



CIEE Gaborone, Botswana

Course name:	Pre-Professional Health Care Issues in Botswana
Course number:	PUBH 3003 BOTU
Programs offering course:	Community Public Health
Language of instruction:	English
U.S. Semester Credits:	04
Contact Hours:	60
Term:	Summer 2019
Course Prerequisites:	None
Course meeting times:	Wednesday and Friday
Course meeting place:	Block 252, Room 117
Professor:	Dr. Billy M. Tsimba
Contact Information:	3555564 / 71223471 / billy.tsimba@mopipi.ub.bw / btsimba@hotmail.com
Office address:	Block 246, Office A103, University of Botswana
Office hours:	By appointment

Course Description

This course addresses basic social determinants of population health (social, cultural, economic and environmental factors), basic principles of epidemiology (rates, incidence, prevalence as well as risk factors, disease determinants, causation and public health surveillance), the fundamentals of tropical diseases (causes, symptomology, transmission, prevention and control), communicable disease particularly HIV and AIDS, TB and STI's, chronic and neglected diseases as well as traditional medical approaches to health. The analysis of these topics is from the perspective of global issues and local practices and challenges. Students will address various medical-sociology topics, with emphasis on their particular manifestation in Botswana, Southern Africa, Africa and a broader global perspective.

Learning Objectives

- By the end of the course, students will be able to:
- Identify social and biological factors related to health/disease.
 - Utilize different theoretical and methodological tools for the implementation of participatory health interventions in the community.
 - Analyze the situation of the health system and health status of the population in the Botswana, Southern Africa and Africa
 - Highlight the socio-historical determinations of health practices in Botswana.



Methods of Instruction

This course is taught through a combination of approaches: i.e. direct instruction, field trips and students will also actively engage course material through in-class discussions and review of public health related current events. The set of assigned readings and written assignments will broaden the student's understanding of topics covered in class and reinforce the concept of multidisciplinary integration in public health. Regular class attendance and active participation in class discussions are essential for achieving a meaningful learning experience.

Assessment and Final Grade

Exams	Units to be evaluated	Percentages
Midterm	Units I, II, III	25%
Oral presentation	Public health program/policy analysis paper	10%
Written presentation	Public health program/policy analysis paper	30%
Final exam	Units IV, V, VI	30%
Participation		5%
Total		100%

Course Requirements

Class Attendance and Participation

All students are required to attend all classes on time, and valid reasons should be given for absenteeism. If you miss more than 2 classes, you will lose half a letter grade.

All students are expected to participate in class. Failure to do so will result in loss of participation marks. Late submission of assignment will result in loss of marks (5% after the first day & 1% everyday afterwards)

Midterm Examination

A one hour forty five minute written examination by individual students.



Review of a Public health program/policy in Botswana (written presentation)

Students will write and submit a typed 6-8 page analysis paper on a selected public health program/policy in Botswana. The report should carry a comparison of the selected program/policy with international best practice and make recommendations as to how the policy/program can be improved. The report should critic the program/policy from a social medicine perspective. This assignment requires literature support. (Group assignment).

The program/policy is to be from amongst the following:

- Maternal and Child Health
- Sexual and Reproductive health
- School health
- Occupational Health
- Chronic Diseases

Presentation of the Public Health program/policy analysis

10 -15 minutes briefs of submitted papers (Power point) and discussions by group members

Final Examination

A two hour written examination by individual students.

Academic Dishonesty

Cheating and plagiarism in any course assignment or exam will not be tolerated and may result in a student failing the course or being expelled from the class and/or university

Please read the following university documents that facilitate learning:

- ✓ Revised Academic Honesty Policy for students (2006)
- ✓ Learning and Teaching policy (2008)

Course Grading:

Weekly Schedule (W and F)

Week 1: Introduction to medical sociology as science.

Overview of the syllabi and class
Group Assignment

Sociology and Health; Their practical significance.

1.1. Brief historical evolution of health sociology in Southern Africa and the Botswana

- Present and Future.
- Major studies in our country.

Reading:

- Kagee, A., Remien, R. H., Berkman, A., Hoffman, S., Campos, L., & Swartz, L. (2011). Structural barriers to ART adherence in Southern Africa: challenges and potential ways forward. *Global public health*, 6(1), 83-97.

1.2. Man: Between nature and culture. Motswana man and woman.

- Behavior, personality and socialization.
- Behavior and illness according to culture.
- Motivation, interest, and social action strategies.

Gender: The Nature Vs Nurture Debate: A lofty Existence -<https://aloftyexistence.wordpress.com/2012/08/21/gender-nature-vs-nurture/>

1.3. Systems of social stratification.

- Classic theories of social stratification.
- Contemporary social stratification: class, status, and power.
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Reading:

- Phaladze, N., & Tlou, S. (2006). Gender and HIV/AIDS in Botswana: a focus on inequalities and discrimination. *Gender & Development*, 14(1), 23-35.

1.4. Social mobility

- Concept.
- Social mobility and health.

Reading:

- Hope, K. R. (2001). Population mobility and multi-partner sex in Botswana: implications for the spread of HIV/AIDS. *African journal of reproductive health*, 73-83.

Week 2 : Social construction of health and illness.

2.1. Concepts of health and disease.

- Human development and health.
- Natural history of disease.

Reading:

- Hertzman, C., & Power, C. (2003). Health and human development: understandings from life-course research. *Developmental neuropsychology*, 24(2-3), 719-744.
- Controlling the causes and responsibility for the effects.

Reading:

- Ben-Shlomo, Y., & Kuh, D. (2002). A life course approach to chronic disease epidemiology: conceptual models, empirical challenges and interdisciplinary perspectives. *International journal of epidemiology*, 31(2), 285-293.

Group Paper Topic Due

- Disease models and models of care.

Reading:

- Tiedeman, M. E., & Lookinland, S. (2004). Traditional models of care delivery: What have we learned? *Journal of Nursing Administration*, 34(6), 291-29

Week 3

A week village homestay in Kanye

Week 4

Social inequalities in health - The issue of equity.

Social inequalities in health concepts

Reading:

- MacDonald, D. S. (1996). Notes on the socio-economic and cultural factors influencing the transmission of HIV in Botswana. *Social Science & Medicine*, 42(9), 1325-1333.
- Epidemiological studies and historical reports- Guest Lecturer
- The report of the Commission on Social Determinants of Health; The WHO 2008.

Readings:

- WHO Commission on Social Determinants of Health. (2008). *Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health: Commission on Social Determinants of Health Final Report*. World Health Organization (Ed.). World Health Organization.

- Bates, L. M., Hankivsky, O., & Springer, K. W. (2009). Gender and health inequities: a comment on the final report of the WHO commission on the social determinants of health. *Social science & medicine*, 69(7), 1002-1004.

July 1 Sir Seretse Khama Day (Public Holiday)

Week 5 : Life styles and healthy behavior.

- Socio-cultural dimensions in practices relating to health.
- Healthy lifestyles.
- Lifestyles and new diseases.

Readings:

- Botswana STEPS Non-communicable Disease Risk Factor Survey 2007
- Brown, P. J., & Konner, M. (1987). An anthropological perspective on obesity. *Annals of the New York Academy of Sciences*, 499(1), 29-46.

Mid-Term Exam

Week 6: Diseases Behaviors.

- Self-treatment.
- The patient's role.
- Healthy spaces.

Readings:

- Langeni, T. (2007). Contextual factors associated with treatment-seeking and higher-risk sexual behaviour in Botswana among men with symptoms of sexually transmitted infections. *African Journal of AIDS Research*, 6(3), 261-269.
- Uchino, B. N. (2006). Social support and health: a review of physiological processes potentially underlying links to disease outcomes. *Journal of behavioral medicine*, 29(4), 377-387.
- Aikins, A. D. G., Unwin, N., Agyemang, C., Allotey, P., Campbell, C., & Arhinful, D. (2010). Tackling Africa's chronic disease burden: from the local to the global. *Globalization and Health*, 6(1), 5.



- The doctor-patient relationship.
- Social networks support.

Reading:

- Epstein, R. M., Fiscella, K., Lesser, C. S., & Stange, K. C. (2010). Why the nation needs a policy push on patient-centered health care. *Health Affairs*, 29(8), 1489-1495.
- Concept and definition of mental illness.

Readings:

- Sabone, M. B. (2009). The promotion of mental health through cultural values, institutions, and practices: A reflection on some aspects of Botswana culture. *Issues in mental health nursing*, 30(12), 777-787.
- Hanlon, C., Wondimagegn, D., & Alem, A. (2010). Lessons learned in developing community mental health care in Africa. *World Psychiatry*, 9(3), 185-189.

Week 7 : Analysis of health systems. The health system.

- Health systems in the world.

Reading:

- Narasimhan, V., Brown, H., Pablos-Mendez, A., Adams, O., Dussault, G., Elzinga, G., ... & Chen, L. (2004). Responding to the global human resources crisis. *The Lancet*, 363(9419), 1469-1472.
- Botswana health system.

Reading:

- Van Lerberghe, W. (2008). *The world health report 2008: primary health care: now more than ever*. World Health Organization.

Final Examination

July 17 **President's Day (Public Holiday)**
July 18 **Public Holiday**

Week 8: Student Presentations

Group Presentations
Group Paper Due

Additional Readings:

1. Kagee, A., Remien, R. H., Berkman, A., Hoffman, S., Campos, L., & Swartz, L. (2011). Structural barriers to ART adherence in Southern Africa: challenges and potential ways forward. *Global public health*, 6(1), 83-97.
2. Barbee, E. L. (1986). Biomedical resistance to ethnomedicine in Botswana. *Social science & medicine*, 22(1), 75-80.
3. MacDonald, D. S. (1996). Notes on the socio-economic and cultural factors influencing the transmission of HIV in Botswana. *Social Science & Medicine*, 42(9), 1325-1333.
4. Benatar, S. R. (2004). Health care reform and the crisis of HIV and AIDS in South Africa. *New England Journal of Medicine*, 351(1), 81-92.
5. Clausen, T., Wilson, A. O., Molebatsi, R. M., & Holmboe-Ottesen, G. (2007). Diminished mental-and physical function and lack of social support are associated with shorter survival in community dwelling older persons of Botswana. *BMC Public Health*, 7(1), 144.
6. Wagstaff, A. (2002). Poverty and health sector inequalities. *Bulletin of the world health organization*, 80(2), 97-105.
7. Phaladze, N., & Tlou, S. (2006). Gender and HIV/AIDS in Botswana: a focus on inequalities and discrimination. *Gender & Development*, 14(1), 23-35.
8. Rispel, L. C., de Sousa, C. A. P., & Molomo, B. G. (2009). Can social inclusion policies reduce health inequalities in sub-Saharan Africa?—a rapid policy appraisal. *Journal of health, population, and nutrition*, 27(4), 492.
9. Modie-Moroka, T. (2009). Does level of social capital predict perceived health in a community?—a study of adult residents of low-income areas of Francistown, Botswana. *Journal of health, population, and nutrition*, 27(4), 462.
10. Hertzman, C., & Power, C. (2003). Health and human development: understandings from life-course research. *Developmental neuropsychology*, 24(2-3), 719-744.