

COURSE SYLLABUS

Public Health Pune, India

Course code: PUBH300

Suggested US semester credit hours: 3

Delivery method: Face to Face

Course length: Semester

Course Description

This course will discuss the health needs and aspirations of communities and the interactions between different health systems, both traditional and Western. At the conceptual level, health will be discussed not only as a bio-medical but also as a bio-psycho-socio-cultural phenomenon as it relates to Indian society.

The course will include field observations and interactions with government sponsored programs and NGOs that work on community health issues. The impact of public health issues such as gender inequality, medical education, pharmaceutical industry initiatives, and the WHO Primary Health Care approach for community development will be evaluated.

After an overview of AYUSH (Traditional Systems of medicines) students will be able to see the blending of traditional health Systems and modern medicine in India.

The readings and discussions will probe historical and current holistic concepts of body and physiology encompassing mind and intellect, senses and soul, nutrition and diet, and cultural life styles. Students will participate in field visits and will contribute their field experiences to classroom discussions. Grading will be based on assignments, classroom participation, and a classroom presentation.

The lectures will be both informative and analytical. There would be a lot of scope for questions and answers. The students are expected to do the readings and ask questions.

Learning Objectives

- To understand traditional and contemporary Indian society through health perspectives.
- To understand that at the conceptual level, Health is not only as bio medical phenomena but also as bio-psycho-socio-cultural phenomena. The traditional culture of health, disease and treatment hinder successful implementation of health programs based on modern biology and modern medicine.
- To understand the government programs on community health and disease control and overall development.
- To understand approaches and contribution of voluntary organizations working in health and community development.

Course Schedule

Understanding the scope of the syllabus, why public health is and setting ground rules for the entire course.

Readings:

1. What is Public Health? <http://www.whatispublichealth.org/what/>
2. What is the definition of Public Health? <http://www.publichealth.pitt.edu/careers/what-is-public-health>

Session 02/24

Public Health in India

Readings:

1. Public Health in India: An overview https://www.researchgate.net/publication/23723239_Public_Health_in_India_An_Overview

Session 03/24

Role of Traditional Medical Systems in India

Readings:

1. Indian Systems of Medicine: A brief Profile; Ravishankar and Shukla *Afr. J. Trad. CAM* (2007) 4 (3): 319 – 337; ISSN 0189-6016©2007

Session 04/24

Primary Health care systems

Reading:

1. No cookie-cutter response” conceptualizing primary health care”; tutor-phc 2003/2004 research trainees; r. Thomas-maclean, d. Tarlier, s. Ackroyd-stolarz, m. Fortin, m. Stewart

Session 05/24

Health Care Delivery Systems

Readings:

1. Park’s Text Book of Preventive and Social Medicine- K Park 19th Edition 2007, Pgs 745-760

Session 06/24

NGOs and Health

Reading:

1. Public-Private Partnership in the Health Sector in India; *Alok Mukhopadhyay*

Session 07/24

Health Education

Reading:

1. Public Health Education in India: Introspect and Prospect; Sanjay Zodpey, Kavya Sharma; ISSN : 0301-1216 ; Indian J. Prev. Soc. Med. Vol. 42 No.1, 2011
2. Health Education In India: A Strengths, Weaknesses...; Health Education In India: A Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis; Manoj Sharma, Ph.D. ; The International Electronic Journal of Health Education, 2005; 8: 81- 86 <http://www.iejhe.org>

Session 08/24

Rural and Tribal Health

Readings:

1. Disadvantaged rural health – issues and challenges: a review; anil k chillimuntha, kumudini r thakor, jeremiah s mulpuri ;national journal of medical research, volume 3, issue 1, jan – march 2013
2. A ten year review of diseases in rural Maharashtra; dr. Suvarna patil (gen.physician)^[1]_{SEP}
3. Tribal health care problems in India - an overview - Dr. K. Venkata Naidu.

Field Visit

Field visit to Rural Hospital in Vadu run by KEM's research center

- Discussion on Field visit experience

Session 09/24

Safe Drinking water

Readings:

1. Drinking water and Sanitation status in India; WaterAid India. 2005

Session 10/24

Dengue and Chikungunya

Reading:

1. Current status of dengue and chikungunya in India; Dayaraj Cecilia; National Institute of Virology, Maharashtra, India; WHO South-East Asia Journal of Public Health | January-March 2014

Session 11/24

Tuberculosis

Readings

1. Tuberculosis: Current Situation, Challenges and Overview of its Control Programs in India; Gursimrat K Sandhu

Session 12/24

Leprosy

Readings:

1. Central Leprosy Division Directorate General of Health Services; NLEP – Progress Report for the year 2014-15

Session 13/24

Nutrition in India

Reading:

1. Poverty and the state of nutrition in India Review Article *Asia Pac J Clin Nutr* 2013;22 (3):326-339

Session 14/24

Non- Communicable diseases

Readings:

1. Lifestyle and Non-Communicable Diseases: A double edged sword for Future India; Joy Kumar Chakma, Sanjay Gupta; Indian journal of community health / vol 26 / issue no 04 / oct – dec 2014

Session 15/24

Growing burden of cancer in India - Epidemiology and social context

Readings:

1. The Growing burden of Cancer in India: Epidemiology and Social Context; Published

Session 16/24

Prostitution in India

Readings:

1. Prostitution in India and Its role in the spread of HIV Infection- <http://www.ijstd.org>

Session 17/24

Patriarchy and the risk of HIV/AIDS to women

Readings:

1. Patriarchy and Risks of STD and HIV transmission to Women; Radhika Ramasubban; Women's Health in India: Risk and Vulnerability; Monica Das Gupta, Lincoln C. Chen, T.N. Krishnan; Oxford Univ. Press, Bombay (1995)

Session 18/24

Sex Education

Readings:

1. Report to the united nations human rights council for the universal periodic review of the republic of India; On the lack of comprehensive sexuality education in India

Session 19/24

Prenatal Sex Determination

Readings:

1. PRENATAL SEX DETERMINATION: Issues and Concern; Deshpande JD, Phalke DB, phalkevd; *Pravara Med Rev* 2009; 1(1)

Session 20/24

Maternal Mortality

Readings:

1. Maternal mortality a challenge?; Varsha n. Patil, m. A. Shinde, meenakshi surve, shital g. Sonone; *jkimsu*, vol. 2, no. 1, jan-june 2013

Session 21/24

Reducing Child Mortality

Readings:

1. Reducing child mortality in India in the new millennium Mariam Claeson, Eduard R. Bos, Tazim Mawji, & Indra Pathmanathan

Session 22/24

Geriatric Health - An emerging Issue

1. Geriatric Health in India: Concerns and Solutions Gopal K Ingle, Anita Nath; *Indian Journal of Community Medicine*, Vol. 33, Issue 4, October 2008

Session 23/24

Health Issues of Sexual Minorities

Reading:

1. The Invisible ones: Sexual Minorities; *Indian J Med Res* 137, January 2013, pp 4-6

Presentations

02:30 pm to 04:00 pm

Readings:

1. Private Sector in Indian Healthcare Delivery: Consumer Perspective and Government Policies to promote private Sector; Information Management and Business Review; Vol. 1, No. 2, pp. 79-87, Dec 2010; Utkarsh Shah, Ragini Mohanty/SEP/Prin. L. N. Welingkar Institute of Management Development and Research Matunga, Mumbai.

Course Textbook

Readings for the course will be provided, additionally following readings are recommended.

Supplemental Course Materials

1. Chauhan, D., N.H. Antia and S. Kamdar. Health Care in India: A Profile, The Foundation for Research in Community Health, 1997.
2. Das Gupta, Monica, Lincoln C. Chen, and T. N. Krishnan (eds). Health, Poverty and Development in India - Oxford University Press: 1996.
3. Nichter, Mark and Mimi Nichter. Anthropology and International Health: Asian Case Studies. Gordon and Breach Publishers, 1996.
4. Basham, A L. The Wonder that was India. New Delhi: Rupa & Co. Publications, 1999 (34th edition Chapter V).
5. Dube S.C. Indian Society. New Delhi, National Book Trust, 1990 (Chapter V).
6. Antia, N.H and Kavita Bhatia. People's Health in People's Hands: A Model for Panchayatiraj, Indian Journal of Social Work, Tata Institute of Social Sciences, 1995.
7. Pachauri, Saroj. Reaching India's Poor: Non-Governmental Approaches to Community Health. Sage Publications, 1994.
8. Helman, Cecil. Culture, Health and Illness Anubhav Series published by VHAI; Park and Park, Cecil G Helman Butterworth Heinemann, 4th edition.

Evaluation

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| Attendance & Class Participation | 10% |
| Assignment 1 | 20% |
| Assignment 2 | 25% |
| Assignment 3 | 25% |
| Presentation | 20% |

Assignments

1. Food Shelter and Clothing are our basic needs. Observe and interview people from your neighborhood and write a paper on public health issues that you observe related to the three basic needs. (Marks 20)
2. Choose any topic from the syllabus and pick a specific aspect to focus on (For example if the topic is prostitution your focus can be condom use in prostitution). Write an essay comparing your area of focus as it relates to India and the US (Marks 25)
3. Talk to fifty students of your age about their health issues. Compare the findings with health issues faced by students in America. (Marks 25)

- Each student will choose any topic of her/his interest from Public Health and do a power point presentation of seven minutes (Marks 20)

Expectations for the assignments submission:

- The assignment should have the title, name of the student and the assignment number on first page left hand corner.
- The margins should be one inch on all sides.
- Font – Times new roman size 12 Spacing one and half
- The maximum word limit for each assignment will be 1200 words and minimum 800 words.
- The hard copies of assignments should be submitted in the office.
- The topics for assignment three and four should not be the same. It should neither be related to internship or directed research topic.***

Grading

Alliance programs utilize the follow standard grading policy well accepted by most US institutions.

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|-----------|----|---------|------|----|--------|----------------|----|--------|
| Excellent | A | 93-100% | Good | B+ | 87-89% | Acceptable | C+ | 77-79% |
| | A- | 90-92% | | B | 83-86% | | C | 73-76% |
| | | | | B- | 80-82% | | C- | 70-72% |
| | | | | | | Unsatisfactory | D+ | 67-69% |
| | | | | | | | D | 63-66% |
| | | | | | | | D- | 60-62% |
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Course Policies

Exams and Assignments

Students are required to take all regularly scheduled exams in courses for which they are registered, and to submit all assignments on time. Any compelling academic, personal, or medical reason that might justify a rescheduled exam or assignment must be brought up to the Resident Director, not program faculty. Failure to take scheduled exams or submit the requisite assignments for a course will adversely affect your grade as per the stated grading criteria for each course.

Classroom Conduct

Student punctuality is extremely important in India. Please do not be late for classes or other activities, as it is considered impolite to do so. It is improper to eat in class, to engage in other activities such as texting, or to slump or nap. Students are expected to be alert and engaged as a sign of respect for their professors.

Attendance

Everyone benefits by learning from each other; if students are not present, it affects everyone and negatively impacts the program. Attendance is required for all classes and mandatory field visits; attendance will be recorded. Students must notify their instructors and the Resident Director ahead of their absence from class or class-related activities. Class participation is expected and is a contributing factor to students' final course grades. Students' grades will be reduced one grade increment for more than two unexcused absences.

Timely Submissions

Assignments submitted after the deadline will be accepted at the discretion of the course instructor and generally only in the event of a documented illness or emergency.

Academic Integrity

Any academic endeavor must be based upon a foundation of honesty and integrity. Students are expected to abide by principles of academic integrity and must be willing to bear individual responsibility for their work while studying abroad. Any academic work (written or otherwise) submitted to fulfill an academic requirement must represent a student's original work. Any act of academic misconduct, such as cheating, fabrication, forgery, plagiarism, or facilitating academic dishonesty, will subject a student to disciplinary action.

IFSA-Butler takes academic integrity very seriously. Students must not accept outside assistance without permission from the instructor. Additionally, students must document all sources according to the instructions of the professor. Should your instructor suspect you of plagiarism, cheating, or other forms of academic dishonesty, you may receive a failing grade for the course and disciplinary action may result. The incident will be reported to the IFSA-Butler resident director as well as your home institution.