


Chapter 11

Teaching and Re-Imagining the Role of Medical Sociology in South Africa During COVID-19: A Reflection

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ABSTRACT

The outbreak of COVID-19 of the SARS-COV virus family took the world by storm beginning February 2020 and became an international health crisis. Due to its unknown origins and manner of transmission, the South African government implemented lockdown measures to curtail the spread of the virus in March. These measures led to the closure of businesses across the country and sectors, including schools. The closure of schools resulted in the migration to online learning for most institutions of higher learning in South Africa. It brings with it challenges, opportunities for innovation, and reimagining pedagogical approaches, particularly in low resource settings. This chapter reflects on the nature and extent of the author's engagement with students enrolled in a health and medical sociology course during the COVID-19 lockdown in South Africa. Here, they reflect on the challenges encountered while moving a course that was designed to be delivered in person (face-to-face) to an online environment.

INTRODUCTION

The outbreak of COVID-19 of the SARS-COV virus family took the world by storm beginning February 2020 and became an international health crisis that threw everyone off balance (Cucinotta & Vanelli, 2020). Due to its unknown origins and manner of transmission, the South African government implemented lockdown and quarantine measures to curtail its spread in March. These measures led to the closure of businesses across all sectors in the country, including schools. The closure of schools resulted in the migration to online teaching for most institutions of higher learning in South Africa. It also brings

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with its challenges, opportunities for innovation, reimagining pedagogical approaches and ways of serving students particularly, in low resource settings.

For most students, the lockdown measures by the government are perceived as a much-needed break from academics. However, as days turn into weeks, weeks become months, and without any vaccine in sight, universities have accepted what many regards as the 'new normal' and migrated to online learning. Migration to online learning was immediate and a little unsettling for the most part, for both teachers and students. Some studies have shown that the ability to adapt and deliver curriculum to students while addressing other fallouts of COVID-19 circumstances has been a major concern to teachers during the pandemic (Nur Agung, Surtikanti, & OP, 2020; Agarwal & Kaushik, 2020)

Other studies have shown inequities in approaches to e-learning and schooling during covid-19 (Hamilton, Kaufman, & Diliberti, 2020). It has been found that even though teachers adapted to lockdown rules by shifting from face to face to distance learning in no time, their ability to provide support to students were hampered by a number of factors. These factors include: capacity training in online teaching/distance learning, ways to address loss of students' hands-on learning opportunities, inadequate access to devices and internet access for students, strategies for motivating and supporting students' social and emotional learning (Hamilton, Kaufman, & Diliberti, 2020; Kapasia, Paul, Roy, Saha, Zaveri, Mallick, & Chouhan, 2020; Agarwal & Kaushik, 2020).

The migration to online learning has also excluded many students from low-income backgrounds while exposing others to hardships, domestic violence and the challenge of balancing academics with informal caregiving and health issues (Agarwal & Kaushik, 2020). Research on the level of student's involvement in online learning during covid-19 lockdown shows that in India, 70% of post graduate and undergraduate students participated in e-learning by utilizing android mobile devices (Kapasias, Paul, Roy, Saha, Zaveri, Mallick, & Chouhan, 2020). Kapasia et al found that poor internet connection, anxiety, depression and unfavorable home environment posed challenges to online learning among students and these factors were particularly high among learners from rural or remote areas.

The availability and sustainability of internet connection, accessibility of teaching media, and compatibility of tools to access the media have also been identified as some of the core challenges to online learning during the pandemic (Nur Agung, Surtikanti, & OP, 2020). These challenges affected the quality of engagement between students and teachers in South Africa; as a result, this chapter reflects on and discusses my experience of teaching health and medical sociology at a time when the political economy, social epidemiology, social construction and social determinants of global health is experienced by the collective and under observation by my students. With the outbreak of the pandemic, the world became a lab where sociological concepts and the discipline of medical sociology proved relevant for global healthcare.

A reflection involves a willingness to identify ways in which personal experiences, background and values affect our perceptions and analysis of events. Positionality is a broad term that constitutes these considerations, emerging from my reflection of teaching undergraduate medical sociology. To situate my teaching experience during covid-19, I provide narratives about my positionality in my teaching work in my alma mater. My reflections therefore, describe my teaching experience, the underpinnings of my decisions and its impact on teaching goals and student learning outcome during the pandemic.

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