



Gender & Women's Studies 534:
Gender, Sexuality, and Reproduction: Public Health Perspectives

INSTRUCTOR INFORMATION

Name: Professor Leigh Senderowicz, ScD MPH (she/her)

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Office: Room 3314, Sterling Hall

Drop-in hours: Tuesdays from 4:00pm-5pm and by appointment

COURSE INFORMATION

Credits: This is 3 credit course, set at the intermediate level. This social science course fulfills the bio/health approach in the Gender & Women's Studies major.

Class/Seminar Time: Tuesday/Thursday 2:30pm-3:45pm

Location: 1333 Sterling Hall

Requisite: Sophomore standing.

Canvas Course URL: <https://canvas.wisc.edu/courses/345665>

This class meets for two 75-minute class periods each week over the spring semester and carries the expectation that students will work on course learning activities (including reading, writing, studying, etc.) for about 3 hours out of classroom for every class period. The syllabus includes more information about meeting times and expectations for student work.

COURSE DESCRIPTION:

This course explores several theoretical lenses, disciplinary approaches, and substantive topical areas relating to reproductive and sexual health. We will begin the course by investigating the development of both "reproductive justice" and "sexual health" as phenomena in public health research, policy, and programs, looking back to feminist responses to population control policies of the 1970s. Subsequent weeks of the semester will cover substantive topical areas in the field (e.g., adolescent sexual development, contraception, and sexual and reproductive violence). Course materials will expose students to epidemiological and data-driven aspects of these topics (e.g., prevalence, trends, definitions) as well as feminist socio-cultural critiques of the empirical research.

COURSE LEARNING OUTCOMES:

At the completion of this course, students will be able to:

- Understand the evolution of "reproductive health," "sexual health," and "reproductive justice" as concepts in the public health field.
- Be familiar with epidemiologic data on various topics relating to sexual health, both domestically and internationally.
- Identify and engage with feminist socio-cultural critiques of the classic epidemiologic and medical research in the field.



- Synthesize aspects of both the empirical and socio-cultural literature in order to articulate how to best address public health policies and programs aimed at improving sexual and reproductive health.
- Through independent project work, be able to locate, review, and critique both the medical literature and the social science literature on topics relating to reproductive and sexual health

REGULAR AND SUBSTANTIVE INTERACTION

This course provides regular and substantive interaction by:

- Providing direct instruction twice weekly through lecture and facilitating group discussion at least once/week on the scheduled and assigned weekly content.
- Assessing or providing feedback on a student's coursework throughout the semester based on the expectations of the learning activities described in the assignments section of this syllabus.

COURSE REQUIREMENTS, ASSIGNMENTS, AND GRADING

Class attendance and participation: Our discussions and in-class activities are one of the primary ways we will learn from each other in this class, so the more classes you miss, the less you are likely to take from our time together. There is a strong expectation for this course that students will attend class and contribute to in-class learning activities.

That being said, we, of course, want you to prioritize your health and the health of your classmates. If you're feeling ill and don't think you'll be able to attend a class session, please email me to let me know as soon as you can.

This course takes an interactive approach to learning, and all students are expected to participate in class discussions and in-class activities. Please come to class prepared to discuss the readings and engage with the content. The more thoughtful your engagement is during class, the richer the learning experience will be for all.

Students are allowed one general absence for any reason (about which you do not need to contact anyone in advance). If you will be absent more than once, please email me as soon as possible to get the absence excused. Unexcused absences may negatively impact your participation grade in the course.

Given the importance of class engagement in this course, if you accumulate more than two excused absences, please contact the professor to discuss make-up work for course engagement points.

Your active engagement with class materials and in class sessions is assessed as part of your grade for this class, and makes up 20% of your final grade. You will be responsible for assessing your own class engagement score after each class period, using Canvas. There are five dimensions for this assessment, as follows:



Attendance (out of 3)	3 points	Arrived on time and stayed for the entire class period
	2 points	Missed only a couple of minutes of class
	1 point	Missed a substantial chunk of the class period (at least 10 minutes)
	0 points	Did not attend class
Preparation (out of 3)	3 points	Thoroughly completed all of the readings
	2 points	Mostly read through the readings
	1 point	Skimmed at least some of the readings
	0 points	Did not do the readings for this class
Attention (out of 3)	3 points	Gave undivided attention to the class
	2 points	Mostly paid attention but glanced at a device every now and then or was otherwise a little bit distracted
	1 point	Looked at a device (phone/computer, etc. for non-class purposes or otherwise diverted attention from class
	0 points	Was mostly or fully checked out, focused on something else during the class period
Small group participation (out of 3)	3 points	Fully engaged in small group discussion: volunteered ideas, offered interpretations, listened intently, took notes, and/or responded to classmates' comments
	2 points	Mostly engaged in small group discussion: responded to others and helped keep the discussion moving forward
	1 point	Partially engaged in small group discussion: offered a comment here and there, but mostly kept quiet
	0 points	Did not engage in small group discussion: stayed quiet while others shared, offered no ideas or perspectives to group members, did not respond to other's comments
Large group participation (out of 3)	3 points	Fully engaged in larger class discussion: volunteered ideas, offered interpretations, listened intently, and/or responded to classmates' comments
	2 points	Mostly engaged in larger class discussion: responded to others and helped keep the discussion moving forward
	1 point	Partially engaged in larger class discussion: offered a small comment here and there, but mostly kept quiet
	0 points	Did not engage in larger class discussion: stayed quiet while others discussed, offered no perspectives to the broader group, did not respond to other's comments

Students will be primarily responsible for self-assessing their engagement for each class session on Canvas, due by 5pm on the day of class. Course faculty will review students' self-assessment and



use these self-assessments to substantially inform grading. Final assessment of course engagement/participation, however, remains the sole responsibility of the professor.

Reading discussion questions: To help facilitate our in-class discussions, you will submit 2-4 discussion questions from the readings in advance of each class. This is not intended to be an intense assignment, but just to help ensure that everyone comes to class with something to contribute to our discussions. These questions will be due on Canvas before each class, and will be graded complete/incomplete.

Reading responses: You will submit weekly half-page to one-page responses (12-point font, double-spaced) to the week's assigned readings. These are not intended to be summaries or a simple rehashing of the readings, but rather, critical appraisals of what you read. Some questions to consider as you draft your responses:

- What connections can you draw between the readings?
- If authors give differing perspectives, with whom do you agree more and why?
- How do these readings connect to any personal experiences you have had or what you are learning in other courses?
- What do you find important, problematic, or notable in the readings?

The goal of these responses is to show how you have been engaging with the readings. Please upload your reading response to the course Canvas website by the beginning of our Thursday class.

Midterm Paper: You will be given the prompt for a four-page (12-point font, double-spaced) take-home midterm paper on March 2nd, with your paper due on March 9th at 11:59 pm. The prompt will be on material covered in the course until this point. The purpose of this midterm paper is to engage your understanding of the various theoretical, public health, and sociomedical perspectives in sexual and reproductive health.

Group presentations: In small groups, you will choose a topic related to sexual and reproductive health, and you will explore some of the content on TikTok (or another social media platform, if your group prefers) related to this topic. Your group will be responsible for presenting to the class on this topic to the class for 12 minutes. Some questions your presentation should consider:

- What is the sexual and reproductive health topic you chose?
- What are the overall themes regarding this topic that one would learn from social media?
 - Are there opposing viewpoints?
 - How are they represented?
- Who are some of the leading voices about this topic and how did they get their platforms?
- Is there anything you wish you had seen but weren't really able to find?
- What do you think the implications of this content are for young people's SRH moving forward?



You may use PowerPoint (or other presentation software) if you choose, but this is not required. You will be evaluated both on the content of your group's presentation, as well as how engaging it is, so please consider creative ways to share your project with your peers.

Final paper: The final assignment for this course is a 6-8 page (12-point font, double-spaced) paper on the sexual and reproductive health topic of your choice, due on May 8th. It can be a topic we cover in class (although you will be expected to go far beyond what we read/discussed in class), or you may choose topic that we did not get a chance to discuss. The paper can be based off of your own experiences, research that you have been involved in, and/or reading that you've done. Your paper should incorporate some of the overarching theories and concepts from the course, and apply them to a specific global health topic of your choosing. I advise you to choose a narrow topic that will be possible to discuss in 6-8 pages.

This final paper will be due in three stages. First, you will submit your proposed topics to me for feedback. Then, you will submit a 2-page outline to make sure you're on the right track, before finally submitting your final paper.

GRADES

<i>Course requirement</i>	<i>% of final grade</i>
Class engagement	20%
Discussion questions	5%
Reading responses	10%
Midterm paper	20%
Group presentations	15%
Final paper	30%

Extensions: Communication is key here. Please get in touch with me as soon as possible once you know that you will be needing an extension on a course requirement. My preference is for at least one week prior to the course deadline, of course I understand this may not always be possible. I will grant extensions on a case-by-case basis.

Late, missed, or incomplete work: Assignments are due before class on the day they are assigned unless otherwise noted. Assignments handed in or emailed after the specified due date and time will be deducted 5 percentage points per 24 hours. For example, if an assignment is passed in one day late, the highest possible grade that the student could earn would be a 95 rather than a 100; if the assignment is two days late, the highest possible grade would be a 90. I will not accept assignments more than five days after the original due date. After five days, you will receive an "F" for that portion of your grade. Incomplete final grades will not be given except in situations of serious illness or family emergency.

Regrading policy: If you feel that there has been a mistake in the grading of one of your assignments, you may request that course faculty regrade the assignment. Please note, however, that requesting that I regrade your work has the potential to lower your grade as well as to raise it.



Final letter grades are as follows:

A:	93%-100%
AB:	88%-92%
B:	83%-87%
BC:	78%-82%
C:	70%-77%
D:	60%-69%
F:	Below 60%

COURSE POLICIES AND OTHER IMPORTANT INFORMATION:

Academic calendar & religious observances: See <https://secfac.wisc.edu/academic-calendar/#religious-observances>. I am happy for you to take the time you need away from class to celebrate your important religious observances. Please let me know within the first two weeks of class which days you'll be away from class, and what your plan is to make up any missed work/assignments as applicable.

Course Website: The course website is an important component of this course, and will allow you to access required readings, submit assignments, and interact with your peers and the teaching team. Important course announcements will also be posted to the website, so please check the site frequently. <https://canvas.wisc.edu/courses/345665>

Drop-in (office) Hours: I encourage all students to make use of office hours. Office hours are not just for when you do not understand something (although they're great for that!). Office hours are an excellent way for anyone and everyone to get the most out of the course experience, and for us to get to know one another. I very much welcome you to stop in and see me during office hours in Sterling Hall Room 3314.

Email: Emails are convenient way to ask short questions about logistics, but are not conducive to detailed or substantive questions about course materials or readings. Please keep emails short and courteous, and come to my drop-in hours or set up an appointment with me to discuss your more in-depth questions.

Technology in class: To minimize distractions and promote a culture of learning, I generally discourage the use of cellular telephones, tablets and laptops in class during lectures and group discussion. I was a student not too long ago, and nothing could distract me from a class faster than my laptop open in front of me or my phone in my hands. I leave the final decision about whether to incorporate this kind of technology into your note-taking/classroom experience up to each student.

I strongly urge device-users, however, to use them only for note-taking and other course-related reasons, and to stay off sites unrelated to our course. Improper use of technology during class (such as being on social media, as one example) can distract those around you, and will negatively affect your engagement grade for the course.



Respect and Inclusion: Many of the topics addressed in this course revolve around notions of structural oppression and justice. We will explicitly seek to center the voices of the marginalized, and create a learning community invested in mutual liberation. These may be challenging topics for you and for your classmates, and indeed, you may hold strong views that diverge from those of your classmates. Please ensure at all times that the language and the ideas you express are respectful, inclusive, and affirming of the dignity of your classmates and others. Please also pay attention to the amount of time and space you take up in class, and allow room for your classmates to express themselves too.

Diversity is a source of strength, creativity, and innovation for UW-Madison. We value the contributions of each person and respect the profound ways their identity, culture, background, experience, status, abilities, and opinion enrich the university community. We commit ourselves to the pursuit of excellence in teaching, research, outreach, and diversity as inextricably linked goals. The University of Wisconsin-Madison fulfills its public mission by creating a welcoming and inclusive community for people from every background – people who as students, faculty, and staff serve Wisconsin and the world. <https://diversity.wisc.edu/>

Rules, rights & responsibilities: See <https://guide.wisc.edu/undergraduate/#rulesrightsandresponsibilitiestext>

Accessibility and accommodations: The course faculty seeks to make this course welcoming to students with diverse learning styles as well as students with either documented or undocumented disabilities. I encourage you to contact me as soon as you are able to discuss how we can develop a learning plan that meets your needs. If you have a documented disability, please provide me with a letter from the McBurney Center (<https://mcburney.wisc.edu/>) as soon as possible. We will do all we can to ensure appropriate accommodations are available for all who need them.

The University of Wisconsin-Madison supports the right of all enrolled students to a full and equal educational opportunity. The Americans with Disabilities Act (ADA), Wisconsin State Statute (36.12), and UW-Madison policy (Faculty Document 1071) require that students with disabilities be reasonably accommodated in instruction and campus life. Reasonable accommodations for students with disabilities is a shared faculty and student responsibility. Students are expected to inform faculty of their need for instructional accommodations by the end of the third week of the semester, or as soon as possible after a disability has been incurred or recognized. Faculty will work either directly with the student or in coordination with the McBurney Center to identify and provide reasonable instructional accommodations. Disability information, including instructional accommodations as part of a student's educational record, is confidential and protected under FERPA.

Wellbeing: Please take time to care for yourself, both mentally and physically. If at any time you find the content of this course to be upsetting to your mental health, feel free to step out and let the course faculty know. Please also make good use of the UW health services to promote wellbeing. Make sure to drink plenty of water, eat nourishing food, get enough sleep, and otherwise take care of your body and your mind.



Academic integrity: By virtue of enrollment, each student agrees to uphold the high academic standards of the University of Wisconsin-Madison; academic misconduct is behavior that negatively impacts the integrity of the institution. Cheating, fabrication, plagiarism, unauthorized collaboration, and helping others commit these previously listed acts are examples of misconduct which may result in disciplinary action. Examples of disciplinary action include, but is not limited to, failure on the assignment/course, written reprimand, disciplinary probation, suspension, or expulsion. <https://conduct.students.wisc.edu/syllabus-statement/>

Please note that I take academic integrity *extremely* seriously, and any attempts to engage in cheating, plagiarism or other forms of academic misconduct will be met with zero tolerance. If you are unsure about whether something might be okay to do or might constitute academic misconduct, please reach out to the course faculty *first*.

Sexual harassment and other forms of sexual misconduct: As an instructor, I am committed to supporting survivors of sexual misconduct, including sexual assault, sexual harassment, dating violence, domestic violence, stalking, and sexual exploitation. UW-Madison offers a variety of resources for students impacted by sexual misconduct. If you wish to seek out free, confidential support, there are a number of [services](#) available on campus and in the community. If you would like to report sexual misconduct to the campus, a number of [reporting options](#) are available. In addition, each department has staff members, known as Responsible Employees, who can assist you. If you are an undergraduate student, most of the academic and career advisors you work with are designated Responsible Employees. Please note that Responsible Employees are required to report specific disclosures that you share about sexual misconduct to UW-Madison's [Title IX Office](#).

The Department of Gender & Women's Studies has the following Responsible Employees: the Department Chair, Dr. Judy Houck (jahouck@wisc.edu) and the Undergraduate Advisor, Susan Nelson (susan.nelson@wisc.edu).

Privacy of student records & the use of audio recorded lectures statement: Lecture materials and recordings for this course are protected intellectual property at UW-Madison. Students in this course may use the materials and recordings for their personal use related to participation in this class. Students may also take notes solely for their personal use. If a lecture is not already recorded, you are not authorized to record my lectures without my permission unless you are considered by the university to be a qualified student with a disability requiring accommodation. [Regent Policy Document 4-1] Students may not copy or have lecture materials and recordings outside of class,

including posting on internet sites or selling to commercial entities. Students are also prohibited from providing or selling their personal notes to anyone else or being paid for taking notes by any person or commercial firm without the instructor's express written permission. Unauthorized use of these copyrighted lecture materials and recordings constitutes copyright infringement and may be addressed under the university's policies, UWS Chapters 14 and 17, governing student academic and non-academic misconduct.



Course evaluations

Students will be provided with an opportunity to evaluate this course and your learning experience. Student participation is an integral component of this course, and your confidential feedback is important to me. I strongly encourage you to participate in the course evaluation. UW-Madison uses a digital course evaluation survey tool called AEFIS. For this course, you will receive an official email two weeks prior to the end of the semester, notifying you that your course evaluation is available. In the email you will receive a link to log into the course evaluation with your NetID. Evaluations are anonymous. Your participation is an integral component of this course, and your feedback is important to me. I strongly encourage you to participate in the course evaluation.

REQUIRED TEXTBOOK, SOFTWARE & OTHER COURSE MATERIALS

For all course sessions, I provide a list below of both required readings for the course, as well as a list of suggested readings if you're interested in digging a bit deeper. I'm happy to discuss the course readings or suggestions for additional readings with students at any time.

Journal articles will be linked here and available on Canvas. Required excerpts of books will be available from the library and linked through Canvas except where noted.

Please note that readings and assignments are subject to change throughout the course. Please check back to Canvas regularly for updates to the syllabus.



READINGS AND ASSIGNMENTS

Course schedule/calendar

Date	Topic	Readings
Jan 24	Introduction to class	None
Jan 26	From population control to reproductive rights	<p>Petchesky RP. From population control to reproductive rights: Feminist fault lines. <i>Reproductive Health Matters</i> 1995;3(6):152-161</p> <p>Haslegrave M. Implementing the ICPD Programme of Action: What a difference a decade makes. <i>Reproductive Health Matters</i> 2004;12(23):12-18.</p> <p>Bhatia, Rajani, et al. "A feminist exploration of 'populationism': engaging contemporary forms of population control." <i>Gender, Place & Culture</i> 27.3 (2020): 333-350.</p>
Feb 2	Reproductive justice	<p>Ross, Loretta & SisterSong. What is reproductive justice? <i>Reproductive Justice Briefing Book: A Primer on Reproductive Justice & Social Change</i> (n.d.): 4-5.</p> <p>Asian Communities for Reproductive Justice: A New vision for advancing our movement for reproductive health, reproductive rights, and reproductive justice. 2005.</p> <p>Crear-Perry et al. Social and structural determinants of health inequities in maternal health. <i>Journal of Women's Health</i> 2021;30(2):230-235.</p> <p>Johnson, Alexis McGill. "I'm the Head of Planned Parenthood. We're Done Making Excuses for Our Founder." <i>New York Times</i>. April 17, 2021. https://www.nytimes.com/2021/04/17/opinion/planned-parenthood-margaret-sanger.html</p>
Feb 7	Sexual health and justice	<p>Correa S. From reproductive health to sexual health: Achievements and future challenges. <i>Reproductive Health Matters</i> 1997;5(10):107-116.</p> <p>Sandfort TGM, Ehrhardt AA. Sexual health: A useful public health paradigm or a moral imperative? <i>Archives of Sexual Behavior</i> 2004;33(3):181-187.</p> <p>Frederick et al. Differences in orgasm frequency among gay, lesbian, bisexual, and heterosexual men and women in a U.S. national sample. <i>Archive of Sexual Behavior</i> 2018;47:273-288.</p>
Feb 9	Adolescent sexuality 1	Centers for Disease Control (CDC). Sexual Risk Behaviors can Lead to HIV, STD's & Teen Pregnancy.



		<p>https://www.cdc.gov/healthyouth/sexualbehaviors/index.htm</p> <p>Lindberg, Laura D., John S. Santelli, and Sheila Desai. "Changing patterns of contraceptive use and the decline in rates of pregnancy and birth among US adolescents, 2007-2014." <i>Journal of Adolescent Health</i> 63.2 (2018): 253-256.</p> <p>Schalet A. Must we fear adolescent sexuality? <i>MedGenMed</i> 2004;6(4):44.</p> <p>Chambers, Brittany D., and Jennifer Toller Erausquin. "Reframing the way we think about teenage motherhood." <i>Global Perspectives on Women's Sexual and Reproductive Health Across the Lifecourse</i>. Springer, Cham, 2018. 59-71.</p>
Feb 14	Adolescent sexuality 2	<p>Tolman DL. Doing desire: Adolescent girls' struggles for/with sexuality. In: Richardson L, Taylor V, Whittier N, editors. <i>Feminist Frontiers V</i>. Boston: McGraw Hill; 2001. p. 375-385.</p> <p>Fine M. Sexuality, schooling, and adolescent females: The missing discourse of desire. <i>Harvard Educational Review</i> 1998;58(1):29-53.</p> <p>Gomez, Anu Manchikanti, and Mikaela Wapman. "Under (implicit) pressure: young Black and Latina women's perceptions of contraceptive care." <i>Contraception</i> 96.4 (2017): 221-226.</p>
Feb 16	Unwanted/unintended/unacceptable pregnancy, part 1	<p>Finer, Lawrence, and Mia Zolna. "Unintended pregnancy in the United States: incidence and disparities, 2006." <i>Contraception</i> 2011;84(5):478-485.</p> <p>Sonfield A, Kost K, Gold RB, Finer LB. The public costs of births resulting from unintended pregnancies: National and state-level estimates. <i>Perspectives on Sexual and Reproductive Health</i> 2011;43(2):94-102.</p> <p>Cleland, John, Kazuyo Machiyama, and John B. Casterline. "Fertility preferences and subsequent childbearing in Africa and Asia: A synthesis of evidence from longitudinal studies in 28 populations." <i>Population studies</i> 74.1 (2020): 1-21.</p> <p>Potter, Joseph E., et al. "Challenging unintended pregnancy as an indicator of reproductive autonomy." <i>Contraception</i> 100.1 (2019): 1-4.</p>
Feb 21	Unwanted/unintended/unacceptable pregnancy, part 2	<p>Aiken, Abigail RA, Chloe Dillaway, and Natasha Mevs-Korff. "A blessing I can't afford: factors underlying the paradox of happiness about unintended pregnancy." <i>Social Science & Medicine</i> 132 (2015): 149-155.</p>



		<p>Aiken, Abigail RA, et al. "Rethinking the pregnancy planning paradigm: unintended conceptions or unrepresentative concepts?." Perspectives on sexual and reproductive health 48.3 (2016): 147.</p> <p>Gomez, Anu Manchikanti, et al. "It's not planned, but is it okay? The acceptability of unplanned pregnancy among young people." Women's Health Issues 28.5 (2018): 408-414.</p>
Feb 23	Sexual violence and reproductive coercion 1	<p>Centers for Disease Control and Prevention (CDC). National Intimate Partner & Sexual Violence Survey (2015): 1-11. https://www.cdc.gov/violenceprevention/pdf/2015data-brief508.pdf</p> <p>UN Women. Facts and figures: Ending violence against women. (2021). https://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures</p> <p>Potter, Sharyn, et. al. Outcomes of Sexual Assault Victimization in Early Adulthood: National Estimates for University and Nonuniversity Students. Journal of Interpersonal Violence. 2021. 1-11. https://journals-sagepub-com.ezproxy.library.wisc.edu/doi/full/10.1177/08862605211035858</p> <p>Bedera, Nicole, and Kristjane Nordmeyer. "'Never go out alone': An analysis of college rape prevention tips." Sexuality & Culture 19.3 (2015): 533-542.</p>
Feb 28	Sexual violence and reproductive coercion 2	<p>Silverman, Jay G., and Anita Raj. "Intimate partner violence and reproductive coercion: global barriers to women's reproductive control." PLoS medicine 11.9 (2014): e1001723.</p> <p>Moore AM, Frohwirth L, Miller E. Male reproductive control of women who have experienced intimate partner violence in the United States. Social Science & Medicine 2010;70(11):1737-1744.</p> <p>Grace, Karen and Jocelyn Anderson. Reproductive Coercion: A Systemic Review. Trauma, Violence, & Abuse. 2018. 19(4)371-390.</p> <p>Bedera, Nicole, and Kristjane Nordmeyer. "An inherently masculine practice: Understanding the sexual victimization of queer women." Journal of interpersonal violence (2020): 0886260519898439.</p> <p>MIDTERM PAPER PROMPT GIVEN OUT</p>



March 2	Maternal mortality 1	<p>Hunt P, Bueno de Mesquita J, UNFPA. Reducing maternal mortality: The contribution of the right to the attainable standard of health London: United Nations Population Fund; 2010.</p> <p>Rosenfield, Allan, and Deborah Maine. "Maternal mortality-a neglected tragedy: Where is the M in MCH?." The Lancet 326.8446 (1985): 83-85.</p> <p>Desai, Sonalde. "Maternal education and child health: A feminist dilemma." Feminist Studies 26.2 (2000): 425-446.</p> <p>Say, Lale, et al. "Global causes of maternal death: a WHO systematic analysis." The Lancet global health 2.6 (2014): e323-e333.</p> <p>MIDTERM PROMPT GIVEN OUT</p>
March 7	Maternal mortality 2	<p>Wendland, Claire. "Who counts? What counts? Place and the limits of perinatal mortality measures." AMA journal of ethics 20.3 (2018): 278-287.</p> <p>Owens, Deirdre Cooper, and Sharla M. Fett. "Black maternal and infant health: historical legacies of slavery." American journal of public health 109.10 (2019): 1342-1345.</p> <p>Crear-Perry, Joia, et al. "Social and structural determinants of health inequities in maternal health." Journal of Women's Health 30.2 (2021): 230-235.</p> <p>Bray, Stephanie RM, and Monica R. McLemore. "Demolishing the myth of the default human that is killing Black mothers." Frontiers in public health 9 (2021): 630.</p>
March 9	MIDTERM PAPER DUE	No readings
March 21	Contraception 1	<p>The Guttmacher Institute: Contraceptive Use in the United States Fact sheet (2021). https://www.guttmacher.org/fact-sheet/contraceptive-method-use-united-states</p> <p>Birgisson, Natalia. et.al. Preventing Unintended Pregnancy: The Contraceptive CHOICE Project in Review. Journal of Women's Health. 2015;24(5): 349-353.</p> <p>Senderowicz, Leigh. "'I was obligated to accept': A qualitative exploration of contraceptive coercion." Social science & medicine 239 (2019): 112531.</p>



March 23		Manzer, Jamie L., and Ann V. Bell. "'We're a Little Biased': Medicine and the Management of Bias through the Case of Contraception." <i>Journal of health and social behavior</i> (2021): 00221465211003232.
	Contraception 2	<p>Higgins JA, Hirsch JS. Pleasure, power, and inequality: Incorporating sexuality into research on contraceptive use. <i>American Journal of Public Health</i> 2008;98(10):1803-1813.</p> <p>Littlejohn, Krystale. "It's those Pills that are Ruining Me": Gender and the Social Meanings of Hormonal Contraceptive Side Effects. <i>Gender and Society</i> 2013;27(6): 843-863</p> <p>Borrero, Sonya, et al. "Medicaid policy on sterilization—anachronistic or still relevant?." <i>The New England journal of medicine</i> 370.2 (2014): 102.</p> <p>Agénor, Madina, et al. "Contraceptive Care Disparities Among Sexual Orientation Identity and Racial/Ethnic Subgroups of US Women: A National Probability Sample Study." <i>Journal of Women's Health</i> (2021).</p>
March 28	Abortion 1	<p>The Guttmacher Institute. <i>Abortion Incidence and Service Availability in the United States, 2017</i> https://www.guttmacher.org/report/abortion-incidence-service-availability-us-2017</p> <p>The Guttmacher Institute. <i>Abortion Incidence in the United States, 2017</i>. https://www.guttmacher.org/infographic/2019/abortion-incidence-united-states-2017</p> <p>Sedgh G, Singh S, Shah IH, Ahman E, Henshaw S, Bankole A. Induced abortion: Incidence and trends worldwide from 1995-2008. <i>Lancet</i> 2012:1-8.</p> <p>Miller, Sarah, Laura R. Wherry, and Diana Greene Foster. "What happens after an abortion denial? A review of results from the Turnaway study." <i>AEA Papers and Proceedings</i>. Vol. 110. 2020.</p> <p>Gerdtz, Caitlin, et al. "Impact of clinic closures on women obtaining abortion services after implementation of a restrictive law in Texas." <i>American journal of public health</i> 106.5 (2016): 857-864.</p>
March 30	Abortion 2	<p>Moseson, Heidi, et al. "Abortion experiences and preferences of transgender, nonbinary, and gender-expansive people in the United States." <i>American Journal of Obstetrics and Gynecology</i> 224.4 (2021): 376-e1.</p> <p>Suh, Siri. "A Stalled Revolution? Misoprostol and the pharmaceuticalization of reproductive health in Francophone Africa." <i>Frontiers in Sociology</i> 6 (2021).</p>



		<p>Moseson, Heidi, et al. "Self-managed abortion: a systematic scoping review." Best practice & research Clinical obstetrics & gynaecology 63 (2020): 87-110.</p> <p>Ralph, Lauren, et al. "Prevalence of self-managed abortion among women of reproductive age in the United States." JAMA network open 3.12 (2020): e2029245-e2029245.</p>
April 4	HIV/AIDS and STIs 1	<p>Center for Disease Control. HIV/AIDS in the United States https://www.cdc.gov/hiv/statistics/overview/ataglace.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fhiv%2Fstatistics%2Fbasics%2Fataglace.html</p> <p>Center for Disease Control. 2013. Incidence, Prevalence, and Cost of Sexually Transmitted Infections in the United States. https://www.cdc.gov/std/stats/STI-Estimates-Fact-Sheet-Feb-2013.pdf</p> <p>UNAIDS. Global HIV Fact Sheet. 2021. https://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf</p> <p>Martin SL, Curtis, S. Gender-based violence and HIV/AIDS: Recognizing links and acting on evidence. Lancet 2004;363:1410-1411.</p> <p>Sobo EJ. Inner-City Women and Aids - the Psychosocial Benefits of Unsafe Sex. Culture Medicine and Psychiatry 1993;17(4):455-485.</p> <p>Quinn, Katherine, Lisa Bowleg, and Julia Dickson-Gomez. "The fear of being Black plus the fear of being gay": The effects of intersectional stigma on PrEP use among young Black gay, bisexual, and other men who have sex with men." Social science & medicine 232 (2019): 86-93.</p>
April 6	HIV/AIDS and STIs 2	<p>Munro, Jenny. "Global HIV interventions and technocratic racism in a West Papuan NGO." Medical anthropology 39.8 (2020): 704-719.</p> <p>Ortblad, Katrina F., et al. "The arc of HIV epidemics in sub-Saharan Africa: new challenges with concentrating epidemics in the era of 90-90-90." Current Opinion in HIV and AIDS 14.5 (2019): 354.</p> <p>Nguyen, Vinh-Kim, et al. "Remedicalizing an epidemic: from HIV treatment as prevention to HIV treatment is prevention." Aids 25.3 (2011): 291-293.</p> <p>Hodson, Nathan, and Susan Bewley. "Pursuing ethical coherence in the prevention of vertical transmission of HIV: justice and injustice in Option B+." (2017): 163-166.</p>



April 11	Pleasure!	<p>Higgins JA, Hirsch JS. The pleasure deficit: Revisiting the "Sexuality Connection" in reproductive health. <i>Perspectives on Sexual and Reproductive Health</i> 2007;39(4):240-247</p> <p>Oriel J. Sexual pleasure as a human right: Harmful or helpful to women in the context of HIV/AIDS? <i>Women's Studies International Forum</i> 2005;28(5):392-404.</p> <p>Philpott A, Knerr W, Maher D. Promoting protection and pleasure: amplifying the effectiveness of barriers against sexually transmitted infections and pregnancy. <i>Lancet</i> 2006;368(9551):2028-2031.</p> <p>Mitchell, Kirstin R., et al. "What is sexual wellbeing and why does it matter for public health?." <i>The Lancet Public Health</i> (2021).</p>
April 13	Class time to work on group presentations	No readings
April 18	Queer repro health 1	<p>Young RM, Meyer IH. The trouble with "MSM" and "WSW": Erasure of the sexual-minority person in public health discourse. <i>American Journal of Public Health</i> 2005;95(7):1144-1149.</p> <p>Mayer KH, Bradford JB, Makadon HJ, Stall R, Goldhammer H, Landers S. Sexual and gender minority health: What we know and what needs to be done. <i>American Journal of Public Health</i> 2008;98(6):989-995.</p> <p>Agénor, Madina, et al. "Exploring the cervical cancer screening experiences of black lesbian, bisexual, and queer women: The role of patient-provider communication." <i>Women & health</i> 55.6 (2015): 717-736.</p> <p>Students are invited to read this academic paper: Reed, S. J., Miller, R. L., Valenti, M. T. & Timm, T. M. (2011). Good gay females and babies' daddies: Black lesbian community norms and the acceptability of pregnancy. <i>Cult Health Sex</i>, 13(7), 751-765. DOI: 10.1080/13691058.2011.571291</p> <p>I would also like them to take a look at a few brief comics created by Transboycomics AKA Will Betke-Brunswick... ...one about <u>"pregnant people"</u> versus "pregnant women," ...one about <u>contraceptives</u>, ...and one about <u>testosterone and fertility</u>.</p>



April 20	Queer repro health 2	Jennings, Linn, et al. "Inequalities in lesbian, gay, bisexual, and transgender (LGBT) health and health care access and utilization in Wisconsin." <i>Preventive medicine reports</i> 14 (2019): 100864. Charlton, Brittany M., et al. "Sexual orientation differences in teen pregnancy and hormonal contraceptive use: an examination across 2 generations." <i>American journal of obstetrics and gynecology</i> 209.3 (2013): 204-e1.
April 25	Cisgender men and sexual health 1	Law, Caroline. "Men on the margins? Reflections on recruiting and engaging men in reproduction research." <i>Methodological Innovations</i> 12.1 (2019): 2059799119829425. Lohan, Maria. "How might we understand men's health better? Integrating explanations from critical studies on men and inequalities in health." <i>Social science & medicine</i> 65.3 (2007): 493-504. Greene ME, Biddlecom AE. Absent and problematic men: Demographic accounts of male reproductive roles. <i>Population and Development Review</i> 2000;26(1):81-+. Bowleg L, Teti M, Massie JS, Patel A, Malebranche DJ, Tschann JM. 'What does it take to be a man? What is a real man?': ideologies of masculinity and HIV sexual risk among Black heterosexual men. <i>Culture Health & Sexuality</i> 2011;13(5):545-559.
April 27	Cisgender men and sexual health 2	Gutmann MC. Scoring men: Vasectomies and the totemic illusion of male sexuality in Oaxaca. <i>Culture Medicine and Psychiatry</i> 2005;29(1):79-101. Freeman, Emily, Ernestina Coast, and Susan F. Murray. "Men's roles in women's abortion trajectories in urban Zambia." <i>International perspectives on sexual and reproductive health</i> 43.2 (2017): 89-98. Maternowska, M. Catherine, Mellissa Withers, and Claire Brindis. "Gender, masculinity and migration: Mexican men and reproductive health in the Californian context." <i>Culture, health & sexuality</i> 16.8 (2014): 989-1002.
May 2	Group presentations 1	No readings
May 4	Group presentations 2	No readings
May 8	Final papers due	