

School of Public Health

PubH 6601
Born a Girl: Global Women's Health
2015

Credits: 1

Meeting Days/Time: June 8, 9, & 10 1:00 – 5:00 pm
June 12 1:00 – 4:00 pm

Meeting Place: 220 Blegen Hall, West Bank

Instructors: Wendy Hellerstedt, PhD
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“A woman’s health is her total well-being, not determined solely by biological factors and reproduction, but also by effects of work load, nutrition, stress, war and migration, among others”

-- van der Kwaak, 1991

I. Course Description

The purpose of this overview course is to examine women's health conditions, programs, services, and policies in developed and developing countries. Global health issues will be presented in the context of a woman's life, from childhood, through adolescence, reproductive years, and aging. The course content will emphasize social, economic, environmental, behavioral, and political factors that affect health behaviors, reproductive health, chronic and acute diseases, premature mortality and longevity. The course will have three areas of focus: (1) how cultural definitions of women's status affect health and well-being; (2) the measurement and interpretation of women's health indices; and (3) programs and policies that affect women's health (with an emphasis on global policies and funding). Central to the course materials and discussions will be consideration of how race, ethnicity, class, culture, and gender shape

women's health outcomes. The course will provide a mixture of lecture, media viewing, in-class critical thinking assignments, and out-of-class readings.

II. Course Prerequisites

Graduate level student in public health, nursing, social work, women's studies, medicine, international studies, child development, and other social sciences and health disciplines. Students in other areas of study may be enrolled with instructor consent.

III. Course Goals and Objectives

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

- Describe major public health problems for women, relative to public health programs and policies. For example, if asked what type of contraceptive services should be available to women, the student should be able to provide a cogent discussion of the specific reproductive risks of women in a specific region of the world.
- Understand the terminology and vocabulary used in the women's health literature and how the meaning and importance of terms vary internationally.
- Identify major data sources for women's health that allow cross-country comparisons.
- Understand data collection and measurement problems can affect the validity of data about some health indicators.
- Appreciate the ramifications of social conditions on women's health in developed and developing countries.

IV. Methods of Instruction and Work Expectations

The course will take place over four days. For each day, students are expected to:

1. **Attend class** in order to listen to lecture presentations by Dr. Hellerstedt (and guests), participate in discussions and in-class activities.
2. **Carefully read** all of the required readings. While the course is taught in a compressed format, it is optimal to read the required readings as the class proceeds in order to get the most from the in-class lectures and assignments.
3. **Pre-class assignments.** There are no pre-class assignments, but because this is a 4-day class given over a one-week period it would make sense to try to do the readings ahead of time and, most important, begin work on the informal handout that is due on the last day of class (Friday, June 12). *This project is described more fully at the end of the syllabus.*

Course Readings

Required and optional readings & websites listed on the syllabus can be accessed on the Moodle site associated with this course. Students are responsible for downloading all course materials. If you cannot access the Moodle site, go to the University Libraries and search for the readings on that site.

Access Course Moodle Site

- go to www.umn.edu click on the “myU” button
- login with your University ID and password
- scroll to your course and click on the Moodle site link.

Access University Libraries

- Go to the U of MN libraries website at <http://www.lib.umn.edu/#articlesanddatabases>
- Type in the journal title in the “Search For” box, click the go button
- This takes you to a list of possible journal titles, click on the title you want
- This takes you to a search form, fill in citation information, click the go button
- You will be prompted to login with your X.500 number and password
- This will take you to the journal and the abstract of the article
- Find on the page where it says Full Text or PDF (it is different for each journal), click on that and the full text will open.
- journal), click on that and the full text will open.

The readings are required (unless identified as optional). There is no textbook for the course.

VI. Course Outline/Weekly Schedule

June 8, 2015, Monday: Overview of women’s health

1. Introductions to course and to one another
2. **Hellerstedt lectures:** Overview; Lifecourse Framework; Surveillance; Health indicators; Gender and sex; and (if time) Demographic transition
3. **Small group discussions:** Milestones and threats in women’s health; the meaning of motherhood in the face of global overpopulation; health, gender and sex

Required reading:

- Connell R. Gender, health and theory: conceptualizing the issue, in local and world perspective. *Soc Sci Med* 2012;74(11):1675–83.
- 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 Women Int* 2012;32(August):870–886.
- Ezeh AC, Bongaarts J, Mberu B. Global population trends and policy options. *Lancet* 2012;380(9837):142–148.
- Quick J, Jay J, Langer A. Improving women's health through Universal Health Coverage. *PLoS Med* 2014; 11(1): e1001580.
- Sciarra JJ. Global issues in women's health. *Int J Gynaecol Obstet* 2009;104:77-9.
- Stenberg K, Axelson H, Sheehan P et al. Advancing social and economic development by investing in women's and children's health: a new Global Investment Framework. *Lancet* 2014;383(9925):1333-1354.

Someday...when you have time: *A Path Appears* follows Pulitzer Prize-winning journalists Nicholas Kristof and Sheryl WuDunn and a group of dedicated actor/advocates to Colombia, Haiti, Kenya, and throughout the United States. They uncover the harshest forms of gender inequality, the devastating impact of poverty and the ripple effects that follow: including sex trafficking, teen-pregnancy, gender-based violence, child slavery and the effective solutions being forged to combat them. The inclusion of the actors seems a little odd, but the film has good information as well. See the film at: <http://www.pbs.org/independentlens/path-appears/film.html>

June 9, 2015, Tuesday: Social influences and women's health

1. ***Guest speaker:*** Cari Jo Clark, ScD, MPH; University of Minnesota. Women and Violence in Yemen
2. ***Hellerstedt lectures:*** Born a Rich Girl/Stigma, Born a Smart Girl, Born a Pretty Girl
3. ***Small group discussion:*** meaningful measures of social class; discuss the Bayer article (i.e., what is “culturally competent” public health?)

Required reading:

- Bayer R. AIDS prevention and cultural sensitivity: are they compatible? *Am J Public Health* 1994;84:895-8.
- Becker AE, Kleinman A. Mental health and the global agenda. *New Engl J Med* 2013;369(1):66-73.
- Marmot M. Achieving health equity: from root causes to fair outcomes. *Lancet* 2007;(9593):1153-63.
- 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.
- 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. *Int J Gynecol Obstet* 2013;120(1), 3-9.
- Witvliet MI, Arah OA, Stronks K, Kunst AE. A global study on lone mothers: exploring the associations of self-assessed general health with motherhood types and gender inequality in 32 countries. *Womens Health Issues* 2014; 24(2):e177-e185.

June 10, Wednesday: Reproductive health: A sentinel health indicator for women

1. ***Guest speaker:*** Carol Nelson, MD, University of Minnesota. Birth Attendant Project, Rural Health Initiative, Sierra Leone
2. ***Hellerstedt lecture:*** Reproductive health indices (e.g., infertility, STIs); Safe Motherhood
3. ***Small group discussion:*** Simple task: go to a reproductive health website before class (http://www.who.int/topics/reproductive_health/en/; <http://www.cdc.gov/reproductivehealth/global/>; <http://www.unfpa.org/sexual-reproductive-health>; <http://www.usaid.gov/what-we-do/global-health/family-planning>) and bring something to class that is of interest to you. Information about a program, some data, whatever you would like to share in a small group of about 4 people.

Required reading:

- 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.
- Low N, Hawkes SJ. Putting the magic in magic bullets: top three global priorities for sexually transmitted infection control. *Sex Transm Infect* 2011;87(Suppl 2):ii44–6.
- Sedgh G, Singh S, Shah IH, et al. Induced abortion: incidence and trends worldwide from 1995 to 2008. *Lancet* 2012;379(9816):625–32.
- 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 Behav* 2013;17(3):832-847.

Someday, when you have time:

- "Why Did Mrs. X Die, Retold." Available at: <http://vimeo.com/50848172>.
- "A Walk to Beautiful." This is just stunning. I don't know how long it will be available on Youtube, <https://www.youtube.com/watch?v=3w-fOmovijc>. It was produced by PBS/NOVA and no longer available for streaming on its site, so no idea how long it will be allowed on Youtube. It is the story of rural Ethiopian women who make their way to the capital, Addis Ababa, seeking treatment for obstetric fistula, a life-shattering complication of childbirth. The women—and the individuals who care for them at the clinic—are stunning.

June 12, Friday: The health of elderly women/Environmental influences on health/Student presentations

1. **Guest speaker:** Arvind Kasthuri, MD, DNB, DGM; St. John's Medical College, Bangalore India. *"The elderly Indian woman...the invisible statistic."*
2. **Hellerstedt lecture:** Environment/Disasters
3. **Small group discussion:** Student presentations

Required reading:

- Fisher S. Violence against women and natural disasters: findings from post-tsunami Sri Lanka. *Violence Against Women* 2010;16(8):902–18.
- Ford JD. Indigenous health and climate change. *Am J Public Health* 2012;102(7):1260-66.
- Harville E, Xiong X, Buekens P. Disasters and perinatal health: A systematic review. *Obstet Gynecol Survey* 2011;65(11):713–728.

VII. Evaluation and Grading

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

- A. Attend all class sessions, 50% of the total grade (12.5% for each day. Thus, if student misses a day, s/he will lose 12.5% of grade; two days would mean losing 25% of grade, etc.).
- B. Complete all of the assigned readings (as best you can!).
- C. Informal in-class presentation about a women's health issue on the last day of class (**June 12**) worth 50% of the total grade. This is an informal presentation that students will give in a small group of approximately 4 people. Its purpose is to give students an opportunity to organize an informal handout that will allow them to succinctly (10-15 minutes) educate others about one of the following broad areas: (1) a marker of women's health (e.g., fertility;

STIs—a specific STI is best; abortion; sterilization; maternal mortality; breast cancer; menopause)—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 (e.g., treatment of HIV-positive mothers in Africa or urban United States; prenatal care in Northern Europe; contraceptive access in Eastern Europe); or (3) a policy or initiative that affects the provision of women’s health services (e.g., major statements from the Beijing or Cairo conferences).

The goal of this project is to share evidence-based information. The student should produce a 2- page (it could be longer) handout for her/his small group members and Dr. Hellerstedt. A good handout would have a small bibliography with relevant articles and websites. These handouts do not have fancy graphics (unlike a factsheet) but they should be well organized and informative (like a factsheet). Think about what one would prepare for a seminar class to teach and stimulate conversation. This is a chance for the student to investigate a topic of interest more deeply and organize materials in a way that would facilitate educating peers. Grades will be based on presence in class to give the informal presentation (30%) and the quality of the handout (20%) in terms of accuracy, references to peer-reviewed literature, comprehensiveness, objectivity, and grammar/spelling. ***This project is described more fully at the end of the syllabus.***

- E. There will be no opportunity for "extra credit."
- F. Students are encouraged, but not required, to participate in the discussion board on the course website beyond the assigned questions.
- G. Make-up policy: It is very important to have assignments completed on time. If you are unable to attend class, especially the last day of class, **you will not pass the course.** Because this is only a 1-week class, involving only one major assignment and daily small-group work, no deadline extensions will be granted.

Assignment	% of Final Grade	Due Date
Presentation	50%	6/12/15
Class attendance and participation	50%	6/8- 6/12/15

This course is offered A/F or S/N

- **A/F letter grade will be determined by total effort as follows:**

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.

PLEASE NOTE:

If applicable, students may change grading options during the initial registration period or during the first two weeks of the term. **The grading option for a Public Health Institute 4-day course may not be changed after the second day of class. Or, after the first day of class for a 2-day course.**

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 is prevented from completing the work of the course on time. ***Given that this is a one-week class, with in-class assignments, permission to have an incomplete is highly unlikely in the absence of extraordinary circumstances.*** The assignment of an “I” requires that a contract be initiated and completed by the student before the last 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: www.sph.umn.edu/grades.

University of Minnesota Uniform Grading and Transcript Policy

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

Course Evaluation

The School of Public Health collects student course evaluations electronically using a software system called CoursEval. The system will send email notifications to students when they can access and complete the course evaluations. Students who complete the course evaluations promptly will be able to access their final grades just as soon as the faculty member renders the grade. All students will have access to their final grades two weeks after the last day of the semester regardless of whether they completed the course evaluation or not.

Student feedback on course content and faculty teaching skills are important means for improving our work. Please take the time to complete a course evaluation for each of the course for which you are registered.

VIII. Other Course Information and Policies

Grade Option Change

Grade option change deadlines can be found at onestop.umn.edu. The grading option for Public Health Institute courses may not be changed after the second day of class for 4-day courses. Grading options for 2-day courses may not be changed after the first day class.

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. See section below for rules about Public Health Institute courses.

Students wishing to withdraw from a course after the noted final deadline for a particular term must contact the School of Public Health Student Services Center at sph-ssc@umn.edu for further information.

WITHDRAWAL POLICY FOR PUBLIC HEALTH INSTITUTE COURSES

School of Public Health students may withdraw from a 4-day course **through the second day of class** without permission and no “W” will appear on the transcript. Students enrolled in 2-day courses may withdraw only through the first day of class. **After these withdrawal deadlines pass** students are required to do the following.

- The student must contact and notify their advisor and course instructor informing them of the decision to withdraw from the course.
- The student must send an e-mail to the SPH Student Services Center (SSC) at sph-ssc@umn.edu. The email must provide the student name, ID#, course number, section number, semester, and year with instructions to withdraw the student from the course, and acknowledgement that the instructor and advisor have been contacted.
- The advisor and instructor must email the SSC acknowledging the student is canceling the course. All parties must be notified of the student’s intent.
- The SSC will complete the process by withdrawing the student from the course after receiving all emails (student, advisor, and instructor). A “W” will be placed and remain on the student transcript for the course.

Student Conduct, Scholastic Dishonesty and Sexual Harassment Policies

Students are responsible for knowing the University of Minnesota, Board of Regents' policy on Student Conduct and Sexual Harassment found at www.umn.edu/regents/polindex.html.

Students are responsible for maintaining scholastic honesty in their work at all times. Students engaged in scholastic dishonesty will be penalized, and offenses will be reported to the Office of Student Academic Integrity (OSAI, www.osai.umn.edu).

The University’s Student Conduct Code defines scholastic dishonesty as “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; or altering, forging, or misusing a University academic record; or fabricating or falsifying of data, research procedures, or data analysis.”

Plagiarism is an important element of this policy. It is defined as the presentation of another's writing or ideas as your own. Serious, intentional plagiarism will result in a grade of "F" or "N" for the entire course. For more information on this policy and for a helpful discussion of preventing plagiarism, please consult University policies and procedures regarding academic integrity: <http://writing.umn.edu/tww/plagiarism/>.

Students are urged to be careful that they properly attribute and cite others' work in their own writing. For guidelines for correctly citing sources, go to <http://tutorial.lib.umn.edu/> and click on “Citing Sources”.

In addition, original work is expected in this course. It is unacceptable to use material from another course for your final project. If you have any questions, consult Dr. Hellerstedt.

Disability Statement

It is University policy to provide, on a flexible and individualized basis, reasonable accommodations to students who have a documented disability (e.g., physical, learning, psychiatric, vision, hearing, or systemic) that may affect their ability to participate in course activities or to meet course requirements. Students with disabilities are encouraged to contact Disability Services to have a confidential discussion of their individual needs for accommodations. Disability Services is located in Suite 180 McNamara Alumni Center, 200 Oak Street.

Mental Health Services

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 or reduce a student’s ability to participate in daily activities. University of Minnesota services are available to assist you with addressing these and other concerns you may be experiencing. You can learn more about the broad range of confidential mental health services available on campus via the Student Mental Health website at <http://www.mentalhealth.umn.edu>

IX. Global Health Links and Resources

The best resource is one created by my students in another class. It is a lengthy resource list of global health (mostly reproductive) resources. It is on the website on the home page in a folder called RESOURCES. Other good websites (all of which are included in the resource list) are:

Center for Reproductive Rights
http://www.reproductiverights.org/www_issues.html

Engender Health

<http://www.engenderhealth.org/ia/cbc/index.html>

Entre Nous The European Magazine for Sexual and Reproductive Health

<http://www.euro.who.int/entrenous>

Family Care International (Publications, Training Materials)

http://www.familycareintl.org/en/resources/publications?region_id=4&sort=title

Family Health International (Interventions, Research, Training, Publications)

<http://www.fhi.org/en/RH/index.htm>

Guttmacher Institute (Publications, Reports, Fact Sheets, Policy Statements)

<http://www.guttmacher.org/>

(Guttmacher Institute) International Family Planning Perspectives Archives

http://www.guttmacher.org/journals/ifpp_archive.html

Reproductive Health Initiative in Asia (Background for Monitoring and Evaluation, PDF)

http://www.asia-initiative.org/pdfs/m_and_e_manual.pdf

EU/UNFPA Reproductive Health Initiative for Youth in ASIA (RHIYA)

<http://www.asia-initiative.org>

International Consortium for Emergency Contraception (Publications, policy statements, advocacy, resources)

<http://www.cecinfo.org/>

International Planned Parenthood Federation

<http://www.ippf.org/en/>

International Reproductive Health Survey Reports (Centers for Disease Control and Prevention)

<http://www.cdc.gov/reproductivehealth/Surveys>

International Women's Health Coalition

<http://www.iwhc.org/resources/bushsotherwar/index.cfm>

Pathfinder International (International demographics, Initiatives, Policies, Advocacy, Publications on Reproductive Health and Access)

<http://www.pathfind.org/site/PageServer>

Population Council

<http://www.popcouncil.org/rh/program.html>

Resources for HIV/AIDS & Sexual and Reproductive Health Integration

<http://www.hivandsrh.org/index.php>

United Nations Population Fund (Reproductive Health Publications)

http://www.unfpa.org/publications/index.cfm?filterID_Key_Issue=2

United States Agency for International Development (USAID) Health

http://www.usaid.gov/our_work/global_health/

University of Minnesota, Office of International Programs

<http://www.international.umn.edu/>

WHO Global Reproductive Health Strategy

<http://www.who.int/reproductive-health/strategy.htm>

Preparing an In-class Handout

This project is due the last day of class, June 12, 2015. Students are asked to prepare a handout about a women’s health topic to informally present to 3-4 other students in small groups. Students will bring in 3-4 copies of their handout and informally walk through the handout and field questions, for about 15 minutes, about the topic. ANY women’s health topic is appropriate. ANY legitimate women’s health topic is also a “global” topic—do not feel confined to a topic that focuses on the developing world. You may choose, for example, topics like correlates of repeat adolescent childbearing in the U.S., trends in Caesarian deliveries in China over the last decade, or cervical cancer epidemiology in the Ukraine. If you have any questions about the legitimacy of your topic, e-mail Hellerstedt at helle023@umn.edu. The most successful handout will have a rather limited focus—you only have a couple pages, remember!

Choose a topic that is of interest to you—use the class assignment to give yourself permission to explore something you want to know more about.

What is the handout?

It should be like a factsheet (except it doesn’t have to have fancy graphics)—i.e., an “at-a-glance” tool. In public health, factsheets are used to convey health information to the public or to providers; they are also used to educate key stakeholders and legislators about policy or program needs.

The best handout summarizes a topic using evidence-based resources (e.g., peer-reviewed journals, government reports) and gives the reader an idea of where to look for further information.

The purpose of your handout should be to educate other students by providing a basic, comprehensive, and outline of your topic.

Who is the target audience?

For the purposes of this exercise, the audience is graduate students who have some background in public health, international health, and/or women’s health. Thus you will prepare your handout for an audience of educated and informed individuals who understand the basic language of public, international, and women’s health, but may not know anything about your topic.

What are the elements of your handout?

It should be about two pages long, although it may be longer. Components include the following:

- Your name and month/year of development on the top line (i.e., Wendy Hellerstedt/June 2015)
- The title of the handout (I suggest in larger font than the rest of the text, in boldface and centered)
- The text of the handout should be single-spaced. If you can include one or two graphics, include some white space, or even put some text in a box, so you have a more visually

engaging handout.

- Use 12-point font (10-point is the smallest): you want it to be readable. I don't care what kind of font you use.
- The handout must be self-contained. Do not refer to previous documents and assume that the reader has read them.
- Use bullet points, instead of many sentences in paragraph form, when you can.
- Subheads should be in bold face and they should be descriptive, allowing the reader to get a good sense of the outline for the handout.

The outline of the sheet may be something like this:

- You might want to start with a 25-50 word summary paragraph, which should contain the main points of the handout. The summary should be 3-4 sentences that include a:
 - Short and simple definition of the topic (e.g., endometriosis is a condition that affects women...)
 - One or two clarifying sentences (e.g., an outline of symptoms, who is affected, health effects)
 - A concluding statement that will encourage the reader to read the handout.

It is usually easiest to write this summary after writing the article.

- Text of the handout. The main body of the handout should have several subheads and, for best effect, one or two graphics, boxes, or figures with data. All statements of fact should be referenced, with legitimate references, in the text. For space, I suggest using numbered references* in the text.
- Conclusion. A strong handout will have a 3-6 sentence conclusion, summarizing major points and perhaps encouraging the reader to seek further information (and you will provide guidance about that!) or to simply take the topic seriously (conclusions can pull at the heart strings!).
- References or citations *For Further Information* (e.g., a short bullet-pointed list of articles or legitimate resources for further information). If you cite references in the text (and you should!), I suggest you have a numbered list and follow a conventional reference style (e.g., Vancouver,* which is the style you see in many medical and public health journals).

* *This reference style is described at*
<http://www.lib.monash.edu.au/tutorials/citing/vancouver.html>.

Important

- **Do not use other factsheets as resources for your handout.** Get information from legitimate sources (e.g., peer-reviewed articles, government websites, legitimate organizations). Exceptions may be that legitimate sources summarize information on handouts.
- Write your handout in your own words; concerns about plagiarism extend to this assignment.
- Proof your handout to assure that you have no errors in grammar or spelling. Such errors can make the reader distrust the information you are providing.
- Write with a professional style (e.g., do not use jargon).
- Write in the third person.

Examples

While this assignment is asking you to produce a handout, factsheets provide the best examples of what is being asked for. Factsheets, however, often involve fancy graphics and formatting. I do not want you to struggle with that. What is relevant about factsheets is how they cover topics and provide information. You will thus want to present factsheet-like text. You may certainly have graphs (tables and figures reproduced from other sources) and, in fact, such things will likely improve your handout. However, you do not have to fuss with photos and fancy styling, as one sees with professionally produced factsheets. I think you have all seen factsheets that you thought were useful. Think about about why you like certain factsheets and consider including those elements in your handout. I have listed many sources for you to check out if you want some ideas about good factsheets (my single frustration is that some “good” sheets that have nice construction and great information don’t always include references.)

1. Kaiser Family Foundation has nice factsheets, <http://www.kff.org/content/factsheets.cfm>. For example, see HIV/AIDS in Asia, <http://www.kff.org/hivaids/upload/7825.pdf> and HIV/AIDS among Latinos, <http://www.kff.org/hivaids/upload/6007-061.pdf>.
2. The Guttmacher Institute has some great factsheets. For some examples, look at:
Abortion worldwide, http://www.guttmacher.org/pubs/fb_IAW.html
Facts about contraceptive use, http://www.guttmacher.org/pubs/fb_contr_use.html
Adolescents in Malawi, http://www.guttmacher.org/pubs/2006/07/26/fb_AdolMalawi.pdf
Adolescents in Uganda, http://www.guttmacher.org/pubs/2006/07/26/fb_AdolUganda.pdf
Young Men’s Sexual and Reproductive Health, http://www.guttmacher.org/pubs/fb_YMSRH.html
3. Child Trends has some great factsheets, <http://www.childtrends.org/>, but they don’t consistently include references. Look at a recent factsheet on forced sexual intercourse for an example of a nicely constructed sheet (but no references!), http://www.childtrends.org/Files//Child_Trends-2008_09_10_FS_ForcedSex.pdf and contraceptive use (based on a single article, which was not well referenced!), http://www.childtrends.org/Files//Child_Trends-2008_02_20_FS_ContraceptiveUse.pdf.
4. National Adolescents Health Information Center has good factsheets (although most are longer than required for your project), <http://nahic.ucsf.edu/index.php/publications/index/>. For content and structure, though, take a look at their 2007 factsheet on reproductive health,

<http://nahic.ucsf.edu/downloads/ReproHlth2007.pdf> or their factsheet on suicide,
<http://nahic.ucsf.edu/downloads/Suicide.pdf>.

5. The U.S. site for women's health has some good factsheets, <http://www.4woman.gov/pub/>.
6. Advocates for Youth has some online factsheets that provide good examples of nice content and (often) references (<http://www.advocatesforyouth.org/publications/freepubs.htm>). For example: U.S. and European differences in adolescent sexual health, <http://www.advocatesforyouth.org/PUBLICATIONS/factsheet/fsest.htm>, Abstinence and contraceptive use among youth, <http://www.advocatesforyouth.org/publications/factsheet/fsprotective.htm>
7. The Population Council has nice factsheets, (<http://www.popcouncil.org/publications/factsheets.html>). They are a bit longer than you should construct, but their construction is nice. For example, look at: Child marriage in Ethiopia, http://www.popcouncil.org/pdfs/briefingsheets/ETHIOPIA_2005.pdf Contraceptive research, http://www.popcouncil.org/pdfs/factsheets/RH_ContraceptiveDev.pdf
8. WHO has many factsheets: <http://www.who.int/mediacentre/factsheets/en/>. I like the construction of many of them, EXCEPT for the absence of references on some of them. For content and construction, look at female genital mutilation, abortion and breast cancer, condoms (effectiveness of latex condoms), contraception (emergency contraception), and the environmental health of children and mothers.

Evaluation Criteria

You will receive 0-20 points for the quality of your handouts (and an additional 30 points for informally presenting it to a few students in class). I will use the following evaluation criteria and will assign between 0-5 points for each of the following four items:

- Organization and accessibility: does the information flow well? Does it flow in a logical manner?
- Comprehensiveness: does the handout appear to contain relevant information about the topic? Are there important gaps in information?
- Writing: is the handout well written (e.g., free of errors in grammar or spelling)?
- Accuracy and relevance: does the information appear to be accurate and current? Are the data sources appropriate? Are there in-text citations of statements of fact?

I will post your grade on the website.