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GLOBAL REPRODUCTIVE & SEXUAL HEALTH

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Goal
Gain hands-on practical knowledge and skills to advance the science of global reproductive & sexual health through state-of-the-science lectures, discussion, case-studies, and small group work. Designed to provide training in key topics relevant to reproductive & sexual health in the global arena.

Objectives
i. Understand the paradigm of global reproductive & sexual health
ii. Identify conceptual frameworks that are useful for global reproductive & sexual health studies
iii. Understand how to design impactful studies
iv. Discuss different measurement aspects of a study
v. Understand the principals of proposal writing for funding
vi. Become familiar with the use of big data

Structural Competency in Sexual and Reproductive Health

It is not necessarily the culture of a people that contribute to adverse health, it is the outside influences and historical influence that possibly contribute to health care beliefs and practices. Structural violence is visited upon all those whose social status denies them access to the fruits of scientific and social programs. Long chain of inequalities that contribute to people’s health.

1. Material conditions: lack of access to water, food, health care.
2. Deepening poverty
3. Political upheaval
4. Patterns of sexual union

High Fertility Rates

• Globally, fertility is 2.5 per woman
• In 2010, 33 countries were defined as high fertility (5+), 29 of these were in sub-Saharan Africa
  v. Higher order births are at an increased risk of death in infancy and childhood
  v. For birth order of 7+, neonatal mortality if 43% higher and early childhood mortality is 11% higher
  v. Women with five and six pregnancies suffer roughly 5% percent higher mortality
  v. Higher number of children detracts from human capital investment e.g. less schooling per child
• More people exacerbates environmental threats = water global climate change

Reproductive Coercion

Many women around the world experience reproductive coercion - ‘behavior that interferes with the autonomous decision-making of a woman, with regard to reproductive health.’

U.S.
• Estimates range from 4.0-29.6%
• Low income women 16-38%
• Family planning and Title X clinics 3.3-13%
• Family medicine clinic 24%
• Emergency department setting 11%
• Large public universities 8%
• Small liberal arts college 24%

Using Social Media to Advertise Your Research

Engage a story to catch people’s attention – visuals are everything!

Using social media to advertise your research has the potential for broader reach of dissemination. Consumers get the news from:
• directly on news sites (32%)
• search (25%)
• social media (23%)
• email (6%)
• mobile alerts (5%)
• aggregators (5%) 4

During the Summer Institute international collaborations were formed which will help facilitate and expand our research in a global setting:

• Ugandan Scholar - Bernard Oduro = help facilitate IRB approval for our R21 Developmental Grant.
• CIRHT (The Center for International Reproductive Health Training; University of Michigan) – International staff from the Center will help us gain access to another group of Dinka South Sudanese refugees living in Ethiopia.

Participants

Participants traveled from cities throughout Michigan and Illinois, as well as across the world representing Chile, China, Ethiopia, Ghana, Indonesia, Thailand, Turkey, The Netherlands, Uganda and Zambia

Research Collaborations Made

Participants

Using media to communicate research and program findings

References


Web pictures obtained from: