

ROWAN COLLEGE
CURRICULUM COMMITTEE

(2)

PROPOSAL TITLE: MEDICAL ANTHROPOLOGY 2202-215

UNDERGRADUATE GRADUATE 3 CREDIT HOURS

SPONSOR(S): Diane L. Markowitz, D.M.D., Ph.D.

DEPARTMENT & TELEPHONE# Geography/Anthropology, X3981

CHECK ONE: COURSE MINOR PROGRAM CONCENTRATION SPECIALIZATION
 ACHIEVEMENT CERTIFICATE CERTIFICATION PROGRAM MAJOR PROGRAM

STEP #1 (DEPARTMENT)	STEP #2 (RECEIPT)	STEP #3 (SCHOOL)
<input checked="" type="checkbox"/> APPROVED/DATE: <u>10/19/95</u> <input type="checkbox"/> NOT APPROVED/DATE: <hr/> DEPT. CURRICULUM CHR., <input type="checkbox"/> REVIEWED/DATE: <hr/> DEPT. CHR.	SCC# <u>95-96-82</u> DATE RECEIVED: SENATE RECEIVED <hr/> SENATE CURRICULUM CHR.	REVIEWED DATE: <u>2/6/96</u> <input checked="" type="checkbox"/> RECOMMEND TO APPROVE <input type="checkbox"/> RECOMMEND NOT TO APPROVE FORWARD FOR OPEN HEARING <input checked="" type="checkbox"/> WITHOUT RESERVATIONS <input type="checkbox"/> WITH RESERVATIONS COMMENTS: <hr/> SCHOOL COMMITTEE CHR.

STEP #4 (ACADEMIC DEAN)	COMMENTS:
<input checked="" type="checkbox"/> RECOMMEND <input type="checkbox"/> NOT RECOMMEND <input type="checkbox"/> CONDITIONALLY RECOMMEND (SEE COMMENTS) DATE & SIGNATURE, DEAN OF SCHOOL: <u>[Signature]</u> <u>3/5/96</u>	

STEP #5 (SENATE CURRICULUM COMMITTEE)
DATE OF OPEN HEARING <u>3-5-97</u> APPROVED BY SENATE CURRICULUM COMMITTEE (DATE) _____ <input type="checkbox"/> RETURNED TO SPONSOR(S) FOR THE FOLLOWING REASONS:

STEP #6 (SENATE)
DATE PRESENTED TO SENATE _____ <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED NOTIFICATION TO EXECUTIVE VICE PRESIDENT/PROVOST (DATE) _____ SENATE CURRICULUM COMMITTEE CHAIR SIGNATURE/DATE: <u>[Signature]</u> <u>[Date]</u>

STEP #7 (EXECUTIVE VICE PRESIDENT/PROVOST)

DATE RECEIVED _____

APPROVED: YES NO

IF NO, REASONS ARE AS FOLLOWS:

STUDENT CREDIT HOURS 3

FACULTY LOAD HOURS 3

EQUALIZED CREDIT HOURS _____

OFFICIAL COPY & APPROVAL SHEET FILED (DATE) _____

SIGNATURE, EXECUTIVE VICE PRESIDENT/PROVOST [Signature]

REGISTRAR

DATE APPROVED COURSE DESCRIPTION RECEIVED 8/21/97

HEGIS TAXONOMY AND COURSE NUMBER ASSIGNED 2202-215

DATE/SIGNATURE OF REGISTRAR [Signature]

NOTIFICATION FORWARD:

___ SENATE CURRICULUM COMMITTEE CHAIRPERSON

___ DEPARTMENT CHAIRPERSON(S)

___ ACADEMIC DEAN(S)

___ REGISTRAR

___ SPONSOR(S)

COURSE PROPOSAL:**MEDICAL ANTHROPOLOGY****I.) Details:**

- A.) **Course title:** Medical Anthropology.
- B.) **Sponsors:** Diane L. Markowitz, D.M.D., Ph.D., Department of Geography and Anthropology, and the Geography and Anthropology Department.
- C.) **Credit hours:** 3
- D.) **Course Level:** Undergraduate
- E.) **Curricular Effect:** The course will serve Sociology, Psychology, Life Sciences and all those interested in careers in the health professions as a specialized elective.
- F.) **Prerequisites:** Physical Anthropology or introductory Biology..
- G.) **Time and scale of implementation:**
 - 1.) **Time of implementation:** Spring, 1996
 - 2.) **Scale of implementation:** The course will be offered once per year.
- H.) **Adequacy or resources required to offer the course:**
 - 1.) **Staff:** Presently, the faculty member proposing this course is the only individual in the department qualified to teach it.
 - 2.) **Space Needs:** The classroom space currently available to the Geography and Anthropology Department is adequate for the support of this course.
 - 3.) **Library Holdings:** Library holdings are marginally adequate to support offering undergraduate education in Medical Anthropology. Though the library does have a selection of works pertinent to this topic, few have been published recently. Ideally, the Journal of Medical Anthropology, should be acquired.

II.) Rationale:

Although this course will be geared to the interests of those individuals interested in careers in sociology, psychology and the health care professions, the Geography/Anthropology outlook on the subject will guide the presentation of the subject matter. Human diversity, its relationship to ecological conditions and the cultural importance of health and disease are topics uniquely suited to a cross-cultural perspective. Such a cross-cultural perspective is characteristic of the teaching outlook in the Geography/Anthropology Department.

There have been notable successes in the past forty years in epidemiologic studies that have associated disease patterns with particular regions of the world, their climates and the effect of human alteration of the landscape. It is instructive, therefore, to examine the influence of agriculture on the introduction of disease-causing organisms which utilize domestic animals as a reservoir or insects as vectors. Similarly, the intentional modification of the environment, such as has been accomplished by projects like the Aswan Dam, has not been without effect on endemic disease. Areas which have repeatedly been proven dangerous for human habitation, such as parts of Bangladesh,

remain heavily settled because of population pressure. Certain types of disease flourish in such an environment. Study of plagues past and present - including AIDS - is also essential in associating the evolution of disease with particular human behaviors. Finally, disease has its own natural history which is dependent upon climate, altitude and the size and distribution of susceptible populations, as well as mutation within both the parasite and host organisms.

Human populations differ in their susceptibility to disease, and these differences are patterned. Environmental factors, mediated through natural selection, contribute to these genetic differences, but culturally-acquired behaviors also reinforce their becoming fixed in the genome.

Though the epidemiology of metabolic and infectious diseases is important to understand, cultural factors which contribute to whether or not a change in physical or mental function is categorized as disease are equally enlightening. The length of experience with a particular disease and the behaviors which have evolved to ameliorate its effect may influence a group to classify a disease state as a normal variant. Treatment which does not acknowledge this fact is then doomed to failure.

Treatment follows culturally prescribed patterns which the patient recognizes as acceptable within his social frame of reference. As the social frame of reference varies, so does the range of appropriate treatments. Failure to appreciate differences in these mental constructs between patient and healer impedes the eradication of disease and may even lead to mutual hostility and poor utilization of available services. Finally, the identity and behavior of the healer reinforces the socially prescribed role and function of the health care specialist: an identity and behavior to which the patient relates in a manner prescribed by beliefs held in common with the practitioner. Without an understanding of patients' expectations of the practitioner's behavior, health care providers cannot expect active cooperation on the part of the patient.

The worldwide variety of culturally-acquired beliefs with regard to the appropriateness of treatment, the behavior of healers and the role of patients makes an examination of this diversity a worthwhile endeavor. Any student who expects to have an active or even peripheral role in patient care here or abroad will benefit from an examination of the diverse nature of disease and its treatment here and around the world.

III.) Essence of the Course:

A.) Objectives of the course: Upon completion of the course, Medical Anthropology, students will be able to:

- 1.) outline the social and environmental forces which have contributed to infectious disease pandemics .
- 2.) outline the social and environmental forces which have contributed to the rising incidence of chronic, non-infectious disease in various populations.

- 3.) describe the environmental conditions, natural and man-made, which cause disease-producing organisms to flourish and which contribute to their maintenance.
- 4.) describe the influence of food preferences, food-getting strategies and nutrition on susceptibility to illness.
- 5.) understand that health and illness are defined differently in different cultures and be able to explain a variety of such definitions.
- 6.) understand a variety of explanatory mechanisms for the presence of disease and the categorization of disease in different cultures.
- 7.) describe appropriate treatments for disease, appropriate behavior for healers and patients and the value of such behaviors in different cultures.
- 8.) describe successful interventions that have led to eradication of disease and which utilize social structures already in place among affected communities.

IV.) Topical Outline:

- A.) Survey of environmental influences on disease resistance and susceptibility.
- 1.) The rise of agriculture: effects of light, shade and standing and slow-moving bodies of water on insect vectors (malaria).
 - a.) Review of the concept of heterozygote advantage.
 - 2.) Pastoralism: effects of zoonoses on animal and human hosts (influenza, parasites).
 - 3.) Population growth and effects of crowding and poverty (measles, smallpox, hantaviral disease, tuberculosis, diarrheal disease).
 - a.) Population structure and the effect on chronic, non-infectious disease prevalence (the New World Syndrome).
 - 4.) The industrial revolution and the effects of environmental pollution on disease.
 - a.) Particulate pollution and the incidence of pneumonia.
 - b.) Public sanitation and public health measures and their effects, especially on viral disease (polio).
 - 5.) Public works projects: dams, reservoirs and irrigation and their influence on disease-causing agents (schistosomiasis).
- B.) Definition of illness in a variety of different societies.
- 1.) Who is in danger of becoming ill and why: the role of the patient, of the supernatural and of certain subgroups in perceived responsibility for initiating illness vs. a bacterial or viral etiology.
 - 2.) Appropriate behavior for the sick person and how this contributes to the persistence or eradication of disease (the role of the *nganga* in). The social function of this behavior.
- C.) Healing.
- 1.) The identity of the healer, the method of choosing him/her and acceptable and necessary training and behavior.
 - 2.) What constitutes appropriate treatment?
 - a.) Medication: what is and is not medicinal and why.
 - b.) Intervention: how the ethos of the society influences the type of treatment.

prognosis c.) Views on body function, importance of stage of life cycle and in the choice of treatment in a variety of different cultures.

D.) Objective survey of effects of illness in a variety of societies.

1.) Description of successful and unsuccessful interventions by those outside and within affected groups.

2.) Research strategies for determining how to go about designing an effective intervention.

V.) Evaluation of Students:

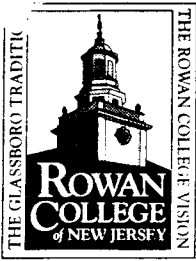
Initially, familiarity with the major issues outlined above will require careful study of specific issues in the epidemiology and cultural anthropology of illness as well as in the treatment and history of the effects of disease. Mastery of these subjects will be gauged via two hour-long examinations given after the first and second thirds of the course. By the end of the course, students should have sufficient acquaintance with the major issues to effectively criticize descriptions of actual interventions. Students will be given a selection of descriptions of health maintenance or disease-eradication projects and have the option of choosing one or two to constructively criticize for a take-home exam.

VI.) Course Evaluation:

For overall evaluation of the teaching quality I will use the SIR form. For evaluation of the content and examinations, I will use a questionnaire designed specifically for the course.

Catalog Description:

Medical Anthropology increases understanding of the cross-cultural definitions of disease and treatment. The course will survey, at an introductory level, the history and distribution of illness and the culturally prescribed attitudes toward disease and its treatment. Students will gain an understanding of the important influence that social behavior and commonly-held beliefs have on the course of illness and its cure.



Rowan College of New Jersey

Glassboro, New Jersey 08028-1701

To: Diane L. Markowitz
Dept. of Geography/Anthropology

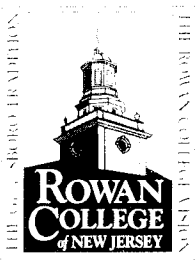
From: Flora D. Young *F.D.Y.*
Dept. of Sociology

Re: Course Proposal Medical Anthropology

Date: Dec. 6, 1993

In regard to your course proposal for Medical Anthropology, I welcome such a course on this campus from the point of view of its subject matter, organization, focus and academic intensity. It does not overlap in any way with the Sociology of Medicine. I approve of this undertaking heartily and if I can of any help in this endeavor please feel free to contact me.

/m



Rowan College of New Jersey

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Glassboro, New Jersey 08028-1701

Biological Sciences Department • (609) 256-4833

October 16, 1995

Dr. Diane Markowitz
Rowan College of New Jersey
Department of Geography & Anthropology
Glassboro, New Jersey 08028

Dear Diane:

I read your course proposal "Medical Anthropology" and I was very impressed with it. I think it is a very good course with great potential. I also agree with you that this course will benefit those students in Sociology, Psychology and Health-Related Sciences. I hope the course gets approved.

As I mentioned before, since I have worked in the water industry and have lots of experience with water sanitation, let me know if I can contribute any of my knowledge to your course.

Good luck in submitting your course proposal.

Sincerely,

Pat Mosto, Ph.D.
Biological Sciences Department

PM:pjd