006) The Disappearing of a Migration Category: Migrants who Sell Sex *Journal of Ethnic and Migration Studies* **32**(1) 29-47
- 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
- Plambech, S. (2016): Sex, Deportation and Rescue: Economies of Migration among Nigerian Sex Workers, *Feminist Economics* DOI:10.1080/13545701.2016.1181272

- Richter, M. and Vearey, J. (2016) Migration and sex work in South Africa: key concerns for gender and health. In: Gideon, J. (ed) Gender and Health Handbook. Edward Elgar Publishing: UK

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.
- 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)
- Brewis, J. and S. Linstead (2000). "'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.
- 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*
- Oliveira E. (2016) "I am more than just a sex worker but you have to also know that I sell sex and it's okay": Lived Experiences of Migrant Sex Workers in Inner-City Johannesburg, South Africa. *Urban Forum*

- 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).
- 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
- Sanders, T. (2005). ""It's just acting." Sex workers' Strategies for Capitalising on Sexuality." *Gender, Work and Organization* **12**(4).
- ***Scheibe, A., Richter, M. and Vearey, J. (2016) Sex work and South Africa's health system: Addressing the needs of the underserved *South African Health Review* 19 165-178
- ***Schuler G. (2016) "At Your Own Risk": Narratives of Migrant Sex Workers in Johannesburg. *Urban Forum*
- 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.
- Walker R. (2016) Selling Sex, Mothering and "Keeping Well" in the City: Reflecting on the Everyday Experiences of Cross-Border Migrant Women Who Sell Sex in Johannesburg. *Urban Forum*
- Walker and Oliveira (2015) Contested Spaces: Exploring the intersection of migration, sex work and trafficking in South Africa *Graduate Journal of Social Sciences* 11(2) 129-153
- 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.

Seminar 9: Migration, sexuality and health

Tuesday 21st August

B Camminga, ACMS

Objectives

- To understand the nuanced psycho-social factors that influence the health care needs of those with non-normative sexual orientations and gender identities/ expressions
- Unpack how language matters in being able to see, access and understand the particular healthcare needs of certain migrant population groups
- To consider how norms concerning gender and sexuality impact the ability of migrants with non-normative sexualities or gender identities/ expressions to provide for themselves economically, access healthcare services and see to their specific survival needs across a range of societies.

Guiding questions:

- Are there particular kinds of healthcare we might exclude from access to healthcare as a human right?
- What are some of the health consequences of migration for transgender people in particular?
- Why do sexual orientation and gender identity matter for migration?

Key readings

- Gowin et al. (2017) Needs of a Silent Minority: Mexican Transgender Asylum Seekers *Health Promotion Practice* 18 (3) 332– 340
- Jobson, G. et al (2012) Transgender in Africa: Invisible, inaccessible, or ignored? *SAHARA-J: Journal of Social Aspects of HIV/AIDS: An Open Access Journal* 9(3) 160-163
- Meer, T. and Muller, A. (2017) “They treat us like we’re not there”: Queer bodies and the social production of healthcare spaces *Health & Place* 45 92–98
- Shakhsari, Sima. ‘The Irony of Rights: Healthcare for Queer and Transgender Refugee Applicants in Turkey’. *Jadaliyya* <http://www.jadaliyya.com/Details/29441/The-Irony-of-Rights-Healthcare-for-Queer-and-Transgender-Refugee-Applicants-in-Turkey> .

Seminar 10: Social networks, social capital and the health of migrants

Thursday 23rd August

Jo Vearey

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

- Bochaton, A. (2015) Cross-border mobility and social networks: Laotians seeking medical treatment along the Thai border *Social Science & Medicine* **124** 364 - 373
- 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
- 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
- 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
- ***Hunter-Adams J. (2016) Mourning the support of women postpartum: The experiences of migrants in Cape Town, South Africa. *Health Care Women Int.*
- ***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
- Myroniuk, T. W and Vearey, J. (2014) Social Capital and Livelihoods in Johannesburg: Differential Advantages and Unexpected Outcomes among Internal Migrants, Foreign-Born Migrants, and Long-Term South African Residents. *International Migration Review* 48(1) 243-273
- 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

Seminar 11: Migration and health: a review of key concepts

Thursday 23rd August 2 – 4pm

OR

Tuesday 28th August 9.30 – 11.30

Jo Vearey

In this session we will review the aims of the course, including:

- The need to critically explore the relationship between migration and health;
- The ethical and moral implications of research on migration and health and the development of health interventions with migrant and mobile populations;
- The role of culture and society in understanding of health and well-being among migrants and displaced populations;
- Exploring illness and health in view of the political, economic and social contexts that underlie migration;
- The tension between individual and social health and well-being; and
- To consider global scholarship on migration and health, associated research agendas and the geopolitics of such knowledge production.

Key readings

- Abubakar I, Devakumar D, Madise N, Sammonds P, Groce N, Zimmerman C, et al. (2016) UCL–Lancet Commission on Migration and Health. *The Lancet* 388:1141–2
- Hadley, C. (2011) ‘The complex interactions between migration and health: an introduction’ *Napa Bulletin* 34: 1–5.
- Hanefeld J, Vearey J, Lunt N, Bell S, Blanchet K, Duclos D, et al. (2017) A global research agenda on migration, mobility, and health. *The Lancet* 389:2358–9
- Vearey, J. (2018) Moving forward: why responding to migration, mobility and HIV in South(ern) Africa is a public health priority *Journal of the International AIDS Society* **21**(S4):e25137
<http://onlinelibrary.wiley.com/doi/10.1002/jia2.25137/full> | <https://doi.org/10.1002/jia2.25137>