UNIVERSITY OF MINNESOTA

School of Public Health

Course Syllabus

PubH 6686
Global Reproductive Health
Fall 2014

Credits:	2
Meeting Days/Time:	Fall semester (September 2 – December 10, 2014)
Meeting Place:	Online
Instructor:	Wendy Hellerstedt, PhD, Associate Professor
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Office Hours:	As needed; phone or in-person meetings may be scheduled

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I. Course Description

The purpose of this course is to examine reproductive health issues, programs, services, and policies in developed and developing countries. The course content will emphasize social, economic, environmental, behavioral, and political factors that affect family planning, reproductive health, fertility, and pregnancy outcome. The course will have three areas of focus: (1) interventions and programs to improve reproductive health; (2) the measurement and interpretation of reproductive indices (within nations and globally); and (3) policies that affect reproductive health (with an emphasis on global policies and funding).

II. Course Prerequisites

Graduate level student in public health, nursing, medicine, international studies, child development, and other social sciences and health disciplines. Students in other areas of study may be enrolled with instructor consent. This course is a “scientific basis” course for MCH MPH students and an elective for students in the global health concentration in the SPH.

III. Course Goals and Objectives

At the completion of this course, the student should be able to:

- Analyze a reproductive health problem relative to the public health implications and develop outlines for policy or programmatic initiatives. For example, if asked what type of contraceptive services should be available to adolescents, the student should be able to provide a cogent discussion of the specific reproductive risks of adolescents in a specific region of the world.

- Identify the major governmental and non-governmental agencies who make global health policy.

- Describe the elements that contribute to effective interventions to improve the reproductive health of adolescents, men, and women and how "effective" interventions will vary according to political, social, cultural, and economic realities across the globe.

- Describe the goals of programs to promote safe motherhood in developed and developing countries.

- Understand the terminology and vocabulary used in the reproductive literature and how the meaning and importance of terms vary internationally.

- Identify major data sources for global health that allow cross-country comparisons.

- Understand how data collection and measurement problems vary internationally for select indicators and how these issues affect the validity (and comparability) of some reproductive health indicators.

- Appreciate the ramifications of social conditions, public policy and global financing on reproductive programs in developed and developing countries.

- Identify trends in reproductive health relative to economic, demographic, and environmental trends in various regions of the world—and how trends in one region of the world may affect reproductive health in other areas.

- Appreciate the complexity of local contexts (e.g., villages, towns, districts, cities, provinces, countries) and the difficulty of applying nationally and globally defined interventions and policies.

IV. Methods of Instruction and Work Expectations

The course will focus on eight topics (lessons) over the semester. The first six lessons will be presented in 2-week periods; the last 2 lessons will be presented in shorter sessions (see class schedule). ***By the last day of each period for each of the eight lessons,*** students will be expected to:

1. **Carefully review the topic PowerPoint lectures.** They are intended to provide background information, a conceptual framework for each of the lessons, and/or stimulating ideas.

2. **Carefully read** all of the required readings. ***Students are strongly encouraged to also read the optional readings and view the suggested videos.***

3. **Respond to a topic question** posed by Dr. Hellerstedt. This exercise is intended to encourage critical thinking. Responses must be posted before the beginning date of the next lesson. For example, the responses to the question for Lesson 1 must be posted by 11:55 PM on the last day of Lesson 1 (Sept 14).

In addition to the work that must be completed by the end of each lesson, students must:

1. **Respond to responses to a topic question posted by another student.** These responses may be made after the lesson period has passed. **Student participation** will be evaluated based on the number of responses posted. We will count the number of responses, for each student, to determine low, medium, and high response levels and assign points accordingly. A high response rate (10% of the grade) will be considered at least 6 thoughtful responses to student lesson responses during the semester; medium will be 3-5 (5-9%); low will be 0-2 (0-4%).

2. **Complete two short quizzes** that will focus on the course readings and PowerPoint presentations.

3. **Develop a factsheet** to share with all students in the class on a global reproductive health topic chosen by the student.

4. **Evaluate the presentation** of five students (as assigned by Dr. Hellerstedt).

   Optional materials will also be provided and students are encouraged to review them as their schedules permit.

V. Course Text and Readings

The readings are required (unless identified as optional). They should be read during the lesson period they are assigned because they complement the notes from the instructor and they will help the students respond to their required question for each topic. The readings were carefully chosen to represent good and recent research papers.

The required and optional readings are available through the University's Library Reserve, which can be accessed through the course website. Students will see all readings on the homepage and lesson-specific readings on each Lesson homepage.

Important note: students may not agree with the assigned commentaries, the conclusions drawn by authors, or the point of view expressed in PowerPoints or videos. That is fine! Students are welcome to discuss their reactions to course materials through online discussion.

Lesson 1

Required Reading

1. Ezeh AC, Bongaarts J, Mberu B. Global population trends and policy options. Lancet 2012;380(9837):142–148.

2. Hsu J, Berman P, Mills A. Reproductive health priorities: evidence from a resource tracking analysis of official development assistance in 2009 and 2010. Lancet 2013;381(9879):1772-1782.

3. McCoy D, Chand S, Sridhar D. Global health funding: how much, where it comes from and where it goes. Health Policy and Planning 2009;24(6):407–17.

4. McKee M, Stuckler D, Basu S. Where there is no health research: what can be done to fill the global gaps in health research? PLoS Medicine 2012;9(4):e1001209.

5. Peterson HB, D'Arcangues C, Haidar J, et al. Accelerating science-driven solutions to challenges in global reproductive health: a new framework for moving forward. Obstetrics and Gynecology 2011;117(3):720–6.

6. Pratt B, Loff B. Health research systems: promoting health equity or economic competitiveness? Bulletin of the World Health Organization 2012;90(1):55–62.

7. Yamey G. Scaling up global health interventions: a proposed framework for success. PLoS Medicine 2011;8(6):e1001049.

Optional Reading

1. Andersson A-M, Jørgensen N, Main KM, et al. Adverse trends in male reproductive health: we may have reached a crucial "tipping point." International Journal of Andrology 2008;31(2):74–80.

2. Davidson P, McGrath S, Meleis A, et al. The health of women and girls determines the health and well-being of our modern world: A white paper from the International Council on Women's Health Issues. Health Care for Women International 2012;32(August):870–886.

3. Hayman R, Taylor EM, Crawford F, et al. The impact of aid on maternal and reproductive health: A systematic review to evaluate the effect of aid on the outcomes of Millennium Development Goal 5. London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London. 2011:1–171. Available from: http://www.research.ed.ac.uk/portal/files/3347068/DFID_Systematic_Review_Report_2011.pdf.

4. Ravishankar N, Gubbins P, Cooley RJ, et al. Financing of global health: tracking development assistance for health from 1990 to 2007. Lancet. 2009;373(9681):2113–24.

5. Seims S. Maximizing the effectiveness of sexual and reproductive health funding provided by seven European governments. International Perspectives on Sexual and Reproductive Health 2011;37(3):150–4.

6. Smith-Oka V. Unintended consequences: exploring the tensions between development programs and indigenous women in Mexico in the context of reproductive health. Social Science & Medicine 2009;68(11):2069–77.

7. Stenson AL, Kapungu CT, Geller SE, Miller S. Navigating the challenges of global reproductive health research. Journal of Women's Health 2010;19(11):2101–2107.

8. Stuckler D, Basu S, Wang SW, McKee M. Does recession reduce global health aid? Evidence from 15 high-income countries, 1975-2007. Bulletin of the World Health Organization 2011;89(4):252–7.

9. Sumner A, Crichton J, Theobald S, Zulu E, Parkhurst J. What shapes research impact on policy? Understanding research uptake in sexual and reproductive health policy processes in resource poor contexts. Health Research Policy and Systems 2011;91(Suppl 1):S3. Online, doi 10.1186/1478-4505-9-S1-S3, from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3121134/

10. Wellings K, Collumbien M, Slaymaker E, et al. Sexual behaviour in context: a global perspective. Lancet 2006;368(9548):1706–28.

Lesson 2

Required Reading

1. Castillo-Salgado C. Trends and directions of global public health surveillance. Epidemiologic Reviews 2010;32(1):93–109.

2. Connell R. Gender, health and theory: conceptualizing the issue, in local and world perspective. Social Science & Medicine 2012;74(11):1675–83.

3. Friel S, Marmot MG. Action on the social determinants of health and health inequities goes global. Annual Review of Public Health 2011;32:225–36.

4. Oram S, Stöckl H, Busza J, Howard LM, Zimmerman C. Prevalence and risk of violence and the physical, mental, and sexual health problems associated with human trafficking: systematic review. PLoS Medicine 2012;9(5):e1001224.

5. Pallitto CC, García-Moreno C, Jansen HA, Heise L, Ellsberg M, Watts C. Intimate partner violence, abortion, and unintended pregnancy: Results from the WHO Multi-country Study on Women's Health and Domestic Violence. International Journal of Gynecology & Obstetrics 2013;120(1), 3-9.

6. Santhya KG. Early marriage and sexual and reproductive health vulnerabilities of young women: a synthesis of recent evidence from developing countries. Current Opinion in Obstetrics & Gynecology 2011;23(5):334–9.

Optional Reading

1. Birnbaum J, Murray C, Lozano R. Exposing misclassified HIV/AIDS deaths in South Africa. Bulletin of the World Health Organization 2011;89(4):278–85.

2. Coleman E. What is sexual health? Articulating a sexual health approach to HIV prevention for men who have sex with men. AIDS and Behavior 2011;15 Suppl 1:S18–24.

3. Kaufman J. The global women’s movement and Chinese women's rights. Journal of Contemporary China 2012;21(July):585–602.

4. Nour NM. Child marriage: A silent health and human rights issue. Reviews in Obstetrics & Gynecology 2009;2(1):51–56.

5. Pega F, Gray A, Veale JF, Binson D, Sell RL. Toward global comparability of sexual orientation data in official statistics: a conceptual framework of sexual orientation for health data collection in New Zealand's Official Statistics System. Journal of Environmental and Public Health June 2013. Published online, doi: 10.1155/2013/473451. Available from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3694548/.

6. Reisner SL, Lloyd J, Baral SD. Technical Report: The Global Health Needs of Transgender Populations. USAID's AIDS Support and Technical Assistance Resources, AIDSTAR Two, Task Order 2, Arlington, VA;2013. Available from: http://www.aidstar-two.org/upload/AIDSTAR-Two-Transgender-Technical-Report_FINAL_09-30-13.pdf.

7. Sebo P, Jackson Y, Haller DM, Gaspoz J-M, Wolff H. Sexual and reproductive health behaviors of undocumented migrants in Geneva: a cross sectional study. Journal of Immigrant and Minority Health 2011;13(3):510–7.

8. Todrys KW, Amon JJ. Criminal justice reform as HIV and TB prevention in African prisons. PLoS Medicine 2012;9(5):e1001215.

9. Upadhyay UD, Karasek D. Women's empowerment and ideal family size: an examination of DHS empowerment measures in Sub-Saharan Africa. International Perspectives on Sexual and Reproductive Health 2012;38(2):78–89.

10. Scambler G, Paoli F. Health work, female sex workers and HIV/AIDS: global and local dimensions of stigma and deviance as barriers to effective interventions. Social Science & Medicine 2008;66(8):1848–62.

11. World Health Organization. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non- partner sexual violence. Geneva: World Health Organization, 2013. Available from: http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf

Lesson 3

Required Reading

1. Anwar J, Mpofu E, Matthews L, et al. Reproductive health and access to healthcare facilities: risk factors for depression and anxiety in women with an earthquake experience. BMC Public Health 2011;11(1):523. Online, http://www.biomedcentral.com/1471-2458/11/523

2. Fisher S. Violence against women and natural disasters: findings from post-tsunami Sri Lanka. Violence Against Women 2010;16(8):902–18.

3. Harville E, Xiong X, Buekens P. Disasters and perinatal health: A systematic review. Obstetrical and Gynecological Survey 2011;65(11):713–728.

4. Meeker JD. Exposure to environmental endocrine disrupting compounds and men's health. Maturitas 2010;66(3):236–41.

Optional Reading

1. Bryant L, Carver L, Butler C, Anage A. Climate change and family planning: least-developed countries define the agenda. Bulletin of the World Health Organization 2009;87(11):852–7.

2. Fenton SE, Reed C, Newbold RR. Perinatal environmental exposures affect mammary development, function, and cancer risk in adulthood. Annual Review of Pharmacology and Toxicology 2012;52:455–79.

3. Gribble KD, McGrath M, Maclaine A, Lhotska L. Supporting breastfeeding in emergencies: protecting women's reproductive rights and maternal and infant health. Disasters 2011;35(4):720-38.

4. Halldorsson TI, Rytter D, Haug LS, et al. Prenatal exposure to perfluorooctanoate and risk of overweight at 20 years of age: a prospective cohort study. Environmental Health Perspectives 2012;120(5):668–73.

5. Kulcsár LJ, Brown DL. Public perceptions of population changes in Hungary. Eastern European Countryside 2009;15:23–36.

6. Leyser-Whalen O, Rahman M, Berenson AB. Natural and social disasters: racial inequality in access to contraceptives after Hurricane Ike. Journal of Women's Health 2011;20(12):1861–6.

7. Myers SS, Patz J. Emerging threats to human health from global environmental change. Annual Review of Environment and Resources 2009;34(1):223–252.

8. Perera F, Li T, Zhou Z, et al. Benefits of reducing prenatal exposure to coal-burning pollutants to children's neurodevelopment in China. Environmental Health Perspectives 2008;116(10):1396–400.

9. Speidel JJ, Grossman R a. Addressing global health, economic, and environmental problems through family planning. Obstetrics and Gynecology 2011;117(6):1394–8.

10. Sutton P, Woodruff TJ, Perron J, et al. Toxic environmental chemicals: the role of reproductive health professionals in preventing harmful exposures. American Journal of Obstetrics and Gynecology 2012;207(3):164-173.

11. Valentine SV. Disarming the population bomb. International Journal of Sustainable Development & World Ecology 2010;17(2):120–132.

12. Vandenberg LN, Maffini MV, Sonnenschein C, Rubin BS, Soto AM. Bisphenol-A and the great divide: a review of controversies in the field of endocrine disruption. Endocrine Reviews 2009;30(1):75–95.

13. Xiong X, Harville EW, Mattison DR, et al. Exposure to Hurricane Katrina, post-traumatic stress disorder and birth outcomes. The American Journal of the Medical Sciences 2008;336(2):111–5.

14. World Health Organization. Environment and health risks: a review of the influence and effects of social inequalities. 2010:1–268. Available from: http://www.euro.who.int/__data/assets/pdf_file/0020/115364/E93037.pdf.

Lesson 4

Required Reading

1. Gay J, Hardee M, Croce-Galis M, Hall C. What works to meet the sexual and reproductive health needs of women living with HIV/AIDS. Journal of the International AIDS Society 2011;14(1):56.

2. Gray R, Kigozi G, Kong X, et al. The effectiveness of male circumcision for HIV prevention and effects on risk behaviors in a posttrial follow-up study. AIDS 2012;26(5):609–15.

3. Kane M a. Global implementation of human papillomavirus (HPV) vaccine: lessons from hepatitis B vaccine. Gynecologic Oncology 2010;117(2 Suppl):S32–5.

4. Matteelli A, Schlagenhauf P, Carvalho AC, Weld L, Davis XM, Wilder-Smith A et al. Travel-associated sexually transmitted infections: an observational cross-sectional study of the GeoSentinel surveillance database. The Lancet Infectious Diseases 2013;13(3), 205-213.

5. Mumtaz G, Hilmi N, McFarland W, et al. Are HIV epidemics among men who have sex with men emerging in the Middle East and North Africa?: a systematic review and data synthesis. PLoS Medicine 2011;8(8):e1000444.

6. Platt L, Grenfell P, Fletcher A, Sorhaindo A, Jolley E, Rhodes T, Bonell, C. Systematic review examining differences in HIV, sexually transmitted infections and health-related harms between migrant and non-migrant female sex workers. Sexually Transmitted Infections 2013;89(4), 311-319.

7. Steen R, Elvira Wi T, Kamali A, Ndowa F. Control of sexually transmitted infections and prevention of HIV transmission: mending a fractured paradigm. Bulletin of the World Health Organization 2009;87(11):858–865.

8. Stockman JK, Lucea MB, Campbell JC. Forced sexual initiation, sexual intimate partner violence and HIV risk in women: a global review of the literature. AIDS and Behavior 2013;17(3):832-847.

9. World Health Organization. Baseline report on global sexually transmitted infection surveillance 2012. Geneva: World Health Organization. 2013. Available from: https://extranet.who.int/iris/restricted/bitstream/10665/85376/1/9789241505895_eng.pdf.

Optional Reading

1. Barroso C, Sippel S. Sexual and reproductive health and rights: integration as a holistic and rights-based response to HIV/AIDS. Women's Health Issues 2011;21(6 Suppl):S250–4.

2. Biesma RG, Brugha R, Harmer A, et al. The effects of global health initiatives on country health systems: a review of the evidence from HIV/AIDS control. Health Policy and Planning 2009;24(4):239–52.

3. Ciaranello AL, Perez F, Keatinge J, et al. What will it take to eliminate pediatric HIV? Reaching WHO target rates of mother-to-child HIV transmission in Zimbabwe: a model-based analysis. PLoS Medicine 2012;9(1):e1001156.

4. Germain A, Dixon-Mueller R, Sen G. Back to basics: HIV/AIDS belongs with sexual and reproductive health. Bulletin of the World Health Organization 2009;87(11):840–845.

5. Komatsu R, Lee D, Lusti-Narasimhan M, et al. Sexual and reproductive health activities in HIV programmes: can we monitor progress? Journal of Epidemiology and Community Health 2011;65(3):199–204.

6. Sabarwal S, Santhya KG. Treatment-seeking for symptoms of reproductive tract infections among young women in India. International Perspectives on Sexual and Reproductive Health 2012;38(2):90–8.

7. Stauffer WM, Painter J, Mamo B, et al. Sexually transmitted infections in newly arrived refugees: is routine screening for Neisseria gonorrheae and Chlamydia trachomatis infection indicated? The American Journal of Tropical Medicine and Hygiene 2012;86(2):292–5.

8. Swendeman D, Rotheram-Borus MJ. Innovation in sexually transmitted disease and HIV prevention: internet and mobile phone delivery vehicles for global diffusion. Current Opinion in Psychiatry 2010;23(2):139–44.

9. Thirumurthy H, Lester RT. M-health for health behaviour change in resource-limited settings: applications to HIV care and beyond. Bulletin of the World Health Organization 2012;90(5):390–2.

10. Tsai AC, Hung KJ, Weiser SD. Is food insecurity associated with HIV risk? Cross-sectional evidence from sexually active women in Brazil. PLoS Medicine 2012;9(4):e1001203.

11. Wagner AC, Hart T a, Mohammed S, et al. Correlates of HIV stigma in HIV-positive women. Archives of Women's Mental Health 2010;13(3):207–14.

12. Wheeler CM. Less is more: a step in the right direction for human papillomavirus (HPV) vaccine implementation. Journal of the National Cancer Institute 2011;103(19):1424–5.

13. Wilcken A, Keil T, Dick B. Traditional male circumcision in eastern and southern Africa: a systematic review of prevalence and complications. Bulletin of the World Health Organization 2010;88(12):907–14.

Lesson 5

Required Reading

1. Blumenthal PD, Shah NM, Jain K, Saunders A, Clemente C, Lucas B, et al. Revitalizing long-acting reversible contraceptives in settings with high unmet need: a multicountry experience matching demand creation and service delivery. Contraception 2013; 87(2):170-175.

2. Canning D, Schultz TP. The economic consequences of reproductive health and family planning. Lancet 2012;380(9837):165–171.

3. Chabot MJ, Lewis C, de Bocanegra HT, Darney P. Correlates of receiving reproductive health care services among U.S. men aged 15 to 44 years. American Journal of Men's Health 2011;5(4):358–66.

4. Jacobstein R, Curtis C, Spieler J, Radloff S. Meeting the need for modern contraception: Effective solutions to a pressing global challenge. International Journal of Gynecology & Obstetrics 2013;121: S9-S15.

5. Jain AK, Ross J. Fertility differences among developing countries: are they still related to family planning program efforts and social settings? International Perspectives on Sexual and Reproductive Health 2012;38(1):15–22.

6. Johnson S, Pion C, Jennings V. Current methods and attitudes of women towards contraception in Europe and America. Reproductive Health 2013; 10(7). Available online http://www.reproductive-health-journal.com/content/10/1/7

7. Lusti-Narasimhan M, Say L, Mbizvo MT. Linking HIV and sexual and reproductive health services to enhance program outcomes. International Journal of Gynecology and Obstetrics 2010;110 Suppl:S7–9.

8. Sutherland EG, Otterness C, Janowitz B. What happens to contraceptive use after injectables are introduced? An analysis of 13 countries. International Perspectives on Sexual and Reproductive Health 2011;37(4):202–8.

Optional Reading

1. Ahsan S. Sustainable supply of reproductive-health commodities. The European Journal of Contraception & Reproductive Health Care 2012;17(3):175–8.
2. Blumenthal P, Voedisch A, Gemzell-Danielsson. Strategies to prevent unintended pregnancy: increasing use of long-acting reversible contraception. Human Reproduction Update 2011;17(1):121–37.
3. Cheng CY, Mruk DD. Male contraception Where do we go from here? Spermatogenesis 2011;1(4):281–282.
4. Clark S, Kabiru C, Zulu E. Do men and women report their sexual partnerships differently? Evidence from Kisumu, Kenya. International Perspectives on Sexual and Reproductive Health 2011;37(4):181–90.
5. Cleland JG, Ndugwa RP, Zulu EM. Family planning in sub-Saharan Africa: progress or stagnation ? Bulletin of the World Health Organization 2011;89:137–143.
6. Creanga A, Gillespie D, Karklins S, Tsui AO. Low use of contraception among poor women in Africa: an equity issue. Bulletin of the World Health Organization.2011;89(4):258–66.
7. Morse J, Chipato T, Blanchard K, Nhemachena T, Ramjee G, McCulloch C. et al. Provision of long-acting reversible contraception in HIV-prevalent countries: results from nationally representative surveys in southern Africa. BJOG: An International Journal of Obstetrics & Gynaecology 2013;120(11):1386-1394.
8. O'Brien M, Richey C. Knowledge networking for family planning: the potential for virtual communities of practice to move forward the global reproductive health agenda. Knowledge Management & E-Learning: An International Journal 2010;2(2):109–121. Available from: http://www.kmel-journal.org/ojs/index.php/online-publication/article/viewFile/60/42.
9. Ross J, Smith E. Trends in national family planning programs, 1999, 2004 and 2009. International Perspectives on Sexual and Reproductive Health 2011;37(3):125–33.

Lesson 6

Required Reading

1. Curtis S, Evens E, Sambisa W. Contraceptive discontinuation and unintended pregnancy: an imperfect relationship. International Perspectives on Sexual and Reproductive Health 2011;37(2):58–66.

2. Jones RK, Moore AM, Frohwirth LF. Perceptions of male knowledge and support among U.S. women obtaining abortions. Women's Health Issues 2010;21(2):117–23.

3. Kubicka L, Roth Z, Dytrych Z, Matějcek Z, David HP. The mental health of adults born of unwanted pregnancies, their siblings, and matched controls: a 35-year follow-up study from Prague, Czech Republic. The Journal of Nervous and Mental Disease 2002;190(10):653–62.

4. Norris A, Bessett D, Steinberg JR, et al. Abortion stigma: a reconceptualization of constituents, causes, and consequences. Women's Health Issues 2011;21(3 Suppl):S49–54.

5. Pazol K, Creanga AA, Burley KD, Hayes B, Jamieson DJ. Abortion surveillance–United States, 2010. MMWR Surveill Summ 2013;62(Suppl 8):1-44.

6. RamaRao S, Townsend JW, Diop N, Raifman S. Postabortion care: going to scale. International Perspectives on Sexual and Reproductive Health 2011;37(1):40–4.

7. Santelli J, Rochat R, Hatfield-Timajchy K, et al. The measurement and meaning of unintended pregnancy. Perspectives on Sexual and Reproductive Health. 2003;35(2):94–101.

8. Sedgh G, Singh S, Shah IH, et al. Induced abortion: incidence and trends worldwide from 1995 to 2008. Lancet 2012;379(9816):625–32.

9. Vlassoff M, Walker D, Shearer J, Newlands D, Singh S. Estimates of health care system costs of unsafe abortion in Africa and Latin America. International Perspectives on Sexual and Reproductive Health 2009;35(3):114–121.

Optional Reading

1. Bracken H, Winikoff B, Lohr PA, Taylor J, Morroni C. RU OK? The acceptability and feasibility of remote technologies for follow-up after early medical abortion. Contraception 2014; in press.

2. Cleland K, Creinin MD, Nucatola D, Nshom M, Trussell J. Significant adverse events and outcomes after medical abortion. Obstetrics and Gynecology 2013;*121*(1):166-171.

3. Jha P, Kesler M, Kumar R, et al. Trends in selective abortion of girls in India: analysis of nationally representative birth histories from 1990 to 2005 and census data from 1991-2011. Lancet 2011;377(9781):1921–8.

4. Kumar A, Hessini L, Mitchell EMH. Conceptualising abortion stigma. Culture, Health & Sexuality 2009;11(6):625–39.

5. Lamichhane P, Harken T, Puri M, et al. Sex-selective abortion in Nepal: a qualitative study of health workers' perspectives. Women's Health Issues 2011;21(3 Suppl):S37–41.

6. Ngo TD, Park MH, Shakur H, Free C. Comparative effectiveness, safety and acceptability of medical abortion at home and in a clinic: a systematic review. Bulletin of the World Health Organization 2011;89(5):360–70.

7. Raymond EG, Shannon C, Weaver MA, Winikoff B. First-trimester medical abortion with mifepristone 200 mg and misoprostol: a systematic review. Contraception 2013; 87(1):26-37.

8. Serbanescu F, Stupp P, Westoff C. Contraception matters: two approaches to analyzing evidence of the abortion decline in Georgia. International Perspectives on Sexual and Reproductive Health 2010;36(2):99–110.

9. Trussell J, Nucatola D, Fjerstad M, Lichtenberg ES. Reduction in infection-related mortality since modifications in the regimen of medical abortion. Contraception 2014;89:193-96.

Lesson 7

Required Reading

1. Bhutta Z, Lassi ZS, Blanc A, Donnay F. Linkages among reproductive health, maternal health, and perinatal outcomes. Seminars in Perinatology 2010;34(6):434–45.

2. Bhutta Z, Chopra M, Axelson H, et al. Countdown to 2015 decade report (2000-10): taking stock of maternal, newborn, and child survival. Lancet 2010;375(9730):2032–44.

3. Davis MA. Demographics of gay and lesbian adoption and family policies. In: *International Handbook on the Demography of Sexuality* (pp. 383-401). Springer Netherlands. 2013. Available from: http://download.springer.com/static/pdf/136/chp%253A10.1007%252F978-94-007-5512-3_19.pdf?auth66=1399660742_cfc51ff449e2e8ea299fc439cb70670d&ext=.pdf

4. Fisher J, Cabral de Mello M, Patel V, et al. Prevalence and determinants of common perinatal mental disorders in women in low- and lower-middle-income countries: a systematic review. Bulletin of the World Health Organization 2012;90(2):139G–149G.

5. Hiekel N, Castro-Martín T. Grasping the diversity of cohabitation: fertility intentions among cohabiters across Europe. Journal of Marriage and Family 2014:*76*(3), 489-505.

6. Hill SR. Putting the priorities first: medicines for maternal and child health. Bulletin of the World Health Organization 2012;90(3):236–8.

7. Hogan MC, Foreman KJ, Naghavi M, et al. Maternal mortality for 181 countries, 1980-2008: a systematic analysis of progress towards Millennium Development Goal 5. Lancet 2010;375(9726):1609–23.

8. Prata N, Sreenivas A, Greig F, Walsh J, Potts M. Setting priorities for safe motherhood interventions in resource-scarce settings. Health Policy 2010;94(1):1–13.

9. Roseboom TJ, Van Der Meulen JHP, Ravelli ACJ, et al. Perceived health of adults after prenatal exposure to the Dutch famine. Pediatric and Perinatal Epidemiology 2003;17(4):391–7.

10. Thompson R, Miller YD. Birth control: to what extent do women report being informed and involved in decisions about pregnancy and birth procedures? BMC Pregnancy and Childbirth 2014;14(1):62. Available online: http://www.biomedcentral.com/content/pdf/1471-2393-14-62.pdf.

11. Thomson E, Lappegård T, Carlson M, Evans A, Gray E. Childbearing across partnerships in Australia, the United States, Norway, and Sweden. Demography 2014;51(2):485-508.

Optional Reading

1. Abimbola S, Okoli U, Olubajo O. The midwives service scheme in Nigeria. PLoS Medicine 2012;9(5):e1001211. Available online: http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001211.

2. Brown-Bryant R, Brumbaugh K. A perspective on CDC's efforts in safe motherhood: 2001 to the present. Journal of Women's Health 2010;19(5):833–836.

3. Byrne A, Morgan A. How the integration of traditional birth attendants with formal health systems can increase skilled birth attendance. International Journal of Gynecology and Obstetrics 2011;115(2):127–34.

4. Darmstadt GL, Lee ACC, Cousens S, et al. 60 million non-facility births: who can deliver in community settings to reduce intrapartum-related deaths? International Journal of Gynecology and Obstetrics 2009;107 Suppl :S89–112.

5. Diamond-Smith N, Potts M. A woman cannot die from a pregnancy she does not have. International Perspectives on Sexual and Reproductive Health 2011;37(3):155–8.

6. Engmann C, Garces A, Jehan I, et al. Birth attendants as perinatal verbal autopsy respondents in low- and middle-income countries: a viable alternative? Bulletin of the World Health Organization 2012;90(3):200–8.

7. Farhat EB, Chaouch M, Chelli H, et al. Reduced maternal mortality in Tunisia and voluntary commitment to gender-related concerns. International Journal of Gynecology and Obstetrics 2012;116(2):165–8.

8. Feng XL, Xu L, Guo Y, Ronsmans C. Factors influencing rising caesarean section rates in China between 1988 and 2008. Bulletin of the World Health Organization 2012;90(1):30–39A.

9. Hales CN, Barker DJP, Clark PMS, et al. Fetal and infant growth and impaired glucose tolerance at age 64. British Medical Journal 1991;303(6809):1019–1022.

10. Honikman S, van Heyningen T, Field S, Baron E, Tomlinson M. Stepped care for maternal mental health: a case study of the perinatal mental health project in South Africa. PLoS Medicine 2012;9(5):e1001222.

11. Inhorn MC, Shrivastav P, Patrizio P. Assisted reproductive technologies and fertility “tourism”: examples from Global Dubai and the Ivy League. Medical Anthropology: Cross-Cultural Studies in Health and Illness 2012;31(3):249–265.

12. Kamal SMM. Safe motherhood practices among women of urban slums in Bangladesh. Health Care for Women International 2012;33(8):719–38.

13. Ronsmans C, Graham WJ. Maternal mortality: who, when, where, and why. Lancet 2006;368(9542):1189–200.

14. Sipsma HL, Chen PG, Ofori-Atta A, et al. Female genital cutting: current practices and beliefs in western Africa. Bulletin of the World Health Organization 2012;90(2):120–127F.

15. Souza JP, Cecatti JG, Faundes A, et al. Maternal near miss and maternal death in the World Health Organization’s 2005 global survey on maternal and perinatal health. Bulletin of the World Health Organization 2010;88(2):113–9.

Lesson 8

Required Reading

1. Avery L, Lazdane G. What do we know about sexual and reproductive health of adolescents in Europe? The European Journal of Contraception & Reproductive Health Care 2008;13(1):58–70.

2. Patton GC, Coffey C, Cappa C, et al. Health of the world's adolescents: a synthesis of internationally comparable data. Lancet 2012;379(9826):1665–75.

3. Fair C, Wiener L, Zadeh S, et al. Reproductive health decision-making in perinatally HIV-infected adolescents and young adults. Maternal and Child Health Journal 2013;17(5):797-808.

4. Hall KS, Moreau C, Trussell J. Determinants of and disparities in reproductive health service use among adolescent and young adult women in the United States, 2002-2008. American Journal of Public Health 2012;102(2):359–67.

5. Marcell AV, Wibbelsman C, Seigel WM. Male adolescent sexual and reproductive health care. Pediatrics 2011;128(6):e1658–76.

6. Sommer M. An overlooked priority: puberty in sub-Saharan Africa. American Journal of Public Health 2011;101(6):979–81.

Optional Reading

1. Bearinger LH, Sieving RE, Ferguson J, Sharma V. Global perspectives on the sexual and reproductive health of adolescents: patterns, prevention, and potential. Lancet 2007;369(9568):1220–31.

2. Catalano R, Fagan A, Gavin L. Worldwide application of prevention science in adolescent health. Lancet 2012;379(9826):1653–64.

3. DeJong J, El-Khoury G. Reproductive health of Arab young people. BMJ 2006;333(7573):849–51.

4. Hamid S, Stephenson R, Rubenson B. Marriage decision making, spousal communication, and reproductive health among married youth in Pakistan. Global Health Action 2011;4:5079. Available online: http://www.globalhealthaction.net/index.php/gha/article/view/5079.

5. Hindin MJ, Christiansen CS, Ferguson BJ. Setting research priorities for adolescent sexual and reproductive health in low-and middle-income countries. Bulletin of the World Health Organization 2013;91(1):10-18.

6. Khalaj F, Farahani A, Shah I, Cleland J, Mohammadi MR. Adolescent males and young females in Tehran: differing perspectives, behaviors and needs for reproductive health and implications for gender. Journal of Reproductive Infertility 2012;13(2):101–110.

7. Mustanski B, Van Wagenen A, Birkett M, Eyster S, Corliss HL. Identifying sexual orientation health disparities in adolescents: analysis of pooled data from the Youth Risk Behavior Survey, 2005 and 2007. American Journal of Public Health 2014;104(2):211-217.

8. Raheel, H., Mahmood, M. A., & BinSaeed, A. (2013). Sexual practices of young educated men: implications for further research and health education in Kingdom of Saudi Arabia (KSA). Journal of Public Health 2013;35(1), 21-26.

9. Samandari G, Speizer IS. Adolescent sexual behavior and reproductive outcomes in Central America: trends over the past two decades. International Perspectives on Sexual and Reproductive Health 2010;36(1):26–35.

10. Wight D, Fullerton D. A review of interventions with parents to promote the sexual health of their children. Journal of Adolescent Health 2013;52(1):4-27.

VI. Course Outline/Weekly Schedule

Session Date and Topic

#1 *September 2-14: Overview of global reproductive health: assessment, assurance, and advocacy*

- Definitions: global, reproductive, populations affected, public health, sexual health
- Global demographic and epidemiologic transitions
- Reproductive health indicators and surveillance
- 20th & 21st Century events that affect how we conceptualize reproductive health (e.g., Beijing, Cairo, MDGs)
- The alphabet soup of international reproductive health programs

Due by September 14: Response to a topic question Introductions

#2 *September 15 –28: Special populations (with a focus on stigma and its affect on reproductive health) and surveillance*

- Gender and sex
- Victims of interpersonal violence
- Sex workers in developing and developed countries
- Child brides
- Immigrants, refugees, victims of war, victims of violence
- Homosexuals/trans-gendered individuals in developing and developed countries
- Infertile couples in developing and developed countries
- Social influences (e.g., marriage, education, poverty, ethnic identity, religion): does their impact on reproductive health vary internationally?

Due by September 28: Response to a topic question

#3 *September 29- October 12: Environmental concerns and global reproductive health*

- Environmental conditions (natural and human-made) that affect fertility and reproductive health: how are the concerns of people in developed and developing countries expressed? How are they addressed?
- Population growth

Due by October 5: Quiz 1 Due ***Due by October 12:*** Response to a topic question

#4 *October 13 - October 26: Sexually transmitted infections, HIV/AIDS, and cervical cancer: prevention, control, and treatment variations internationally*

- Pregnancy and perinatal HIV infection: is it possible that the successes realized in developed countries can ever be realized in developing countries?

- Access to HIV treatment worldwide
- Cervical cancer: cultural, political, and economic barriers and opportunities for prevention (HPV vaccine, Pap smears) and treatment
- Variations in education, prevention, and treatment of STIs internationally, with an emphasis on special populations (youth, sex workers)
- International variations in STI prevalence by type

Due by October 26: Response to a topic question
E-mail factsheet topic idea to Dr. Hellerstedt

#5 October 27 – November 9*: International variations in approaches to family planning*

- Concepts (e.g., contraception, dual use, child spacing)
- Contraceptive access and availability (hormonal and non-hormonal)

Due by November 2: Quiz 2 Due
Due by November 9: Response to a topic question

#6 November 10 - 23: Abortion (medical and surgical) and unintended pregnancy

- Global abortion surveillance: prevalence and trends
- Policies that affect access, availability, and safety: comparison of safety in countries where abortion policy varies
- Unwanted pregnancy and its consequences: the Czech and Romanian experiences

Due by November 23: Response to a topic question

#7 November 24 - November 30: Safe motherhood and fetal origins of adult disease

- Infant and maternal mortality: developing and developed countries
- Abortion: global abortion surveillance (prevalence and trends); policies that affect access, availability, and safety
- Safe Motherhood initiatives for developing countries and expectations in developed countries
- Fetal origins of adult disease: beyond nutritional etiologies

Due by November 30: Response to a topic question
Due by November 30: Factsheet

#8 December 1 - 10: Adolescent reproductive and sexual health: indices and trends related to health promotion and outcomes internationally

- Key concepts (e.g., age at sexual debut, marriage/employment/education): how correlates of reproductive health vary internationally by sex and by gender
- Educational approaches (e.g., abstinence, comprehensive sexual education): comparisons of European, US, and African models
- Consequences of early pregnancy and sexually transmitted infections (e.g., does the role of women affect the impact of socioeconomic consequences?)

Due by December 10: Response to a topic question ***Due by December 10:*** Evaluation of Assigned Factsheets

VII. Evaluation and Grading

This is a 2-credit class. One credit is generally defined as the equivalent of roughly 3 hours of learning effort/week. This 8-lesson class is spread out over a full semester. Students have 2 weeks to finish each lessons EXCEPT for the last two lessons, which are shorter than 2 weeks.

A. Assignments

Students must complete all of the following requirements to earn a passing grade in the course:

1. Review all PowerPoint presentations provided by Dr. Hellerstedt. They are intended to provide an overview to the topic and will complement your readings.

2. Complete all of the assigned readings.

3. Respond to a question about each of the 8 topics by the last day of session. These responses will be posted for all students and the instructor to read. ***Students will earn 0-5 points for each of their topic responses; this activity will contribute to 40% of the total grade.*** All questions responses will be due on the last day of a lesson.

4**. Respond to student responses to session topics (see C above).** Students can respond to any and all student comments. ***Responses need to be substantive and thoughtful to be counted*** (e.g., a response of "I agree" will not be counted. A response of "I agree because… will likely be counted). Students may respond after the topic deadline (e.g., a student may response to a topic #1 comment when the class is on topic #3)—but may not respond more than a month after the initial student response (unless there is a continuing series of student responses to the post). All substantive responses will be counted: e.g., a student could provide responses to 3 students on the same topic and all 3 would be counted. ***This activity will contribute up to 10% of the total grade. Students may continue to respond (and are encouraged to do so) after they have attained the maximum of 10% for this activity.***

5. **Quizzes (2):** 20% of the total grade (i.e., 10% each). The short quizzes will ask questions about course readings and/or presentations. They are intended to help the student understand the course materials.

Due dates: October 5 and November 2

6. **Global reproductive health factsheet: 20% of total grade for the factsheet; up to an additional 10% for evaluating assigned student factsheets.** Students will prepare a factsheet (2 pages) that explores a small question in global reproductive health. The purpose of the project is to give students an opportunity to organize a handout that will allow them to succinctly educate others about one of the following broad areas: (1) a marker of global reproductive health (e.g., fertility, STIs—a specific STI is best, abortion, sterilization, maternal

mortality)—students may describe either the magnitude of the health condition or how it can best be measured; (2) a program or intervention approach, or a health-care access issue, specific to another country or area of the world (e.g., treatment of HIV-positive mothers in Africa, prenatal care in Northern Europe; contraceptive access in Eastern Europe); or (3) a policy or international initiative that affects the provision of reproductive services (e.g., major statements from the Beijing or Cairo conferences, WHO position on HIV, the former Global Gag Rule).

The goal of this project is to share evidence-based information with an informed audience (i.e., graduate students in public health). For example, a very appropriate factsheet could include a table of the most prevalent STIs (and the numbers of people affected) in Eastern Africa. The student could take this table—from a report (it is does not have to be created by the student)—and put together a factsheet about the distribution of STIs in one area of the world. The student could also choose several areas of the world to contrast the prevalence of specific STIs and provide some information about why prevalence may vary. Another appropriate presentation would be a simple description of China's One Child Rule: when was it started, why, and what is its status now? Or, the student may choose to ask a provocative question, such as 'DOES ANY GOVERNMENT HAVE THE RIGHT TO IMPOSE FERTILITY MEASURES?' and then offer evidence to support his/her view.

Relevant citations are also important—it is necessary to cite reproduced material and to tell people where to look for further information. A good handout will have a small bibliography with relevant articles and websites. Students may check the websites on the syllabus as many produce factsheets of high quality.

The factsheet will be shared with the entire class <u>electronically</u> (not in person). Students will be encouraged to view all of them (to enhance their knowledge!) and to grade five of them using a simple scale provided by Dr. Hellerstedt before students <u>start</u> this assignment. Dr. Hellerstedt will tell students whose assignments they are grading after the factsheets are submitted. Those grades will be submitted to Dr. Hellerstedt and may inform her grading of the materials. The evaluations of the factsheets will be graded by Dr. Hellerstedt; this assignment has the potential to add 0-10% to the final grade.

Due date to e-mail topic idea to Hellerstedt: October 26
Due date for factsheet: November 30
Due date to evaluate assigned student factsheets: December 10

B. There will be **no final exam**.

C. There will be **no opportunity for "extra credit."**

D. **Evaluation and Grading**

Assignment	% of Final Grade	Due Date
Response to question/assignment about each of eight topics	5% for each response, for a total of **40%**	By the last day of each lesson period
Quiz 1 Quiz 2	**10%** **10%**	10/05/14 11/02/14

Factsheet	**20%**	11/30/14 notification about topic to Hellerstedt: 10/26/14
Participatory assignments • Responses to student discussion responses	**Up to 10% (as described on the website, responses will be evaluated)**	Anytime before the end of the semester
• Evaluate five presentations, as assigned by Hellerstedt	0-2% for each evaluation, for a maximum total of **10%**	12/10/14

E. Grading Criteria

Letter grades and associated points are awarded in this course as follows below, and will appear on the student's official transcript. The S grade does not carry points but the credits will count toward completion of the student's degree program if permitted by the college or program.

The University utilizes plus and minus grading on a 4.000 cumulative grade point scale in accordance with the following:

Grade Points	**Description**
A = 95-100 (4.0)	Represents achievement that is outstanding relative to the level necessary to meet course requirements.
A- = 90-94 (3.67) B+ = 87-89 (3.33)	
B = 83-86 (3.0)	Represents achievement that is significantly above the level necessary to meet course requirements.
B- = 80-82 (2.67) C+ = 77-79 (2.33)	
C = 73-76 (2.0)	Represents achievement that meets the course requirements in every respect.
C- = 70-72 (1.67) D+ = 65-69 (1.33)	
D = 55-64 (1.0)	Represents achievement that is worthy of credit even though it fails to meet fully the course requirements.
F = <55 (0.0)	Represents failure and signifies that the work was completed but not at a level of achievement worthy of credit.

S/N option must complete all assignments to a C- level (70%):

S	Achievement that is satisfactory which is equivalent to a C- or better (achievement is at the discretion of the instructor but may be no lower than a C-).
N	Represents failure (or no credit) and signifies that the work was either (1) completed but at a level of achievement that is not worthy of credit or (2) was not completed and there was no agreement between the instructor and the student that the student would be awarded an I.

For additional information, please refer to:
http://policy.umn.edu/Policies/Education/Education/GRADINGTRANSCRIPTS.html.

F. Student Course Evaluation

The SPH will collect student course evaluations electronically using a software system called CoursEval: www.sph.umn.edu/courseval. The system will send email notifications to students when they can access and complete their course evaluations. Students who complete their course evaluations promptly will be able to access their final grades just as soon as the faculty member renders the grade in SPHGrades: www.sph.umn.edu/grades. All students will have access to their final grades through OneStop two weeks after the last day of the semester regardless of whether they completed their course evaluation or not. Student feedback on course content and faculty teaching skills are an important means for improving our work. Please take the time to complete a course evaluation for each of the courses for which you are registered.

G. Incomplete Contracts

A grade of incomplete "I" shall be assigned at the discretion of the instructor when, due to extraordinary circumstances (e.g., documented illness or hospitalization, death in family, etc.), the student was prevented from completing the work of the course on time. The assignment of an "I" requires that a contract be initiated and completed by the student before the last official day of class, and signed by both the student and instructor. If an incomplete is deemed appropriate by the instructor, the student in consultation with the instructor, will specify the time and manner in which the student will complete course requirements. Extension for completion of the work will not exceed one year (or earlier if designated by the student's college). For more information and to initiate an incomplete contract, students should go to SPHGrades at: www.sph.umn.edu/grades.

H. University of Minnesota Uniform Grading and Transcript Policy

A link to the policy can be found at onestop.umn.edu.

VIII. Other Course Information and Policies

A. Grade Option Change

For full-semester courses, students may change their grade option, if applicable, through the second week of the semester. Grade option change deadlines for other terms (i.e. summer and half-semester courses) can be found at onestop.umn.edu.

B. Course Withdrawal

Students should refer to the Refund and Drop/Add Deadlines for the particular term at onestop.umn.edu for information and deadlines for withdrawing from a course. As a courtesy, students should notify their instructor and, if applicable, advisor of their intent to withdraw. Students wishing to withdraw from a course after the noted final deadline for a particular term must contact the School of Public Health Office of Admissions and Student Resources at sph-ssc@umn.edu for further information.

C. Student Conduct Code

The University seeks an environment that promotes academic achievement and integrity, that is protective of free inquiry, and that serves the educational mission of the University. Similarly, the University seeks a community that is free from violence, threats, and intimidation; that is respectful of the rights, opportunities, and welfare of students, faculty, staff, and guests of the University; and that does not threaten the physical or mental health or safety of members of the University community.

As a student at the University you are expected adhere to Board of Regents Policy: *Student Conduct Code*. To review the Student Conduct Code, please see: http://regents.umn.edu/sites/default/files/policies/Student_Conduct_Code.pdf.

Note that the conduct code specifically addresses disruptive classroom conduct, which means "engaging in behavior that substantially or repeatedly interrupts either the instructor's ability to teach or student learning. The classroom extends to any setting where a student is engaged in work toward academic credit or satisfaction of program-based requirements or related activities."

D. Use of Personal Electronic Devices in the Classroom

Using personal electronic devices in the classroom setting can hinder instruction and learning, not only for the student using the device but also for other students in the class. To this end, the University establishes the right of each faculty member to determine if and how personal electronic devices are allowed to be used in the classroom. For complete information, please reference: http://policy.umn.edu/Policies/Education/Education/STUDENTRESP.html.

E. Scholastic Dishonesty

You are expected to do your own academic work and cite sources as necessary. Failing to do so is scholastic dishonesty. Scholastic dishonesty means plagiarizing; cheating on assignments or examinations; engaging in unauthorized collaboration on academic work; taking, acquiring, or using test materials without faculty permission; submitting false or incomplete records of academic achievement; acting alone or in cooperation with another to falsify records or to obtain dishonestly grades, honors, awards, or professional endorsement; altering, forging, or misusing a University academic record; or fabricating or falsifying data, research procedures, or data analysis. (Student Conduct Code: http://regents.umn.edu/sites/default/files/policies/Student_Conduct_Code.pdf) If it is determined that a student has cheated, he or she may be given an "F" or an "N" for the course, and may face additional sanctions from the University. For additional information, please see: http://policy.umn.edu/Policies/Education/Education/INSTRUCTORRESP.html.

The Office for Student Conduct and Academic Integrity has compiled a useful list of Frequently Asked Questions pertaining to scholastic dishonesty: http://www1.umn.edu/oscai/integrity/student/index.html. If you have additional questions, please clarify with your instructor for the course. Your instructor can respond to your specific questions regarding what would constitute scholastic dishonesty in the context of a particular

class-e.g., whether collaboration on assignments is permitted, requirements and methods for citing sources, if electronic aids are permitted or prohibited during an exam.

F. Makeup Work for Legitimate Absences

Students will not be penalized for absence during the semester due to unavoidable or legitimate circumstances. Such circumstances include verified illness, participation in intercollegiate athletic events, subpoenas, jury duty, military service, bereavement, and religious observances. Such circumstances do not include voting in local, state, or national elections. For complete information, please see: http://policy.umn.edu/Policies/Education/Education/MAKEUPWORK.html.

G. Appropriate Student Use of Class Notes and Course Materials

Taking notes is a means of recording information but more importantly of personally absorbing and integrating the educational experience. However, broadly disseminating class notes beyond the classroom community or accepting compensation for taking and distributing classroom notes undermines instructor interests in their intellectual work product while not substantially furthering instructor and student interests in effective learning. Such actions violate shared norms and standards of the academic community. For additional information, please see: http://policy.umn.edu/Policies/Education/Education/STUDENTRESP.html.

H. Sexual Harassment

"Sexual harassment" means unwelcome sexual advances, requests for sexual favors, and/or other verbal or physical conduct of a sexual nature. Such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating, hostile, or offensive working or academic environment in any University activity or program. Such behavior is not acceptable in the University setting. For additional information, please consult Board of Regents Policy: http://regents.umn.edu/sites/default/files/policies/SexHarassment.pdf

I. Equity, Diversity, Equal Opportunity, and Affirmative Action

The University will provide equal access to and opportunity in its programs and facilities, without regard to race, color, creed, religion, national origin, gender, age, marital status, disability, public assistance status, veteran status, sexual orientation, gender identity, or gender expression. For more information, please consult Board of Regents Policy: http://regents.umn.edu/sites/default/files/policies/Equity_Diversity_EO_AA.pdf.

J. Disability Accommodations

The University of Minnesota is committed to providing equitable access to learning opportunities for all students. The Disability Resource Center Student Services is the campus office that collaborates with students who have disabilities to provide and/or arrange reasonable accommodations.

If you have, or think you may have, a disability (e.g., mental health, attentional, learning, chronic health, sensory, or physical), please contact DRC at 612-626-1333 or drc@umn.edu

to arrange a confidential discussion regarding equitable access and reasonable accommodations.

If you are registered with DS and have a current letter requesting reasonable accommodations, please contact your instructor as early in the semester as possible to discuss how the accommodations will be applied in the course.

For more information, please see the DS website, https://diversity.umn.edu/disability/.

K. Mental Health and Stress Management

As a student you may experience a range of issues that can cause barriers to learning, such as strained relationships, increased anxiety, alcohol/drug problems, feeling down, difficulty concentrating and/or lack of motivation. These mental health concerns or stressful events may lead to diminished academic performance and may reduce your ability to participate in daily activities. University of Minnesota services are available to assist you. You can learn more about the broad range of confidential mental health services available on campus via the Student Mental Health Website: http://www.mentalhealth.umn.edu.

L. The Office of Student Affairs at the University of Minnesota

The Office for Student Affairs provides services, programs, and facilities that advance student success, inspire students to make life-long positive contributions to society, promote an inclusive environment, and enrich the University of Minnesota community.
Units within the Office for Student Affairs include, the Aurora Center for Advocacy & Education, Boynton Health Service, Central Career Initiatives (CCE, CDes, CFANS), Leadership Education and Development –Undergraduate Programs (LEAD-UP), the Office for Fraternity and Sorority Life, the Office for Student Conduct and Academic Integrity, the Office for Student Engagement, the Parent Program, Recreational Sports, Student and Community Relations, the Student Conflict Resolution Center, the Student Parent HELP Center, Student Unions & Activities, University Counseling & Consulting Services, and University Student Legal Service.

For more information, please see the Office of Student Affairs at http://www.osa.umn.edu/index.html.

M. Academic Freedom and Responsibility: *for courses that do not involve students in research*

Academic freedom is a cornerstone of the University. Within the scope and content of the course as defined by the instructor, it includes the freedom to discuss relevant matters in the classroom. Along with this freedom comes responsibility. Students are encouraged to develop the capacity for critical judgment and to engage in a sustained and independent search for truth. Students are free to take reasoned exception to the views offered in any course of study and to reserve judgment about matters of opinion, but they are responsible for learning the content of any course of study for which they are enrolled.*
Reports of concerns about academic freedom are taken seriously, and there are individuals and offices available for help. Contact the instructor, the Department Chair, your adviser, the associate dean of the college, or the Vice Provost for Faculty and Academic Affairs in the

Office of the Provost. *[Customize with names and contact information as appropriate for the course/college/campus.]*
** Language adapted from the American Association of University Professors "Joint Statement on Rights and Freedoms of Students".*

N. Student Academic Success Services (SASS): http://www.sass.umn.edu

Students who wish to improve their academic performance may find assistance from Student Academic Support Services. While tutoring and advising are not offered, SASS provides resources such as individual consultations, workshops, and self-help materials.