



## **UNIVERSITY OF JOHANNESBURG**

### **EXAM NOVEMBER 2014**

**COURSES:** Anthropology of Space and Place & Medical Anthropology      **TIME:** 2 HOURS

**SUBJECT CODES:** ATL2B21 & ATL2BB2      **MARKS:** 100

**EXAMINERS:** 1. Hemali Joshi  
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**(THIS QUESTION PAPER CONSISTS OF THREE (3) PAGES)**

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1. ANSWER BOTH SECTION A AND SECTION B.
  2. USE TWO SEPARATE ANSWER SCRIPTS: ONE FOR SECTION A (ANTHROPOLOGY OF SPACE AND PLACE) AND ONE FOR SECTION B (MEDICAL ANTHROPOLOGY).
  3. Write the Section Letter ('A' or 'B' at the top of the answer book, in the coloured block).
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### **SECTION A: ANTHROPOLOGY OF SPACE AND PLACE**

ANSWER BOTH QUESTION 1 AND QUESTION 2.

#### **QUESTION 1:**

ANSWER BOTH QUESTIONS.

- A. "The culture of poverty is both an adaptation and a reaction of the poor to their marginal position in a class-stratified, highly individuated, capitalistic society." (Lewis in Gmelch et al. 2010:177)

In reference to the above quote, list and discuss the "conditions" for a culture of poverty to exist. [10]

- B. What are remittances? Discuss the role played by globalisation in remittances, by making reference to Diana Shandy's ethnographic work entitled "Global Transactions: Sudanese Refugees Sending Money Home". [10]

**QUESTION 2:**

ANSWER ONE OF THE FOLLOWING QUESTIONS.

- A. Critically discuss the development of a “street culture” amongst the *El Barrio* residents of Harlem in Phillipe Bourgois’ ethnography entitled. “Office Work and the Crack Alternative among Puerto Rican Drug Dealers in East Harlem”. [30]
- B. “Despite their relatively privileged status in Japan as ‘ethnic Japanese’ the Japanese Brazilians are still subject to notable prejudice and social marginalisation as an ethnic minority group.” (Tsuda in Gmelch et al. 2010: 333).

Refer to Tsuda’s statement above and discuss the strategies that the Japanese Brazilians used to deal with this “dual identity” while living as a minority group in Japan. [30]

- C. Critically discuss the role of politics, history and place in the meaning of being a ‘Hyderabadi’. Refer to Karen Isaksen Leonard’s work on “Hyderabad: Continuities and Transformations” to justify your argument. [30]

**TOTAL SECTION A: 50 MARKS**

**SECTION B: MEDICAL ANTHROPOLOGY**

ANSWER BOTH QUESTION 3 AND QUESTION 4.

**QUESTION 3:**

ANSWER ALL THE QUESTIONS.

- A. How has the anthropology’s definition of ethnomedicine changed over time? Discuss this evolution in relation to the changing contexts in which anthropologists have worked. [8]
- B. Using examples, explain the relationship between illness, disease, healing, curing and sickness. [10]
- C. Contrast the processes of the indigenisation of biomedicine with that of the appropriation of traditional medicine. Use examples in your discussion. [7]

**QUESTION 4:**

ANSWER ANY ONE OF THE FOLLOWING QUESTIONS.

- A. “Health-seeking behaviour is not simply enactment of ‘beliefs’ within the confines of ‘culture’ or a ‘system’, but a creative process in which we must recognise the role of invention, innovation and disorder.” (Baer and Singer 2012:172).

Using examples, discuss medical pluralism in contemporary societies in relation to the statement above. [25]

- B. Drawing on ethnographic examples, discuss the relationship between biomedicine, and complementary and alternative medicine (CAM). In your answer pay attention to historical, structural and cultural forces. [25]
- C. "The causes of many diseases are a complex interplay of multiple factors. Many of which are due to social injustices." (Levy and Sidel 2006:11)

Use examples to demonstrate how social and structural inequality evidences itself in health disparities between populations. In what ways do medical anthropologists contribute to addressing these concerns? [25]

**TOTAL SECTION B: 50 MARKS**

**TOTAL PAPER: 100 MARKS**

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