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## Global Health Education: When (and How) Global Health Issues Should Be Introduced to Youth

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By Emily Mendenhall and Peter J. Brown

How do we foster empathy in our children? (Particularly empathy for people living in poverty – both in countries far away and neighborhoods closer to home?) We ask this question as parents and professors who are dedicated to global health research and education. As college professors, we are deeply invested in cultivating well-rounded global citizens who not only think about inequity in their backyard but also think about what inequity looks, feels, and tastes like in other cultures and places. Why is this important? We see value in this understanding because we feel that without connecting with the suffering of others, it is easy to ignore others' suffering, how that suffering came to be, and the obligation of global citizens to do something about it. We believe that global health issues should be introduced to children in order to promote empathy at a relatively early age – late elementary school, middle school and high school. Because of this Emily has edited a series of books containing global health narratives for youth; this project has been ongoing for nearly a decade.

What is the pivotal moment that cultivates a moral obligation to recognize and *do* something about the suffering of others? Emily remembers sitting on a train in the Copper Canyon of Mexico as a middle schooler and thinking about why her life in rural Iowa looked so differently than that of the young Tarahumara girl she had interacted with earlier that day. Peter, on the other hand, remembers a moment in a “Cultures of Africa” course in his undergraduate curriculum that sparked his curiosity and longstanding career devoted to understand why some people suffer and die from diseases he had never heard of. These pivotal moments – often followed up with critical discussions with peers, teachers, and mentors – can play a profound role in how people think about the world.

These “Ah Ha” moments early in our lives have influenced our teaching and what we try to do in the classroom. When students engage with a text, film, or audio in a deep way, they leave feeling inspired, as well as full of questions. How students' passion is sparked and how we respond to that passion plays a significant role in how they use this knowledge immediately as well as throughout their lives.

Together we have initiated two long-term projects dedicated to creating tools to spark these pivotal moments in students' lives. The first is the Global Health Narratives project, a decade-long effort to design global health curriculum for middle and high school students. This project has resulted in three books, around 100 narratives, and accompanying teaching guides to allow students and educators to engage with the text. The first book, [Global Health Narratives: A Reader for Youth](#) (2009, University of New Mexico Press (UNMP)), reflects central themes in global health – from addressing issues of great health and wealth inequality to deconstructing the complexities of affliction among the poor in poor countries. For instance, one narrative contextualizes the onset of malaria and different ways in which people perceive malarial symptoms in rural Mali. The second book, [Environmental Health Narratives: A Reader for Youth](#) (2012, UNMP), brings issues of earth, environment, and health into context, incorporating sections on “water”, “air”, “foods and farms”, “climate change”, “urbanization”, and “human impact.” Narratives reach as widely as possible geographically as well as topically in order to foster dialogue of diverse issues from varied settings. The final book has recently appeared. [Community Health Narratives: A Reader](#) (2015, UNMP) provides opportunities to discuss some of the trickier hot-button issues in health and health care, such as the role of social relationships, gender and sexuality, mental health, violence, primary prevention, and unequal access to health care in perpetuating health inequities.

The level of sophistication and reading level increases with each book, and the volumes have shown that they can be useful tools in sparking dialogue about complex health inequities among young people – twelve to twenty year-olds. Even more, community health workers, social workers, and nurses in the United States have used the final book on community health to bring complex issues they see in their work to the table for discussion. Therefore, we believe that the potential use of these books of stories – whether alone or together, as well as the accompanying web-based teaching guide – can have great benefits prompting both awareness and in depth discussion.

The second project we co-constructed was a book series for an independent anthropological press (now Routledge) on “Anthropology and Global Public Health: Critical Problems and Constructive Solutions.” The authors we selected for this series of books place narrative at the center of their writing, bringing readers to their scholarship through ethnographically rich writing and global positionality. The books are to be utilized for the growing number of undergraduate programs in global health springing up around the country. With many professors drawing from journalism, including the wonderful books [The Spirit Catches You and You Fall Down](#) and [Sizwe's Test](#), to teach their classes, many professors steer away from the complexities of ethnography for public health students. As

anthropologists, we see this as a shame because so many wonderful ethnographies can serve these courses well and provide additional context for the complex political-economic and social circumstances that cultivate global health inequity. And yet, we understand that the theoretical depth to which many scholars are expected to engage with their ethnographic work may turn off an undergraduate reader, particularly one who is not specializing in the humanities or social sciences. The books in our series do not steer clear of theory, but rather deeply engage with a central narrative that raises questions of theory, context, history, and solutions. Situating stories within broader contexts and tying up each book with the question “So what?” makes the texts we publish perfect for an undergraduate course. And the shorter length of these books may make them more attractive than the lengthier journalistic books currently used by many educators.

Why do stories matter? We place narrative at the center of our books because it has “the remarkable power to allow us to ‘perfink’ – perceive, think, and feel at once,” wrote Kate Winskell in the forward to *Global Health Narratives*. Stories enable us to both deeply connect with the meaning of the problem and reflect on the broader implications of what the story might mean to the reader’s individual experience and the experience of others. The narrative medium holds the power not only to draw in the reader emotionally but also trigger collective critical thinking about the root causes of social injustice. These tools powerfully motivate reflection, engagement, and curiosity to learn more.

What age should educators begin using these texts? We think that they should first be exposed to Global Health at younger ages than they are now. Students come into our undergraduate Global Health courses often with no real idea of the conditions of life and health in low- and middle-income countries. Stories can clearly lay out how social injustice cultivates poor health, but they do so in a way that is not intimidating to the young reader because they avoid too many scientific words. These texts were designed for students in a formative period to set the course for engaged learning and curiosity about cultures, politics, and societies different from their own. Moreover, the stories are written for students at different reading levels. For example, most middle-school curricula include World History and Geography. Many elementary and middle school curricula include engaged learning activities called “Disease Detectives” introducing the logic of Epidemiology. Some of these projects are part of Science Olympiad programs. What the case students neglect, however, is consideration of the human dimension of suffering from diseases.

We have no doubt that students in middle school and high school can engage deeply with issues of social and health inequalities. But how these narratives are used in particular contexts matter. For instance, the

engagement students have shown with the text in a public school in rural Iowa differs from a public school in inner city Chicago, Illinois. This is because students' familiarity with such injustice differs. Those in Iowa showed deep empathy for protagonists whose lives were different from their own — from rural Nepal to urban United States. However, they engaged more deeply with struggles that aligned with their own, from stress associated with agricultural breakdown to bullying and disordered eating. In an inner city school in Chicago, students showed empathy and curiosity for the lives of others. But their ears perked up and their passion was ignited when telling their own stories that resembled those protagonists who confronted gun violence, food deserts, stress, and disordered eating. Indeed, in both cases, students demonstrated empathy for others while connecting to those whose lives seemed most like their own.

The Global Health Narrative project focused on youth protagonists from the beginning in order to provide similarities with the reader, a way for the young reader to connect. While similarities may be as simple as playing soccer or having issues with their siblings, they provide opportunities for people from very different cultures to see that human experience can share values and struggles. And yet, by breaking down the complexities of similarity and difference alike, young readers can see how human experience can be shared in some ways and how systemic inequalities can drastically influence how one person's experience from the next. Such perspective also enables youth to realize that things that they take-for-granted in their everyday lives (such as access to safe water to drink) are not universal. It provides opportunities for young people to recognize privilege and that they live in a "minority world" of the wealthy. Moreover, such curriculum allows students to begin to understand that vast differences exist and recognize the root of these differences in order to create solutions for them.

While there is a clear market for textbooks on Global Health in the undergraduate and graduate curriculum, figuring out where to place the stories from the Global Health Narratives project has been a real challenge. Initially the books were conceived to serve "Read-Aloud" opportunities in middle school classrooms. We saw multiple opportunities for their use and engagement, and teachers from around the country expressed enthusiasm for the project. And yet, with a slow recognition of the doldrums of the common core, we realized that getting our curriculum into traditional school settings was nearly impossible, even in progressive private schools. Instead, we have focused on after-school learning opportunities from church programs to the Girl Scouts. Some Sunday school classes deal with social justice issues, yet teachers seem hesitant to discuss such topics in terms of disease. These programs can provide time and space for students to engage with the material and discuss their

complexities. However, they leave some students out due to each program's own exclusivities.

Connecting with stories opens doors for students to learn more. By engaging with protagonists in the narrative books, students can begin to look further and discover who are heroes in global health. Students can then become engaged intellectually, financially, and/or emotionally with programs in global health delivery, thereby finding opportunities to make real social change. However, these stories also introduce problems associated with some community-based programs that fail to understand local issues. This can provide classroom opportunities for critical thinking and realizations that "development" programs can be very complicated.

In sum, we have created multiple narrative-based texts that engage with critical global health problems in order to spark curiosity among young readers, from middle school to college graduate. The accompanying teaching guides of the Global Health Narratives Project ([www.ghn4c.org](http://www.ghn4c.org)) advance the utility of these tools by providing teachers with concrete questions for students to discuss after reading each story. *Community Health Narratives* also provides exemplar organizations that are making a big impact on the communities they serve. Highlighting who and how people succeed at their quest for improving community health provides students with jump-off points for work in their own communities (such as neighborhoods, church, school, and so on) and futures communities they may serve (such as the global community—through politics, medicine, or public health). Cultivating an understanding of the messiness of global health inequity will undoubtedly serve to promote empathy for others, spark curiosity in youth to learn more, and encourage local engagement on issues of social and health inequity in their own communities. If we want children and young adults to eventually become true global citizens, we have to start earlier.

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### ***Global Health Narratives Book Series***

Mendenhall, Emily and Kathy Wollner. 2015. *Community Health Narratives: A Reader*. University of New Mexico Press: Albuquerque.

Mendenhall, Emily and Adam Koon. 2012. *Environmental Health Narratives: A Reader for Youth*. University of New Mexico Press: Albuquerque.

Mendenhall, Emily. 2009. *Global Health Narratives: A Reader for Youth*. University of New Mexico Press: Albuquerque.

**Global Health Book Series**

Dowdall, Courtney and Ryan Klotz. 2014. *Pesticides and Global Health: Understanding Agrochemical Dependence and Investing in Sustainable Solutions*. Left Coast Press, Walnut Creek, CA.

Kohrt, Brandon and Emily Mendenhall. 2015. *Global Mental Health: Anthropological Perspectives*. Left Coast Press, Walnut Creek, CA.

Maes, Kenny, forthcoming. *Labor and Lives of Community Health Workers*.

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*The "Experiments with pedagogy" series is edited by [Hanna Kienzler](#).*

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