

**Sociology**  
**Discipline Specific Elective (DSE) 03**  
**Sociology of Health and Medicine**

**DISCIPLINE SPECIFIC ELECTIVE COURSE - (DSE-03) : Sociology of Health and Medicine**

**CREDIT DISTRIBUTION, ELIGIBILITY AND PRE-REQUISITES OF THE COURSE**

Course title & Code	Credits	Credit distribution of the course			Eligibility criteria	Pre-requisite of the course (if any)
		Lecture	Tutorial	Practical/ Practice		
<b>DSE 03 Sociology of Health and Medicine</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>12<sup>th</sup> Class Pass</b>	<b>Nil</b>

**Course Learning Objectives**

1. To render health and medicine as a complex interaction between social and biological processes.
2. To introduce cultural dimension in the construction of illness and medical knowledge.
3. To outline different theoretical approaches in Sociology of Health and Medicine.
4. To illustrate social experiences of health and illness through case studies and health policies.

**Course Learning Outcomes**

1. *Analyse* the everyday experience of health and illness as an outcome of social, political, economic, cultural, and biological processes.
2. *Apply* the key concepts and approaches of sociology of health and medicine to understand the social embeddedness of medical ideas and practices.
3. *Develop* a critical understanding of modern biomedicine, medical pluralism and integration of different systems of medicine.
4. *Theorise* about the contemporary concerns and debates in medical sociology.

**SYLLABUS OF DSE-03**

**Unit 1. Conceptualising Disease, Sickness, and Illness (9 Hours)**

*The section introduces students to the key concepts in Medical Sociology that define the field as being distinct from Medical Sciences.*

**Unit 2. Theoretical Orientations to Health and Illness (18 Hours)**

*This section situates the study of health and illness in the theoretical context of the discipline. It seeks to familiarize the students with the perspectives that have shaped the discourse on health and illness in Sociology.*

- a. Systems Approach**
- b. Political Economy of Health**
- c. Health as a Power Discourse**
- d. Feminist Approaches**

### **Unit 3. Some Issues and Concerns in Medical Sociology (18 Hours)**

*This section focuses on issues of critical relevance in contemporary times. These issues not only alter the character of medical systems but also impinge on the dynamics of social relations.*

- a. Medical Pluralism**
- b. Assisted Reproductive Technologies**
- c. Mental Health**
- d. Digital Technologies and Health**

**Practical component (if any) - NIL**

### **Essential/Recommended Readings**

#### **Unit 1. Conceptualising Disease, Sickness, and Illness**

Turner, B. S. (1995). *Medical power and social knowledge*. Sage. Chapter 1, Pp. 1–17.

Freund, P. E. S., McGuire, M. B., & Podhurst, L. S. (2003). *Health illness and the social body: A critical sociology* (4th ed.). Prentice Hall. Chapter 9. Pp. 195–223.

#### **Unit 2. Theoretical Orientations in Health and Illness**

Lupton D. (2012). *Medicine as culture: Illness, disease and the body* (3rd ed.). Sage. Chapter 1. Pp. 1–19.

##### **a. Systems Approach**

Turner, B. S. (1995). *Medical power and social knowledge*. Sage. Chapter 3. Pp. 44–54.

##### **b. Political Economy of Health**

Morgan, L. (1987). Dependency theory and the political economy of health: An anthropological critique. *Medical Anthropology Quarterly* (New Series), 1(2), Pp. 131–154.

### **c. Health as a Power Discourse**

Foucault, M. (1980). The politics of health in the eighteenth century. In M. Foucault, & C. Gordon (Ed.), *Power/knowledge: Selected interviews and other writings 1972–1977* Pantheon. Pp. 166–182.

### **d. Feminist Approaches**

Lupton D. (2012). *Medicine as culture: Illness, disease and the body* (3rd ed.). Sage. Chapter 6. Pp. 149–172.

## **Unit 3. Some Issues and Concerns in Medical Sociology**

### **a. Medical Pluralism**

Baer, H. A., Singer, M., & Susser, I. (1994). *Medical anthropology and the world system*. Praeger. Chapter 10. Pp. 307–328.

Sujatha, V. (2011). What could “integrative” medicine mean? Social science perspectives on contemporary ayurveda. *Journal of Ayurveda and Integrative Medicine*, 2 (3). Pp. 115–23.

### **b. Assisted Reproductive Technologies**

Marwah, V., & Naidu, S. (2011). Reinventing reproduction, re-conceiving challenges: An examination of assisted reproductive technologies in India. *Economic and Political Weekly*, 46(43), Pp. 104–111.

### **c. Mental Health**

Horwitz, A. V. (2013). The sociological study of mental illness: A critique and synthesis of four perspectives. In C. S. Aneshensel, J. C. Phelan, & A. Bierman (Eds.), *Handbook of the sociology of mental health*, Springer Science. Pp. 95–112.

### **d. Digital Technologies and Health**

Deborah L. (2013). *Digitized Health Promotion: Personal Responsibility for Health in the Web 2.0 Era* (Working Paper No. 5). Sydney Health & Society Group.

### **Suggested Readings:**

Baer, H. A., Singer, M., & Susser, I. (1994). *Medical anthropology and the world system*. Praeger.

Denny, E. (1994). Liberation or oppression? Radical feminism and in vitro fertilisation. *Sociology of Health and Illness*, 16 (1). Pp. 62–80.

Gabe, J. & Monaghan, L. F. (Eds.), (2013). *Key concepts in medical sociology* (2<sup>nd</sup> ed). Sage.

Gupta J. A. (2000). *New reproductive technologies women's health and autonomy: Freedom or dependency*. Sage. [Chapter 2].

Inhorn, M. (2000). Defining women's health: Lessons from a dozen ethnographies. *Medical Anthropology Quarterly*, 20(3), 345–378.

International Consultation on Commercial Economic and Ethical Aspects of Assisted Reproductive Technologies, Sarojini, N. B., Marwah, V., & Sama—Resource Centre for Women and Health. (2014). *Reconfiguring reproduction: Feminist health perspectives on assisted reproductive technologies*. Zubaan Publishers, in collaboration with Sama—Resource Group for Women and Health.

Kleinman, A. (1998). *The illness narratives: Suffering, healing and the human condition*. Basic Books Inc. [Chapter 1, pp. 3–30].

Leslie, C. (1976). *Asian medical systems: A comparative study*. University of California Press. [Introduction, pp. 1–12].

Nichter, M. (1996). Popular perceptions of medicine: A south Indian case study. In M. Nichter & M. Nichter. *Anthropology and international health* (pp. 203–237). Gordon and Breach.

Pande, A. (2010). Commercial surrogacy in India: Manufacturing a perfect mother-worker. *Signs: Journal of women in culture and society*, 35(4), 969–992.

Patel, T. (2012). Global standards in childbirth practices. In V. Sujatha & L. Abraham (Eds.), *Medical pluralism in contemporary India* (pp. 232–254). Orient Blackswan.

Rao, M. (2009). 'Health for all' and neoliberal globalisation: An Indian rope trick. In L. Panitch, & C. Leys (Eds.), *Morbid symptoms: Health under capitalism* (pp. 262–278). Merlin.

Turner, B. S. (1995). *Medical power and social knowledge*. Sage.

**Note:** Examination scheme and mode shall be as prescribed by the Examination Branch, University of Delhi, from time to time.