

**WORKSHOP 1**

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# **HEALTH**

**DEVELOPMENT ANTHROPOLOGY**

**UNIVERSITY OF TRIESTE**

**MA IN DIPLOMACY AND INTERNATIONAL COOPERATION STUDIES**

# SOCIAL DETERMINANTS OF HEALTH

## **SOCIAL DETERMINANTS OF HEALTH**

SOCIAL, ECONOMIC AND POLITICAL SITUATIONS AFFECTING THE HEALTH OF INDIVIDUALS, COMMUNITIES AND POPULATIONS

## **ABSOLUTE AND RELATIVE INEQUALITIES IN HEALTH**

MULTIDIMENSIONAL CONCEPT, WHICH REFERS TO DIFFERENT HEALTH STATUSES IN DIFFERENT GROUPS, CONSISTING OF TECHNICAL AND NORMATIVE JUDGEMENTS IN THE CHOICE OF APPROPRIATE METRICS

## **INEQUITY IN HEALTH AND HEALTH CARE**

A NORMATIVE CONCEPT, REFERRING TO THOSE INEQUALITIES RESULTING FROM SOCIALLY DERIVED PROCESSES

## **HEALTH SYSTEM AND HEALTH SYSTEM PERFORMANCE**

ALL THE ACTIVITIES WHOSE PRIMARY PURPOSES IS TO PROMOTE, RESTORE, OR MAINTAIN HEALTH



# DETERMINANTS' IMPACTS

## **POVERTY**

AN IMPORTANT RISK FACTOR FOR ILLNESS AND PREMATURE DEATH:

POOR HOUSING > POORER LIVING ENVIRONMENTS > POORER DIET > LIMITED ACCESS TO EDUCATION, EMPLOYMENT, OPPORTUNITIES

## **SOCIAL EXCLUSION**

CAN ARISE ON THE BASIS OF A PERSON'S GENDER, RACE OR ETHNICITY, DISABILITY, MARITAL, FAMILY OR CARING STATUS, AGE, RELIGION, HABITS

## **GENDER**

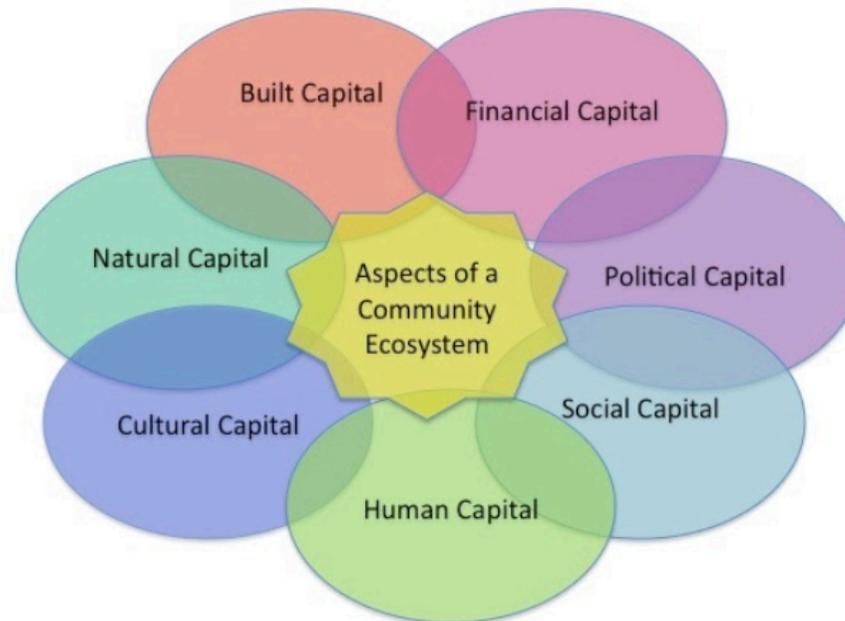
GENDER DIFFERENCES IN HEALTH AND MORTALITY ARE COMPLEX AND NOT YET FULLY UNDERSTOOD. MUCH INTERTWINED WITH SOCIAL STATUS AND ROLES

## **EDUCATION**

THE FOUNDATIONS FOR LIFE-LONG HEALTH ARE SET DOWN IN CHILDHOOD, AND, FOR EXAMPLE IN THE HYGIENE PRACTICES ADOPTED

# OTHER ASPECTS

## Community Capitals Framework



Source: Community Capitals Framework & Sustainable Communities,  
Cornelia Butler Flora, Rural Studies Research Seminar, July 4, 2006, University of Guelph

# BIOMEDICINE AND LOCAL PRACTICES

- At the basis of the local practices remains the idea of a person as a knot in a natural and supernatural net
- The idea of illness as a consequence of a broken equilibrium or of sorcery
- The need to act according to the rules of the community in order not to lose one's social capital
- the need to preserve a ritual/religious/spiritual dimension in order to give the ill person the possibility to be rehabilitated in her/his own original community

## OTHER QUESTIONS...

How many and which biomedicines have come across with the traditional and local ways of understanding illness and disease?

Which is the role reserved to local medicine and biomedicine in a given context?

Which is the level of education of that given community?

Which is the level of 'erosion' of traditions in a given context?

# THE IMPORTANCE OF HABITUS

**INDIVIDUALISTIC**

**VS**

**HOLISTIC SOCIETIES**

from societies' organisation derives the actual possibility of making independent choices

**GOING AGAINST HABITUS**

=

**GO AGAINST SOCIAL CONSENSUS;**

**GOING AGAINST SOCIAL CONSENSUS**

=

**TO LOOSE ONE'S SOCIAL CAPITAL**

## — What is habitus?

Habitus is composed of... “[s]ystems of durable, transposable dispositions, structured structures predisposed to function as structuring structures, that is, as principles which generate and organize practices and representations that can be objectively adapted to their outcomes without presupposing a conscious aiming at ends or an express mastery of the operations necessary in order to attain them”

- Pierre Bourdieu

**FOR THESE REASONS, WHEN CONSIDERING  
ILLNESS OR HEALING PRACTICES  
WE CAN'T AVOID BUT CONSIDERING THEM  
AS EMBEDDED IN A GIVEN SOCIETY  
AND, THEREFORE, IN GIVEN NETS OF POWER.**

**... AND THIS IS THE MAIN REASON WHY SOMETIMES  
IT IS CONSIDERED MORE ACCEPTABLE TO LOOSE  
HEALTH THAN TO LOOSE SOCIAL CAPITAL...**

# MANDATE

**On the basis of the concepts given during our lessons so far (the role of culture; the importance of religion and beliefs; the social determinants of health...) and based on the material in the next slides, you have to come up with hypothesis/questions/discussions regarding the following topics:**

- Which are the cultural elements that clash with our (Western?) perspective on the case?**
- Which are the cultural elements to be taken into consideration in order to come up with a possible solution of the case?**
- If you were asked to design an International Cooperation plan for the case, which stakeholders would you involve in the project and why?**
- What kind of knowledge and expertise (theories/authors/concepts/would you need in order to come up with a possible solution?**

Note: you can expose your ideas orally with the help of other visual materials (i.e. ppt presentation, pdf...)

# MENTAL HEALTH DISABILITIES: THE CASE OF INDONESIAN *PASUNG*

<https://www.youtube.com/watch?v=RBa-wwcakHM>

<https://www.hrw.org/news/2016/03/20/indonesia-treating-mental-health-shackles>

- Matilde; Lucas; Camilla D.
- You have 15 minutes to expose your presentation (tassativi!)

# HOMOSEXUALITY AND DISCRIMINATION: A CASE FROM GHANA

<https://www.youtube.com/watch?v=kHrqpiRGiqQ>

<https://www.youtube.com/watch?v=z6U0T3DAyro>

(I suggest you to watch this film, you can find it quite easily in the internet)

**Enrica; Camilla T.**

**You have 15 minutes to expose your presentation (TASSATIVI!)**

# FURTHER INDICATIONS

You can decide whether to work independently/in group/couples;

All and each of you are supposed to watch both videos provided and not just the one assigned to you;

Your presentations will be evaluated;

All and each of you are supposed to QUESTION and COUNTER-ARGUE your colleagues' proposed solutions - **I will evaluate your counter-arguments too!**

The evaluations will be considered as partial marks and not as the final mark/evaluation for the course.