



University of the Witwatersrand Forced Migration Studies Programme

GRAD 526/426: The Psychosocial and Health Consequences of Forced Migration.

Coordinators:

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and

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Class meetings: Wednesdays and Fridays 10am – 1pm
Room 120, 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;
- Illness and health in political, economic and social context;
- The tension between individual and social health and well-being.

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<http://migration.org.za>

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 Wednesday and Friday mornings: 10am – 1pm. 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 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.

The course will be assessed in two 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. *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 FMSP 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 or Arial preferred), 1.5 spacing, and stapled on A4 paper (no covers please). **The exam will be distributed on Friday 21st at 12 noon. It will be due Monday 24th August at 12 noon.**

Timeline

Assignment	Date Due
First Class Session	Wednesday 15 th July 2009
Response papers (4 for MA, 3 for Hons)	Emailed to class 24 hrs before class meetings of student choosing
Final Class Session	Friday 14 th August
Final examination	Friday 21 st August

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/>



University of the Witwatersrand
Forced Migration Studies Programme

GRAD 7052(MA)/4042(HONS): The Psychosocial and Health Consequences of Forced Migration.

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Date	Session	Topic	Speaker
Wed 15 th July	1	<i>Introduction to the psychosocial and health consequences of forced migration: part 1</i> Overview of the course Overview of public health	Lorena, Jo
Fri 17 th July	2	<i>Introduction to the psychosocial and health consequences of forced migration: part 2</i> Idioms of distress and the medicalisation of migrant's suffering	Lorena
Wed 22 nd July	3	<i>The provision of healthcare to migrant groups</i> Ethics of provision of care to foreign migrants Healthcare practitioners and migrants' interactions	Jo Lorena
Fri 24 th July	4	<i>Vulnerability and the ethics of humanitarian interventions</i>	Sharon Ekambaram, MSF
Wed 29 th July	5	<i>Introduction to epidemiology for migration and health research</i>	Dr. Annette Gerritsen, University of Venda
Fri 31 st July	6	<i>Migration, health and HIV: part 1</i> Linkages between migration, HIV and food security	Dr. Scott Drimie, RENEWAL/FMSP Jo and Lorena
Wed 5 th Aug	7	<i>Conceptualising distress in displaced populations: the rise and fall of trauma interventions</i>	Dr. Ingrid Palmary, FMSP
Fri 7 th Aug	8	<i>Migration, health and HIV: part 2</i> Risk, vulnerability and programming	Mumtaz Mia,UNAIDS Jo
Wed 12 th Aug	9	<i>Social networks, social capital and migrant health</i>	Dr. Liz Thomas, MRC/Centre for Health Policy
Fri 14 th Aug	10	<i>The Healthy Migrant effect?</i> Learning from the MRC HEAD Study	Dr. Brendon Barnes, Psychology Department, Wits

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Lecture 1: Introduction to the psychosocial and health consequences of forced migration – part 1

Overview of the course An introduction to the study of health and migration

Jo Vearey and Dr. Lorena Nunez

PRESENTER: _____

RESPONDENT: _____

Objective:

- To outline student and coordinators expectations;
- To introduce the course structure and requirements;
- To introduce the relationship between migration, displacement and health and the perspective of public health in this relation;
- To understand the main theoretical approaches that conceptualise sickness, illness and disease;
- To outline some of the characterise the biomedical approach and of non-western medical systems
- To critically examine the place of both biomedical approach and non-western health systems, believes and practices in the study of migration and health.

Guiding questions:

- What are common health problems that various categories of migrants face in the various phases of their migration?
- What is public health and how does it apply to migrant's health?
- What are the difference between disease, sickness and illness and how are these differences theoretically conceptualised? What are the implications of such conceptualisations for the study of migrants' health?
- Non-western health systems; understandings of illness and health practices are relevant in the study of migration and health. What are some of the differences between biomedicine and traditional health systems believes and practices around health? Is it relevant to consider both medical systems in health related interventions? Why?

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.
- Comaroff, Jean (1981) "Healing and Cultural Transformation: the case of the Tswana of Southern Africa." *Social Sciences and Medicine* 15(2):367-78.

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- Harper, I. and Raman P. Less than Human? "Diaspora, Disease and Question of Citizenship". *International Migration* Vol. 46 (5) 2008.
- Wreford, J. (2005) "Missing each other: Problems and potential for collaborative efforts between biomedicine and traditional healers in South Africa in the times of AIDS". In; *Social Dynamics*. Special Issue: Aids and Healing Strategies in South Africa. Vol. 31, N°2.

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
- Junghanss, T. (1998) how unhealthy is migrating? *Tropical Medicine and International Health* Vol. 3(12): 933-934.
- Peek, M. Philip (ed.) 1991. African Divination Systems. Ways of Knowing. Bloomington: Indiana University Press.
- Rebecca Pursell (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.

Lecture 2: Introduction part 2

Idioms of distress and the medicalization of migrants' suffering Lorena Nunez

Friday 17th July

Objectives

- .
- 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 medicalization of human suffering and distress.

Guiding Questions

- 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

- 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)**
- 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.
- 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>.
- Paul Farmer: *Pathologies of Power: Health, human rights and the new war on the poor*. Berkeley: University of California Press, pp. 1-22.

Recommended readings:

- Helman, Cecil G., (1994) "Culture Health and Illness". Oxford, Butter-worth Heineman, Woburn, MA.
- Raj A. & Silverman J. (2002) Violence against Women: The roles of Culture, Context, and legal immigrant status on intimate partner violence. *Violence against Women*, 8 (3), 367-398 **(Available on line)**
- Erez, E. (2000) Immigration, Culture Conflict and Domestic Violence/Woman Battering, *Crime Prevention Community Safety*, 2, (1), 27-36. **(Available on line)**

Lecture 3A: The provision of healthcare to foreign migrants

Ethics of provision of care to foreign migrants

Jo Vearey

Wednesday 22nd July

PRESENTER: _____

RESPONDENT: _____

Objectives

- Using a public health framework, to determine the health needs of cross-border migrants and the responsibilities of healthcare providers.
- Using South Africa as a case study, to explore the rights of foreign migrants to access public health.

Guiding questions

- Do healthcare providers have a duty to provide care to cross-border migrants?
- In a resource-limited setting such as South Africa, should cross-border migrants be provided with free healthcare?
- Who is responsible for 'public health'?
- What are the rights of non-citizens in South Africa for accessing health care services, particularly HIV services and treatment?

Readings

- Grove, N. and Zwi, A. (2006) Our health and theirs: Forced migration, othering and public health *Social Science and Medicine* 62 1931 - 1942
- Mcneill, P. (2003) Public Health Ethics: Asylum Seekers and the Case for Political Action" *Bioethics* 17 (5/6) 487 - 502
- Worth, H. (2006) Unconditional Hospitality: HIV, Ethics and the Refugee Problem *Bioethics* 20 (5) 223-232
- Vearey, J. (2008) Migration, access to ART and survivalist livelihoods in Johannesburg *African Journal of AIDS Research* 7(3): 361–374.

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

*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)**.*

Lecture 3B: The provision of healthcare to foreign migrants

Healthcare practitioners and migrants' interactions

Lorena Nunez

Wednesday 22nd July

PRESENTER: _____

RESPONDENT: _____

Objectives:

- To identify social and political processes involved in the interaction of healthcare providers and migrants, in the provision of healthcare.
- To understand the influence exerted by gender and race in the interaction and provision of healthcare to migrants.
- 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:

- ANDERSEN Helle Max (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
- 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
- Ong, A., (1995) Making the Biopolitical Subject: Cambodian Immigrants, Refugee Medicine and Cultural Citizenship in California *Social Science and Medicine* 40(9) 1243-1257

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.
- 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 4: Vulnerability and the ethics of humanitarian interventions

Sharon Ekambaram, MSF

Friday 24th July

PRESENTER: _____

RESPONDENT: _____

Objective:

- To gain a basic understanding of the origin and nature of humanitarian principles (principles of humanitarian action);
- To critically examine the politics of humanitarian interventions with migrant and displaced populations;
- To understand some of the major dilemmas and current debates around these principles;
- To gain insight in practical consequences of the humanitarian principles in field operations of humanitarian agencies.

Guiding questions:

This session will be framed within the context of Southern Africa.

- What factors shape the decisions about who needs interventions and the kind of interventions they need?
- What are the reasons behind migrant focused interventions?
- What are the problems of defining a group by their ill-health or risk?
- What are the ethical dilemmas associated with health interventions for forced migrants or displaced people?
- What is the role of the local government, communities and the civil society in such situation?
- What might the strengths and weaknesses of the humanitarian approach be?

Reading:

- Banatvala, N. and Zwi, A. (2000) Public health and humanitarian interventions: developing the evidence base. *BMJ* 321:101-105.
- Brennan, R. and Nandy, R. (2001). Complex humanitarian emergencies: A major global health challenge. *Emergency Medicine* 13(2): 147–156.
- Geiger, J. and Cook-Deegan, R. M. (1993). The Role of Physicians in Conflicts and Humanitarian Crises: Case Studies from the Field Missions of Physicians for Human Rights, 1988-1993. *Journal of the American Medical Association (JAMA)*, 270(5): 616-620.
- Slim, H. (1997) Relief agencies and moral standing in war: principles of humanity, neutrality, impartiality, and solidarity. *Development in Practice* 7(4): 342-352.
- 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)

Recommended Readings:

- Maxwell S. (1999) What can we do with a rights-based approach to development? *ODI Briefing paper* (3) September <http://www.odi.org.uk/resources/download/1956.pdf>
- Slim H. (2001) Not philanthropy but rights: Rights-based humanitarianism and the proper politicisation of humanitarian philosophy in war. *Centre for Development and Emergency Practice Oxford Brookes University* http://www.odi.org.uk/hpg/confpapers/slim_new.pdf

(A version of this entitled 'Not Philanthropy But Rights: The Proper Politicisation of Humanitarian Philosophy' is also published in the *International Journal of Human Rights* Vol 6(2): 2002

- Slim H. (1997) Doing the Right Thing: Relief Agencies, Moral Dilemmas and Moral Responsibility in Political Emergencies and War. *Disasters* 21(3): 244-257.

Lecture 5: Introduction to epidemiology for migration and health research

Dr. Annette Gerritsen

Friday 24th July

PRESENTER: _____

RESPONDENT: _____

Objectives:

The aim of this lecture is to familiarize students with:

- Characteristics of the various types of epidemiological study designs used in research on migration and health;
- Epidemiological measures of disease frequency and measures of the strength of the association of disease with other factors;
- Measurement instruments used in research on migration and health

Guiding questions:

- What research design is used in the study?
- What measure of association is used in the study?
- What measurements instruments are used in the study?

Reading:

- Gerritsen, A., Bramsen, I., Devillé, W., van Willigen, L. Hovens, J. and van der Ploeg, H. (2005) Physical and mental health of Afghan, Iranian and Somali asylum seekers and refugees living in the Netherlands *Soc Psychiatry Psychiatr Epidemiol* DOI 10.1007/s00127-005-0003-5
- Roberts, B., Damundu, E., Lomoro, O. and Sondorp, E. (2009) Post-conflict mental health needs: a cross-sectional survey of trauma, depression and associated factors in Juba, Southern Sudan *BMC Psychiatry* 9(7) doi:10.1186/1471-244X-9-7

Lecture 6: Migration, health and HIV 1

Linkages between migration, HIV and food security

**Scott Drimie
Jo Vearey & Lorena Nunez**

Wednesday 31st July

PRESENTER: _____

RESPONDENT: _____

Objectives:

- To understand the linkages between mobility, migration, HIV and food security;
- To understand how the vulnerability of migrant groups to HIV may be affected by food security;
- To identify appropriate food security interventions to migrant groups in the context of HIV.

Guiding questions:

- What can we say about migrants' vulnerability to HIV?
- How does food security impact vulnerability to HIV and AIDS for different migrant groups?
- Using the CARE model, how can food security address different stages of HIV/vulnerability to HIV for migrant populations?
- What are appropriate interventions to address food security for migrant groups in the context of HIV?

An introduction to HIV: ESSENTIAL READING

- [UNAIDS \(2008\) UNAIDS' Terminology Guidelines Geneva: UNAIDS](#)
- [Whiteside, A. \(2008\) HIV/AIDS: A Very Short Introduction Oxford: OUP](#)

Readings:

- [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 \(SAMP\)](#)
- [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
- Rollins, N. (2007) Food Insecurity – A Risk Factor for HIV Infection *PLoS Medicine* 4(10)
- 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.

Recommended readings:

- 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
- 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
- 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*
- 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
- 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
- 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., Nunez, L. and Palmary, I. (2009) HIV, migration and urban food security: exploring the linkages RENEWAL (Regional Network on AIDS, Livelihoods and Food Security) South Africa Report. *FMSP, Wits and RENEWAL, IFPRI*

Lecture 7: Conceptualising distress in displaced populations

The rise and fall of trauma interventions

Dr. Ingrid Palmary

Wednesday 5th July

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 and apply these to the South African context

Guiding questions:

- What are the most common ways of understanding and measuring the distress caused by forced displacement?
- What links are assumed to exist between biological and psychological well-being?
- 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).
- Andermann, L. F. (2002). Posttraumatic stress disorder: Cultural aspects of trauma. *CPA Bulletin, August*: 19-21.
- 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.
- Englund, H. (1998). Death, trauma and ritual: Mozambican refugees in Malawi. *Social science and medicine, 46*(9): 1165-1174. **(Available online)**
- Eisenbruch, M. (1991). From post-traumatic stress disorder to cultural bereavement: Diagnosis of Southeast Asian refugees, *Social science and medicine, 33*(6): 673-680. **(Available online)**
- Keyes, E. (2000). Mental health status in refugees: an integrative review of current research. *Issues in mental health nursing, 21*: 397-410.

- Lie, B. (2002). A 3-year follow-up study of psychosocial functioning and general symptoms in settled refugees. *Acta psychiatrica Scandinavica*, 106: 415-425.

Recommended reading:

- Basoglu, M., Paker, M., Paker, O., Ozmen, E., Marks, I., Incesu, C., Sahin, D., and Sarimurat, N. (1994). Psychological effects of torture: A comparison of tortured with non-tortured political activists in Turkey. *American journal of psychiatry*, 151(1): 76-81.
- Inter-Agency Standing Committee (IASC) (2007). *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. Geneva: IASC.
http://www.humanitarianinfo.org/iasc/mentalhealth_psychosocial_support
- Palmay, 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.

Lecture 8: Migration, health and HIV 2

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

**Mumtaz Mia, UNAIDS
Jo Vearey**

Friday 7th August

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>
- Jewkes, R. (2007) Comprehensive response to rape needed in conflict settings (response to Spiegel paper) *The Lancet* 369 2140 – 2141.
- 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
- 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
- Samuels, F. (2009) HIV and emergencies: One size does not fit all *ODI Briefing paper 50* 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.

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>
- NGO Code of Good Practice (2008) Self-assessment checklist: HIV in Emergencies
- 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
- Utzinger, J. and Weiss, M. (2007) Editorial: Armed conflict, war and public health *Tropical Medicine and International Health* 12 (8) 903–906
- UNAIDS (2008) *After Action Review - HIV Integration into the Humanitarian Response Kenya: Post-Election Violence*

Lecture 9: Social Network, social capital and migrant's health

Dr. Liz Thomas

Wednesday 12th August

PRESENTER: _____

RESPONDENT: _____

Objectives

- To understand the concept of social capital;
- To understand social capital as a determinant of health

Guiding question:

- How can debates about 'social capital' help in understanding the complexity of its relationship between health and disease for migrants (especially forced migrants)?

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
- 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
- Hawe, P and Shield, A. (2000). Social Capital and Health Promotion: A Review. *Social Science Medicine*, 51(6): 871-885
- Menjivar, C. (2002) The ties that health: Guatemalan immigrant women's networks and medical treatment *International Migration Review* 36(2) 437 - 466
- 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 10: The healthy migrant effect

Dr. Brendon Barnes

Friday 14th August

PRESENTER: _____

RESPONDENT: _____

Objectives:

- To examine what the literature on migration and health calls healthy migrant effect and to examine its validity in light of findings of a South African study.
- 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 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

- Healthy Generations (2005) "The 'healthy migrant' effect" Maternal and Child Program, School of Public Health University of Minnesota Volume 5; issue 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*. Vol 91, N 3.
- 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*. Vol3 N 4 pp297-303. April
- Wingate, M and Alexander, G. (2006) "The healthy migrant theory: variation in pregnancy outcome among US born migrants". *Social Sciences and Medicine*, 62 491-498

Recommended Readings

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