



Bergen Summer Research School

› Global Development Challenges

Global Health in Bio-medical, Social and Cultural perspectives
Bergen, 21 June - 2 July 2010

PhD-Research Course: Global Challenges in Reproductive Health

Course leader:

- [Torvid Kiserud](#), Professor, Dep. Clinical Medicine, University of Bergen and Dept. Obstetrics and Gynecology, Haukeland University Hospital

Deputy course leaders:

- [Astrid Blystad](#), Professor, Dept. of Public Health and Primary Health Care Centre for International Health.
- [Karen Marie Moland](#), Associate Professor, Bergen University College
- [Sven Gudmund Hinderaker](#), Senior researcher, Centre for International Health

External lecturers / key note speakers:

- [Marge Berer](#) “The politics of reproductive health and rights”

Marge Berer is the founder and editor of the journal *Reproductive Health Matters*. With a focus on reproductive and sexual health and rights, she has published extensively on HIV/AIDS, on maternal health and safe motherhood initiatives, on abortion policies and the law.

- [Mark A Hanson](#): “An evolutionary perspective on reproductive health”

Professor Hanson, Director of Institute of Developmental Sciences, University of Southampton, is a leading researcher in the field of developmental origin of health and disease. He has expanded the link between fetal development and adult disease to include the health effects of ‘trans-generational adaptation’ from an evolutionary perspective. He has published a series of books to make this modern view on health and common diseases accessible to people of all walks of life.

Course description, goals and objectives

This course is organized in collaboration with

- Haukeland University Hospital
- Research Cluster for Reproductive Health, University of Bergen
- Research group; Global health: Ethics, economics and culture, University of Bergen

- University of Bergen departments: Department of Public Health and Primary Health Care, Centre for International Health, Department of Clinical Medicine, Section for Gender and Development
- Bergen University College (Faculty of Health and Social Science)

Maternal, perinatal and infant health and mortality have been addressed in a number of global health initiatives, and are the targets of millennium development goals 4 and 5. Nonetheless, the morbidity and mortality figures have remained unacceptably high. Global reproductive health challenges represent medically, politically, socially and morally highly complex phenomena. This course will demonstrate how diverse theoretical- and methodological approaches generate different kinds of knowledge to comprehend the complexity of adverse maternal-, perinatal- and infant health outcomes.

Aims of the course:

To give a comprehensive introduction to the study of maternal and perinatal mortality and morbidity in a global context.

Specific learning objectives:

- The student gains knowledge on global maternal mortality and morbidity related problems
- The student gains knowledge on neonatal mortality and morbidity and on foetal growth and its consequences for development and health
- The student gains knowledge on epidemiological-, qualitative (ethnographic and qualitative interviewing), registry-based and other methods with which to approach the topic
- The student gains insights into biomedical, political, economic, ethical and evolutionary perspectives with which to approach and view the field of global reproductive health
- The student gains experience in information retrieval and critical assessment of research results.

Part I *Background and perspectives of reproductive health*

Perspectives:

- The politics of maternal mortality and morbidity - Human rights perspectives, gender, global-local dynamics
- The epidemiology of maternal mortality - A global overview
- The sociology of maternal mortality and morbidity - Culture and local gender and power dynamics
- The anatomy of maternal mortality - Causes of maternal death and practical methods of keeping low mortality statistics. An evolutionary perspective of health and disease: Can the mechanisms that brought the species homo sapiens to its state of today explain health and disease and are such mechanisms important in reproduction?
- The physiology of foetal mechanisms adapting to maternal nutrition and environment.

Methods and approaches

Different quantitative and qualitative methods will be discussed in connection with:

- The AAAQ framework (availability, accessibility, acceptability, adequate quality) The three delays model
- Birth registries
- The sisterhood method
- Verbal autopsy

Practical methods:

- Practical demonstrations of simple clinical assessment and ultrasound methods) to measure birth-weight and foetal growth
- Library Sessions: Information management, evidence-based knowledge, tracing research information.
- Practical assessment of a scientific publication (group/workshop).
- Handheld electronic data registration: practical options in research?

Group work / practical exercises/ excursions/ films

Part II *Global challenges in reproductive health*

1: *The case of obstetric fistula*

- Obstetric fistula, epidemiology, disease profile, associated conditions, social profile, research methods (epidemiology, registry, qualitative)
- The qualitative epidemiology of obstetric fistula

Group work / questions to be asked:

The gendered politics of obstetric fistula

2: *The case of mother to child transmission of HIV*

- The epidemiology of mother to child transmission of HIV The ethnography of mother to child transmission of HIV

Group work / questions to be asked:

The politics of shifting global guidelines, the ethics of Prevention of Mother-to-Child Transmission (PMTCT)

3. *The case of female genital cutting*

- The anatomy, epidemiology and culture of female genital cutting Female genital cutting and men's roles

Group work / questions to be asked:

- The global discourse on harmful traditional practices
- Defining the field of violence against women

Part III *Closing session: summing up approaches and perspectives to global reproductive health*

Targeted students, Prerequisites and ECTS

We welcome students from any natural science, social or health science arena whose dissertations involve scientific questions related to reproductive health challenges.

The student should be a registered PhD student, or have completed masters in a relevant discipline.

Students are required to attend all the sessions of the course and participation is also mandatory in the plenary events of the overall programme of the Bergen Summer Research School 2010 (the programme will be published on the web in June 2010).

5 ECTS will be awarded upon successful participation and completion of the full programme, including the delivery of a research paper which is approved by the course leaders.

3 ECTS will be awarded for full participation in the course without the delivery of a research paper.

Reading list (can be obtained on request to the course leader):

- Bangster, M (2007) Strengthening public health priority-setting through research on fistula, maternal health, and health inequities. *International Journal of Gynecology and Obstetrics* (2007)
- Berer, M (2003) Traditional Birth Attendants in Developing Countries Cannot Be Expected to Carry Out HIV/AIDS Prevention and Treatment Activities. *Reproductive Health Matters* 2003;11(22):36–39
- Coovadia, H and Kindrabi, G (2008) Breastfeeding, HIV transmission and infant survival: balancing pros and cons. *Infectious Diseases* 2008, 21:11–15
- Coutsoudis, A; Coovadia, H; & Wilfert, C. HIV, infant feeding and more perils for poor people: new WHO guidelines encourage review of formula milk policies. *Bulletin of the World Health Organization* 2008;86:210–214
- Gluckman PD, Hanson MA, Cooper C, Thornburg KL. Effect of in utero and early-life conditions on adult health and disease. *N Engl J Med* 2008; 359: 61-73.
- Graham W, Brass W, Snow RW. Estimating maternal mortality: the sisterhood method. *Stud. Fam. Plann.* 1989; 20: 125-35
- Hanson MA, Godfrey KM. Maternal constraint is a pre-eminent regulator of fetal growth. *Int J Epidemiol* 2008; 37: 252-4
- Kiserud T, Johnsen SL. Biometric assessment. *Best Pract Res Clin Obstet Gynaecol* 2009; 23: 819-31
- Moland, K.M., & Blystad, A. (2008). Counting on mother's Love: Bridging differences in culture and society. In R.A. Hahn, & M. Inhorn (Eds.), *Anthropology and public health* (pp. 447-479). Oxford: Oxford University Press.
- Muleta M, Fantahun M, Tafesse B, Hamlin EC, Kennedy RC. Obstetric fistula in rural Ethiopia. *East Afr Med J* 2007; 84: 525-33.
- Neilson JP. Symphysis-fundal height measurement in pregnancy. *Cochrane Database Syst Rev.* 2000;(2): CD000944. Review

- Olsen BE, Hinderaker SG, Kazaura M, Lie RT, Bergsjø P, Gasheka P, Kvåle G. Estimates of maternal mortality by the sisterhood method in rural northern Tanzania: a household sample and an antenatal clinic sample. *BJOG* 2000; 107:1290-7.
- Talle, Aud (2007). Female Circumcision in Africa and Beyond: The Anthropology of a Difficult Issue. *Transcultural Bodies. Female Genital Cutting in Global Context*, Rutgers University Press. ISBN 0-8135-4026-7. s 91 - 106
- Talle, Aud (2007). From 'Complete' to 'Impaired' Body: Female Circumcision in Somalia and London *Disability in Local and Global Worlds*, University of California Press. ISBN 978-0-520-24617-1. s 171 - 191
- Wall LL. Obstetric vesicovaginal fistula as an international public-health problem. *Lancet* 2006; 368: 1201-9.
- WHO. Ascertaining and attributing cause of death. Geneva: WHO, 2007