

SEMESTER AT SEA COURSE SYLLABUS
Women's Health in Developing Countries

Voyage: Fall 2013

Discipline: Public Health

SEMS 3500-104: Women's Health in Developing Countries

Division: Upper

Faculty Name: Rimo C Berg

Pre-requisites:

None

COURSE DESCRIPTION

This interdisciplinary course examines women's health issues in developing countries in the context of a woman's life, from childhood, through adolescence, reproductive years, and aging. The content will emphasize biological, political, economic, social, environmental, and behavioral influences on health. By comparing a diversity of women's health experiences across cultures, the course will examine the ways in which culture influences health and effective delivery of health care. A related topic that will be explored is the role the medical research and international development communities in the western world plays in setting the health care agenda for women in developing countries. Particular attention will be given to important issues of women's health in countries visited by SAS, including poverty, unequal access to resources (education, food, health care), violence, maternal mortality, abortion, sexually transmitted diseases, traditional practices such as female genital cutting, and sex trafficking.

COURSE OBJECTIVES

Knowledge-based:

- describe major public health problems for women in developing countries
- discuss a broad range of issues pertinent to the health of women in developing countries in light of the impact of political economies, culture, the environment, health service infrastructures and public health policies
- discuss the pros and cons of policy initiatives related to women's health issues in developing countries, as related to factors such as cost and measures of success
- explain how "effective" women's health interventions will vary according to local contexts (political, social, cultural, economic realities) and the importance of understanding the complexity of context before applying nationally- and globally-defined interventions or policies
- understand the life course perspective on women's health and health care interventions, programs, and policy
- describe the ramifications of social conditions, public policy and global financing on women's health in developing countries

Skill-based:

- locate and use sources of data about women's health
- articulate issues in women's health through class discussions and assignments
- present information and lead discussions about women's health issues in a comprehensible and professional fashion

REQUIRED TEXTBOOKS

AUTHOR: Ussher, JM (ed)

TITLE: Women's Health: Contemporary International Perspectives

PUBLISHER: The British Psychological Society

ISBN #:1854333089

DATE/EDITION: 2000

TOPICAL OUTLINE OF COURSE

Class/ Date/ Location	Topic / Assignments due	Reading assignments
A1 Aug.26	Intro	Ch.Intro; Ch.3; Sen-2008
A2 Aug.28	Body image & eating disorders	Ch.40-43; Rguibi-2006
Aug.29-Sep.1: St.Petersburg		
A3 Sep.3	Sexual abuse & violence	Ch.52, 12-13; Sadiqi-2010; Alami-2004
Sep.5-8: Hamburg		
A4 Sep.9	Sexual harassment	Ch.15; Prinsloo-2006; Merkin-2008
Sep.12-14: Antwerp → Sep.15-16: Le Havre		
A5 Sep.11	Contraception	Ch.16-17; Addoa-2009; Palena-2009
A6 Sep.18	Paper #1 Abortion	Ch.39,49; Senanayake-2004
Sep.20-23: Dublin		
A7 Sep.24	Abortion	Tsui-2011; Vlassoff-2009
A8 Sep.26	TEST #1 Substance abuse	Ch.6; Martinez-2011
Sep.27-28: Lisbon → Sep.30-Oct.1: Cadiz		
Oct.3-6: Casablanca		
A9 Oct.8	Reproductive health	Ch.32-33; Baiden-2006; Gonçaves-2011
A10 Oct.11	Group #1	
A11 Oct.13	Paper #2 Female circumcision	Abariga-2009; Ako-2009; Abor-2006
Oct.15-16: Takoradi → Oct.17-18: Tema		
A12 Oct.20	Maternal health	Ch. 35-36; Ronsmans-2006
A13 Oct.22	Group #2	
A14 Oct.25	HIV/AIDS	Gupta-2011; Kaida-2008; Mill-2002
Oct.26-30: Cape Town		
A15 Nov.2	Child marriage	Hampton-2010; Mikhail-2002; Raj-2010

A16 Nov.5	Group #3	
A17 Nov.7	Prostitution	Limoncelli-2009; Chacham-2007
A18 Nov.10	Paper #3 Sex trafficking	Hodge-2007; Poulin-2003
Nov.12-16: Buenos Aires		
A19 Nov.18	Violence against women	Watts-2002; Wathen-2003
A20 Nov.28	Group #4	
Nov.20-22: Rio De Janeiro		
Nov.25-27: Salvador		
A21 Nov.30	Feminization of poverty	Kaufman-2005; Olufemi-2000
A22 Dec.3	Paper #4 Fem. labor participation	Anyangewe-2007; Lado-1992
A23 Dec.5	Group #5	
A24 Dec.8	TEST #2 (A Day Finals)	

Note: Chapters refers to chapter numbers in the textbook. The other readings are articles located in your course folder (a list of these is found on page 8 of the syllabus).

FIELD WORK

FIELD LAB (20% of the contact hours, led by the instructor.) **Attendance and participation in the Field Lab is MANDATORY.**

The Field Lab will first visit the Ghana Association for Women’s Welfare. Established in 1984, its mission is to eradicate harmful traditional practices that affect the health and general wellbeing of women and girls, in particular female genital cutting (the cultural practice that involves partial or total removal or alteration of the external female genital organs for non-medical reasons). The organization supports legislation against the practice, but also believes that to eliminate FGC there must be a multi-dimensional approach that involves all stakeholders. During our time with the staff, we will learn about the history, work, successes and struggles of the association. They will discuss with us the situation of female genital cutting in Ghana—origin, prevalence, characteristics—and how their efforts to reduce the practice need to vary according to local contexts and target groups. The day will finish with a visit to the University of Ghana, where we will talk to a researcher who has done extensive work in the area of FGC. The discussion will allow opportunities to learn about the role of research to end FGC and problems encountered when researching such as sensitive topic.

Field Lab Assignment: Field Trip Reaction Paper

Students must actively participate in one field lab. Additionally, for the port where a field trip is planned (Tema=Accra), students will write a 3-4 page (max 2 sheets of paper) reaction paper that will respond to specific questions (detailed ahead of time in class). It will be due in class ~1 week later. The Field Lab Assignment counts 20% toward the course grade.

Other Field Assignments: In-port Observations and Reactions

Each student will submit a 1-2 page (max 1 sheet of paper) reaction paper upon the return from two (2) ports, and give a 5-10 minute presentation. The paper and presentation will describe an observation or discovery related to a women’s health issue in the setting visited and you will bring in some “artifact” from this culture that connects to this women’s health issue. This could

be a flyer you found, a picture you took, a youtube production, a piece of clothing, a poem, a song, etc. -- be creative! Your presentation can be as casual or formal as you would like. Sign-up sheets for selecting ports will be circulated in class during the first week of classes. These reaction papers and presentations count 10% toward the course grade.

ASSIGNMENTS

Overview of Course Requirements

- Text readings: Students are required to keep current on chapter and article readings.
- Attendance: Regular attendance is expected.
- Participation: Active in-class participation is essential for course success.
- Field lab: Each student must participate in one (1) field lab and write a reaction paper.
- Field assignments: Provide two (2) brief reaction papers and presentations based on in-port discoveries.
- Papers: Write three (3) papers on a women's health issue.
- Group presentation and discussion: Students will form groups, write a paper, give a presentation of a women's health topic, and lead a class discussion on this issue.
- Tests: Two (2) in-class tests will assess students' understanding of the course material.

Text Readings

Completing reading assignments before coming to class is essential, because you are expected to contribute actively to the learning environment of the class by participating in discussions, and asking and answering questions.

Attendance

Attendance will be taken for each class session and field-lab. Missed classes will increase the burden of the course. If you must miss a class, it will be your responsibility to obtain notes and materials from a student in class.

Participation

Students are expected to contribute to the learning environment of the class by participating in discussions, asking and answering questions, and presenting when expected. There is a lot we can learn from each other and I believe you will enjoy class more, learn the material better and truly expand your understandings when you are in an environment that:

- promotes opportunities for self-expression and responsibility for learning
- encourages dialogue among the instructor and the students
- encourages interactions and cooperation activities among students.

It follows that you must complete reading assignments before coming to class. Lectures, discussions, and activities assume you are already familiar with the material. Attendance as well as quality and quantity of in-class participation are reflected in the final course grade.

Field Lab: Field Trip Reaction Paper

Students must actively participate in one field lab. Additionally, for the port where a field trip is planned (Tema OR Casablanca), students will write a 3-4 page (max 2 sheets of paper) reaction paper that will respond to specific questions (detailed ahead of time in class).

Field Assignments: In-port Observations and Reactions

Each student will submit a 1-2 page (max 1 sheet of paper) reaction paper upon the return from two (2) ports, and give a 5-10 minute presentation. The paper and presentation will describe an observation or discovery related to a women's health issue in the setting visited and you will bring in some "artifact" from this culture that connects to this women's health issue. This could be a flyer you found, a picture you took, a youtube production, a piece of clothing, a poem, a song, etc. -- be creative! Your presentation can be as casual or formal as you would like. Sign-up sheets for selecting ports will be circulated in class during the first week of classes.

Papers

There are four due dates for papers – chose three (3) of these to complete. Each paper should be on a women's health issue of interest to you, that has been covered in class during the assignment period, or is related to one of the covered topics. For example, for paper #1, you could write about body image, eating disorders, sexual abuse, sexual violence, sexual harassment, contraception, or a related women's issue as it pertains to women in one (or more) developing country(ies). After selecting a women's health issue (and preferably ONE developing country as setting), you should revisit the course readings, and locate and read additional works on the issue to familiarize yourself with it in greater depth. Next, in your paper, describe relevant data about this issue in relation to the population, influences (e.g. biological, political, economic, social, environmental, behavioral), national and international responses to the issue, including western research and development communities. Identify one potential national goal for women's health related to this issue, and possible interventions (policy initiatives) to meet the goal / ameliorate the problem(s) with the issue. The paper should be 4-6 pages (max three sheets of paper), demonstrate understanding of the topic, incorporate course readings, and offer a few short reflections on the topic. Papers must be scholarly in that they are referenced to the assigned readings and other evidence-based sources.

Group Presentation and Discussion

In brief, students will form groups, select a topic in women's health that is of interest to them, research the topic, draft a brief paper on the topic, and give an in-class PowerPoint presentation and discussion detailing the women's health issue. After or during the formation of groups, identify an issue that is of significance to women's health in one or more developing countries. The paper and presentation must be based on available published literature and on-line documents. It is therefore important to choose a topic based on your own interest and on information available. Conduct a literature search to read on this topic—there should be at least 10 readings referenced in your bibliography. The purpose of the paper and presentation is to examine the problem/issue as it is manifested in one or more settings in light of contextual factors (e.g. economic, political, cultural, social, health service infrastructure), and to critically assess a major program or policy strategy existing in one setting, recommended by an international organization, or suggested by you. The paper should be 3-4 pages (max two sheets of paper) and could include the following: Description of the issue/problem; Nature and scope of problem; Type of data available to measure and monitor the problem; Contextual factors relevant to the problem; Description of a major policy or programmatic strategy to address the problem/issue; Critical assessment of whether or not (and why/why not) the strategy is appropriate. The presentation should be 30-45 minutes, plus 15-20 minutes of group-led discussion on the issue.

Tests

There will be two in-class, closed-book tests. These are non-cumulative and will cover the course topics from the lectures and readings. The test format will be short answer questions testing knowledge and application of the course content. Additional instructions and details will be provided in class.

Other Details about Assignments

- Please complete readings and assignments by the due date. Points will be deducted for assignments submitted after the due date and no assignments will be accepted beyond three days of the original due date [unless there are extenuating circumstances]. “Due” means in-class on the assigned date.
- No assignments may be turned in electronically [unless otherwise noted]; if you will not be in class, you may have someone else turn in your work for you.
- All written assignments must include the course number, the assignment, and your name. Use font no smaller than Arial 11 or Times New Roman 12, and narrow margins on your written assignments, unless otherwise noted. All assignments should be stapled [no plastic folders, binders, etc]. Please avoid use of cover pages.
- On all written work, correct language [spelling, syntax, punctuation, etc.] is important.
- When references are required, I recommend that you use APA style or Vancouver.
- In general, grades will be based on the following criteria: a) inclusion of all the assignment’s required elements; b) organization and clarity of writing and presentation; c) extent and appropriateness of information, concepts, and data used; d) critical analysis of material; e) clear and accurate language and presentation of references.
- Failure to adhere to the above guidelines will result in deduction of points awarded.
- Further details of the assignments and tests will be provided in class.

METHODS OF EVALUATION / GRADING RUBRIC

Attendance	50 points	[10%]
Participation	75 points	[15%]
Field-lab	100 points	[20%]
Field assignments (2)	50 points	[10%]
Papers (3)	75 points	[15%]
Group present & discuss	50 points	[10%]
Tests (2)	100 points	[20%]
	<hr/> 500 points possible	

Final grades are calculated as follows:

97 – 100% = A+	87 – 89% = B+	76 – 79% = C+	66 – 69% = D+
93 – 96% = A	83 – 86% = B	73 – 75% = C	63 – 65% = D
90 – 92% = A-	80 – 82% = B-	70 – 72% = C-	60 – 62% = D-
			below 60% = F

All students start with an “A” in the class; the way to keep your “A” is to keep your points. There are a number of ways to lose points: not being present and/or prepared for class; not

presenting and participating in class discussions; missing questions on tests, not turning in assignments, turning in tardy assignments, etc. Grades will not be curved. The final course grade will be based on percentage of total points earned.

COURSE FORMAT

The learning experience in this course is a partnership. While the primary method of course instruction is lectures, there will be an emphasis on shared learning in the classroom. This involves heavy reliance on students' interaction with the reading material before and during class, conversation groups, presentations, and that students bring their experiences, leadership capacities, and perspectives to participatory discussions. The role of the instructor is to direct the logical progression of the course, facilitate the discussions and provoke thought, serve as a resource person, and provide an overview of each of the topics covered.

Some of the topics—violence against women and body image, for example—are controversial and may be very close to the experiences of some students. It is therefore important that everyone is respectful of each other, listens with interest and openness, and is courteous (especially with those who may disagree with a particular point of view),

Communicating with Your Instructor

Because I have students in other courses, it is very helpful to me if you put the course name in the subject line and be sure to identify yourself in your e-mail correspondence to me. Please feel free to talk to me before or after class, e-mail me, and be proactive in seeking me out to ask questions, talk about your course progress, course assignments, etc. If you are having difficulty with the class, please come see me as soon as possible. It is better to deal with problems immediately instead of doing nothing and hoping they will go away. I can't help you if I don't know you need assistance. Though I want to challenge you, it is important to me that you succeed and have a positive experience in the course.

MISCELLANEOUS

Doing well in this class is easy! Just keep up with the readings, be prepared for each class discussion, study for the tests, start working early on your papers and presentations, and turn assignments in on time. At this level, the expectations I have for your work, your ability to self-motivate, your ability to engage in integrative thought, and your professional class demeanor are high. Whenever my expectations of your work are unclear or confusing, I expect you to communicate openly and honestly with me and to ask relevant questions that clarify content, expectations, etc.

Please read and contemplate this syllabus in its entirety. Questions and concerns should be directed to the instructor as soon as possible. I have outlined a general course schedule and will strive to adhere to it, however, minor deviations announced by the class instructor may be necessary.

RESERVE LIBRARY LIST

AUTHOR: M. Koblinsky, J. Timyan, & J. Gay (Eds.)

TITLE: The Health of Women: A Global Perspective

PUBLISHER:
ISBN #:
DATE/EDITION: 1993

AUTHOR: Worcester, N., & Whatley, M.H. (Eds.)
TITLE: Women's Health; Readings on Social, Economic, and Political Issues
PUBLISHER: Kendall/Hunt
ISBN #:
DATE/EDITION: 2009 (5th Edition)

ELECTRONIC COURSE MATERIALS (in course folder)

The articles are listed in the order in which they will be used in class:

Sen G, Östlin P. (2008). Gender inequity in health: why it exists and how we can change it. *Global Public Health*, 1(3),1-12.

Rguibi M, Belahsen R. (2006). Body size preferences and sociocultural influences on attitudes towards obesity among Moroccan Sahraoui women. *Body Image*, 3(4),395–400.

Sadiqi F. (2010). Domestic violence in Morocco. *The NIEW Journal – The voice of the nam woman*, 2, 137-141.

Alami KM, Kadri N. (2004). Moroccan women with a history of child sexual abuse and its long-term repercussions: A population-based epidemiological study. *Archives of Women's Mental Health*,7(4), 237-242.

Prinsloo S. (2006). Sexual harassment and violence in South African schools. *South African Journal of Education*, 26(2),305–318.

Merkin RS. (2008). Cross-cultural differences in perceiving sexual harassment: demographic incidence rates of sexual harassment/sexual aggression in Latin America. *North American Journal of Psychology*, 10(2).

Addo VN, Tagoe-Darkob ED. (2009). Knowledge, practices, and attitudes regarding emergency contraception among students at a university in Ghana. *International Journal of Gynecology & Obstetrics*, 105(3),206-209.

Palena C, Bahamondes MV, Schenk V, Bahamondes L, Fernandez-Funes J. (2009). High rate of unintended pregnancy among pregnant women in a maternity hospital in Córdoba, Argentina: a pilot study. *Reproductive Health*, 6,11.

Senanayake P, Hamm S. (2004). Sexual and reproductive health funding: donors and restrictions. *Lancet*, 363, 70.

Tsui AO, Casterline J, Singh S, Bankole A, Moore AA, Omideyi AK, Palomino N, Sathar Z, Juarez F, Shellenberg KM. (2011). Managing unplanned pregnancies in five countries:

Perspectives on contraception and abortion decisions. *Global Public Health*, 6 (Sup1), S1-S24.

Vlassoff M, Walker D, Shearer J, Newlands D, Singh S. (2009). Estimates of health care system costs of unsafe abortion in Africa and Latin America. *International Perspectives of Sexual and Reproductive Health*, 35(3),114-21.

Martinez P, Røislien J, Naidoo N, Clausen T. (2011). Alcohol abstinence and drinking among African women: data from the World Health Surveys. *BMC Public Health*, 11,160.

Baiden F, Amponsa-Achiano K, Oduro AR, Mensah TA, Baiden R, Hodgson A. (2006). Unmet need for essential obstetric services in a rural district in northern Ghana: complications of unsafe abortions remain a major cause of mortality. *Public Health*,120(5),421-6.

Gonçalves H, Souza AD, Tavares PA, Cruz SH, Béhague DP. (2011). Contraceptive medicalisation, fear of infertility and teenage pregnancy in Brazil. *Culture, Health & Sexuality*, 13(2), 201-215.

Abariga SA. (2009). Female genital mutilation, attitude and practices - a case study in rural Ghana. *American Journal of Tropical Medicine and Hygiene*, 81(5 suppl1),129.

Ako AM, Akweongo P. (2009). The limited effectiveness of legislation against female genital mutilation and the role of community beliefs in Upper East Region, Ghana. *Reproductive Health Matters*, 17(34),47-54.

Abor PA. (2006). Female genital mutilation: Psychological and reproductive health consequences. The case of Kayoro traditional area in Ghana. *Gender & Behaviour*, 4(1),659-84.

Ronsmans C, Graham WJ. (2006). Maternal mortality: who, when, where, and why. *Lancet*, 368, 1189-1200.

Gupta GR, Ogden J, Warner A. (2011). Moving forward on women's gender-related HIV vulnerability: The good news, the bad news and what to do about it. *Global Public Health*, 6 (suppl3), S370-S382.

Kaida A, Gray G, Bastos FI, Andia I, Maier M, McIntyre J, et al. (2008). The relationship between HAART use and sexual activity among HIV-positive women of reproductive age in Brazil, South Africa, and Uganda. *AIDS Care*, 20(1),21-25.

Mill JE, Anarfi JK. (2002). HIV risk environment for Ghanaian women: challenges to prevention. *Social Science & Medicine*, 54(3), 325-337.

Hampton T. (2010). Child marriage threatens girls' health. *JAMA*, 304(5), 509-510.

Mikhail SLB. (2002). Child marriage and child prostitution: Two forms of sexual exploitation. *Gender & Development*, 10(1), 43-49.

Raj A. (2010). When the mother is a child: the impact of child marriage on the health and human rights of girls. *Archive of Disease in Childhood*, 95, 931-935.

Limoncelli SA. (2009). The trouble with trafficking: Conceptualizing women's sexual labor and economic human rights. *Women's Studies International Forum*, 32(4), 261-269.

Chacham AS, Diniz SG, Maia MB, Galati AF, Mirim LA. (2007). Sexual and reproductive health needs of sex workers: Two feminist projects in Brazil. *Reproductive Health Matters*, 15(29),108-118.

Hodge DR, Lietz CA. (2007). The international sexual trafficking of women and children: A review of the literature. *Affilia*, 22(2), 163-174.

Poulin R. (2003). Globalization and the sex trade: Trafficking and the commodification of women and children. *Canadian Woman Studies*, 22(3).

Watts C, Zimmerman C. (2002). Violence against women: global scope and magnitude. *Lancet*, 359(9313),1232-1237.

Wathen CN, MacMillan HL. (2003). Interventions for violence against women: scientific review. *JAMA*, 289(5),589-600.

Kaufman J. (2005). China: The intersections between poverty, health inequity, reproductive health and HIV/AIDS. *Development*, 48,113–119.

Olufemi O. (2000). Feminisation of poverty among the street homeless women in South Africa. *Development Southern Africa*, 17(2), 221-234.

Anyangewe SC, Mtonga C. (2007). Inequities in the global health workforce: the greatest impediment to health in sub-Saharan Africa. *International Journal of Environmental Research in Public Health*, 4(2),93-100.

Lado C. (1992). Female labor participation in agricultural production and the implications for nutrition and health in rural Africa. *Social Science & Medicine*, 34(7),789-807.

ADDITIONAL OPTIONAL READINGS

Anderson BO, Shyyan R, Eniu A, Smith RA, Yip CH, Bese NS, et al. (2006). Breast cancer in limited-resource countries: an overview of the Breast Health Global Initiative 2005 guidelines. *The Breast Journal*,12(Suppl1),S3-15.

Attane I. (2002). China's family planning policy: An overview of its past and future. *Studies in Family Planning*, 33(1),103-114.

- Berer M. (2000). Making abortions safe: A matter of good public health policy and practice. *Bulletin of the WHO*, 78(5), 580-591
- Berman H, Girón ER, Marroquín AP. (2009). A narrative study of refugee women who have experienced violence in the context of war. *Canadian Journal of Nursing Research*,41(1),144-65.
- Bharadwaj M, Hussain S, Nasare V, Das BC. (2009). HPV & HPV vaccination: Issues in developing countries. *Indian Journal of Medical Research*, 130(3),327-33.
- Carballo M, Hernandez M, Schneider K, Welle E. (2005). Impact of the tsunami on reproductive health. *Journal of Research in Social Medicine*, 98(9),400-3.
- Donohoe MT. (2004). War, rape and genocide: Never again? *Medscape Ob/Gyn and Women's Health*, 9(2). Available <http://www.medscape.com/viewarticle/491147>
- Fong V. (2002). China's one-child policy and the empowerment of urban daughters. *American Anthropologist*, 104(4),1098-1109.
- Gangoli, G. (2007). Immorality, hurt or choice: How Indian feminists engage with prostitution. *International Feminist Journal of Politics*, 9(1), 1-19.
- Hardee K, Gay J, Blanc AK. (2012). Maternal morbidity: Neglected dimension of safe motherhood in the developing world. *Global Public Health*, 7(6), 603-617.
- Marquez B. (1995). Organizing Mexican-American women in the garment industry: la Mujer Obrera. *Women and Politics*, 15(1),65-87.
- Moss NE. (2002). Gender equity and socioeconomic inequality: a framework for the patterning of women's health. *Social Science & Medicine*, 54,649-61.
- Mottl-Santiago J. (2002). Women's public health policy in the 21st century. *Journal of Midwifery & Women's Health*,47(4), 228-238.
- Obermeyer CM, Cardenas R. (1997). Son preference and differential treatment in Morocco and Tunisia. *Studies in Family Planning*, 28(3), 235-244.
- Quisumbing AR, Haddada L, Peñab C. (2001). Are women overrepresented among the poor? An analysis of poverty in 10 developing countries. *Journal of Development Economics*, 66(1), 225-269.
- Raymond SU et al. (2005). Beyond reproduction: Women's health in today's developing world. *International Journal of Epidemiology*, 34,1144–1148.
- Reichenbach L. (2002). The politics of priority setting for reproductive health: breast and cervical cancer in Ghana. *Reproductive Health Matters*, 10(20),47-58.

Saliba M, Zurayk H. (2010). Expanding concern for women's health in developing countries: the case of the Eastern Mediterranean Region. *Women's Health Issues*, 20(3),171-7.

Shannon K, Kerr T, Allinott S, et al. (2008). Social and structural violence and power relations in mitigating HIV risk of drug-using women in survival sex work. *Social Science & Medicine*, 66(4), 911-921.

Trenholm JE, Olsson P, Ahlberg BM. (2011). Battles on women's bodies: War, rape and traumatisation in eastern Democratic Republic of Congo. *Global Public Health*, 6(2), 139-152.

WHO. (2009). Women's health. Fact sheet 334, available <http://www.who.int/mediacentre/factsheets/fs334/en/index.html>

WHO (2011). An update on WHO's work on female genital mutilation (FGM): Progress report. Geneva: WHO. Available http://whqlibdoc.who.int/hq/2011/WHO_RHR_11.18_eng.pdf

Yang HB, Bray FI, Parkin DM, Sellors JW, Zhano Z-F. (2004). Cervical cancer as a priority for prevention in different world regions: an evaluation using years of life lost. *International Journal of Cancer*, 109,418-24.

List of possible topics for papers and class presentation:

Female and child labor

Contemporary Slavery

Prostitution

The sex trade

Women and mental health

Literacy and health care

Religion and health care ethics as it pertains to women's health

Complementary/alternative medicine

Women and the media

Women and war

Women and AIDS

Public education and girls/women

Women and food insecurity and hunger

Women and water

Women and athletics

The underground economy and women (e.g., textiles, housekeeping)

Women in the workforce (e.g., wages, conditions)

Microcredit and women's poverty

Lesbian, bisexual, transgender issues

Women in politics

Breast feeding

Famous female figures in the history of medicine, nursing, dentistry, and public health

Contraception and/or childbirth
Reproductive health
Women in health care
Labor rights and women's rights
Medical/health aspects of adoption
Sex education
Honor killings

USEFUL WEBSITES

Population Reference Bureau: www.prb.org
IPAS (International Pregnancy Advisory Services): <http://www.ipas.org/>
Marie Stopes International: <http://www.mariestopes.org.uk/>
Global Health Council: <http://www.globalhealth.org/>
Alan Guttmacher Institute: <http://www.guttmacher.org/>
Center for Reproductive Rights: http://www.reproductiverights.org/ww_issues.html
Engender Health: <http://www.engenderhealth.org/our-countries/index.php>
FHI360 (Family Health International): <http://www.fhi360.org/>
International Planned Parenthood Federation: <http://ippf.org/>
International Women's Health Coalition: <http://www.iwhc.org/>
Pathfinder International: <http://www.pathfinder.org/>
Population Council: <http://www.popcouncil.org/what/rh.asp>
UNFPA (UN Population Fund): <https://www.unfpa.org/public/>
United States Agency for International Development (USAID): <http://www.usaid.gov/>
Family Care International: <http://www.familycareintl.org/en/home>
International Consortium for Emergency Contraception: <http://www.cecinfo.org/>
WHO (World Health Organization): <http://www.who.int/en/>
CIA World Factbook: <https://www.cia.gov/library/publications/the-world-factbook/index.html>
UNAIDS (Joint UN Programme on HIV/AIDS): <http://www.unaids.org/en/>
UNICEF (UN Children's Fund): <http://www.unicef.org/>
WHO Global Health Observatory: <http://www.who.int/gho/en/>
Kaiser Family Foundation: <http://www.kff.org/>

HONOR CODE

Semester at Sea students enroll in an academic program administered by the University of Virginia, and thus bind themselves to the University's honor code. The code prohibits all acts of lying, cheating, and stealing. Please consult the Voyager's Handbook for further explanation of what constitutes an honor offense.

Each written assignment for this course must be pledged by the student as follows: "On my honor as a student, I pledge that I have neither given nor received aid on this assignment." The pledge must be signed, or, in the case of an electronic file, signed "[signed]."

Contemporary Women's Health emphasizes health promotion and the impact of multicultural and diversity issues on women's health. The text is written from a woman-centered perspective and offers thorough discussions on a broad range of female-centric topics including feminism and the women's health movement, global issues in women's health, and health concerns specific to diverse populations. It is appropriate for both nontraditional and traditional students in a variety of course settings including health education, general education, medical education, and women's studies courses. This text includes commentaries on issues such as anorexia, postnatal depression, women and cancer, sexual abuse, exercise and health, pregnancy, sexual violence and drug use. Each chapter provides a critical survey of the topic and case studies. Includes bibliographical references and index.

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Journal of International Women's Studies Vol 6 #3 July 2005. 40. To explore my argument that contemporary British women's mental health problems are largely caused by social structures and conditions and madness is a social construct, I shall firstly discuss the definitions of madness and mental health problems. The categories of mental health distress that are most closely associated with contemporary British women will then be identified, prior to analysing the medical model of women's mental health distress in the context of a male-dominated psychiatric profession. With regard to perspectives that can offer alleviation, I suggest that women's mental health is something upon which all feminisms touch. Women's Health book. Read reviews from world's largest community for readers. Covering the lifespan of women from puberty to old age, this comprehensive ... Goodreads helps you keep track of books you want to read. Start by marking "Women's Health: Contemporary International Perspectives" as Want to Read: Want to Read saving | Want to Read. Women's health refers to the health of women, which differs from that of men in many unique ways. Women's health is an example of population health, where health is defined by the World Health Organization as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Often treated as simply women's reproductive health, many groups argue for a broader definition pertaining to the overall health of women, better expressed as "The health of women..."