

**Global Child Health and Development: Health and Well-Being Around the World  
Psychology 399 (CRN 35906) ~ Spring 2018 (MW 12:00-1:20pm) ~ Straub 145**

**Instructor: Jeffrey Measelle, PhD (measelle@uoregon.edu)**

Office Hours: Thursdays 1:30-3:30pm

Office Hour Location: 473 Straub Hall

Office Phone: 6-4570

**Teaching Assistant: Nicole Cummins (ncummins@uoregon.edu)**

Office Hours: By appointment

Office Hour Location: Straub Hall

**IMPORTANT:** This class will be “**taught in Canvas**”. This means that all important communication, course materials, readings, study guides, project guides, etc. will be found in our course Canvas site, and not the assigned Blackboard site.

To learn how to use Canvas, please visit the following Canvas tutorial:

<https://canvas.uoregon.edu/courses/26168>

### **Course Description**

This course will explore the subject of human health and development in populations around the world, with special emphasis on the role that development during childhood plays in shaping long-term health, illness, and well-being. We will examine a collection of global health problems deeply rooted in rapidly changing social structures and that transcend national and other administrative boundaries. Although situated within the Department of Psychology, this course is necessarily interdisciplinary. The class can be considered ideal for University of Oregon students wishing to explore a variety of subject areas with an eye toward their own possible professional trajectories – public health, anthropology, economics, epidemiology, medicine, and psychology – and to better consider the interrelated complexities of psychosocial, political, economic, and environmental factors that govern health in our world. The course will be divided into three major sections:

1. **The Science of Early Childhood:** We will consider how various scientific disciplines – psychology, developmental biology, genetics, neuroscience, anthropology, and medicine – have sharpened our understanding of what constitutes adaptive and maladaptive human development. When developing biological systems central to homeostasis and allostasis are strengthened by positive early experiences, healthy children are more likely to grow into healthy adults. Yet health is more than merely the absence of disease—it is an evolving human resource that helps children and adults adapt to the challenges of everyday life, resist infections, cope with adversity, feel a sense of personal well-being, and interact with their surroundings in ways that promote successful development. In this first section of the course, we consider the psychobiology of health and consider how experiences and environmental influences “get under the skin” and interact with underlying predispositions (e.g., genetics) to shape lifelong outcomes in both physical and mental well-being.
2. **Social Determinants of Health, Illness, and Well-Being Around the World:** Nations with the most positive indicators of population health, such as lower infant mortality and longer life expectancy, typically have higher levels of wealth (though not always lower levels of income inequality). As such, children’s health is a nation’s wealth, as a sound body and mind enhance the capacity of children to develop a wide range of competencies that are necessary to become contributing members of a successful society. Throughout the term, we will consider the social, cultural, and environmental determinants (risk factors) of health. Three domains of influence thought to provide the basis for adaptive and/or maladaptive physical and psychosocial development in most areas of the world will be considered: (a) the caregiving environment (measured pre- and postnatally); (b) sound and appropriate nutrition; and (c) the resources within a child’s physical environment (safety/violence/stress; chemical/toxins, sociocultural institutions). We will consider scientific evidence about these types of risk factors and how they shape, either similarly or differently, the developing health profiles of children around the globe.

3. **Interventions Around the World – Cases in Point:** During the term, we will consider the work of organizations and programs in three major global contexts: (a) Southeast Asia, (b) Africa, and (c) the Americas. Within this section of the course, we will explore how professionals are “translating” the basic science of child development and well-being health programs in different regions. The following types of questions will be considered: “How can volunteers and professions from more fortunate countries help to build capacity in developing countries?” “How do cultural forces – both present and past – shape such efforts?” “How to we evaluate whether such efforts are making a difference?”

### Readings

There is no text for this course. Readings for this course will consist of a combination of original research articles, position papers, official intergovernmental reports, book chapters, and news/media stories.

All readings will be posted as .pdfs on the course’s Canvas site.

### Course Requirements

- a. **Attendance, reading, & QOD (5%):** attendance is required and active engagement in class discussions will be as critical to student learning as it will be to the overall richness of the class. Due to the seminar-like format of portions of the class (e.g., discussions following instructor didactics) there is an emphasis on attendance and participation, AND careful reading of the assigned readings before a given class meeting. As well, there will be up to 10 random **Questions of the Day (QOD)** throughout the term. This will be a brief, multiple choice question or two to check on basic comprehension and completion of the assigned readings for a given day
- b. **In-class DEBATE participation (20%):** We will conduct 8 different in-class debates during the term. These debates will be designed to explore current controversies and challenges confronting the health, in particular, child related health and development concerns (e.g. “*Does the United States have a moral responsibility to invest in the health of low-income countries?*” “*All children should be required to be vaccinated.*”). By Wednesday of Week 1, you will be assigned to a debate date and to a side in the debate. **Along with your debate partners and your opponents, you will prepare a researched/sourced outline/speaking points for the debate, which will be conducted in class; your outline should be typed and will be turned in on the day of the debate.** A more thorough debate guide will be prepared to provide you with instructions on how to prepare for your debate. The non-debating members of class and the instructor will serve as judges in the debate. Members of the side that is selected as the winner will earn extra credit points (approximately 2% of the total points during the term). The dates of the debates will be:
  - Debate 1: Mon April 9
  - Debate 2: Wed April 16
  - Debate 3: Mon April 23
  - Debate 4: Mon April 30
  - Debate 5: Wed May 7
  - Debate 6: Wed May 14
  - Debate 7: Wed May 21
  - Debate 8: Wed May 23
- c. **Exams (50%):** There will be two in-class exams (each worth 20%), one on **Wednesday, May 2** and one on **Wednesday, June 6**. These exams will primarily be short-answer and brief-essay test designed to ensure that you are developing a good working grasp of the concepts, terminology, and scientific evidence needed to engage in thoughtful discussions about GH issues. Each test will also include a longer essay question where you can integrate your knowledge and opinions about course material.
- d. **Media project (25%):** By the end of Week 2 of class, you will have identified a health and development topic of interest to you personally (e.g., child foster care; healthy food; reproductive rights; nutrition and early brain development; war and displacement; parental trauma/unavailability; cosmetics and health; human trafficking; child brides; etc.) that you want to investigate and about which you will create a persuasive public health media campaign (e.g., video, ad campaign, lecture, etc.) that you will use to

target a specific group in hopes of inspiring action. This project can be done independently or with a group of like-minded students. A separate set of guidelines for this project will be provided. To help you with the project, you will meet the following deadlines, each worth points.

Due **Wednesday, April 11**: Brief paragraph describing the general focus of your project and 2 initial references. Worth 5 points.

Due **Monday, May 21**: Rough draft of outline of project with references. You will receive feedback on your rough outline on Wednesday, May 23. Worth 5 points.

Due **Wednesday May 30 OR Mon June 4**: In-class “media fair” at which we will set up all of the projects for us to visit/learn about. Worth 15 points.

**Due Monday, June 11 by 5pm.** The final version of your project will upload on Canvas by Monday, June 5th by 5pm. Extra credit (2% of total points) will be given to students who turn their project by Friday, June 8 by 5pm. Worth 25 points.

### Summary of Course Requirements and Point Distribution

• Attendance/reading (5%):	10 points
• Debate (20%):	40 points
• Exam 1 (25%):	50 points
• Exam 2 (25%):	50 points
• Project (25%):	50 points
<b>TOTAL (100%)</b>	<b>200 Points</b>

### Course Topics, Schedule & Assigned Readings

Week/Date	Topics/Activities	Readings for this date:
Week 1 Mon Apr 2	Introduction to course & definitions of global health	Syllabus & Reading 1
Week 1 Wed April 4	Theories of Health & Moral Imperatives	Readings 2, 3, 4
Week 2 Mon April 9	<b>§ Debate 1</b>  First 1000 Days I: The biology of the first 1000 days; embedding of experience; critical mechanisms of health and illness	Readings 5, 6, 7
Week 2 Wed April 11	First 1000 Days II: Key determinates: Nutrition	Readings 8, 9, 10
Week 3 Mon April 16	Economic Determinants of Health  <b>§ Debate 2</b>	Readings 11, 12, 13

Week 3 Wed April 18	Caregiving and parenting around the world	Readings 14, 15, 16, 17
Week 4 Mon April 23	Child development and health around the world <b>§ Debate 3</b>	Readings 18, 19, 20
Week 4 Wed April 25	Adolescent health and development I: Health & Development	Readings 21, 22
Week 5 Mon April 30	Adolescent health and development II: Mental Health <b>§ Debate 4</b>	Readings 23, 24, 25
Week 5 Wed May 2	<b>*****IN-CLASS EXAM*****</b>	NA
Week 6 Mon May 7	Female health around the world: Reproductive health <b>§ Debate 5</b>	Readings 26, 27, 28
Week 6 Wed May 9	The family ecology: Alternative family structures around the world	Readings 29, 30, 31
Week 7 Mon May 14	Gender development around the world: Expanding beyond binary <b>§ Debate 6</b>	Readings 32, 33, 34
Week 7 Wed May 16	Interventions to support child health & development I: SE Asia & Africa	Readings 35, 36, 37
Week 8 Mon May 21	Interventions to support child health & development II: U.S. & Americas <b>§ Debate 7</b>	Readings 38, 39
Week 8 Wed May 23	<i>Guest speaker: Hilary Lord, MA, Study Abroad Coordinator, Office of International Affairs, University of Oregon</i> <b>§ Debate 8</b>	Reading 40, 41, 42

Week 9 Mon May 28	<b>***NO CLASS – Memorial Day Holiday***</b>	<b>NA</b>
Week 9 Wed May 30	<b><i>Student Poster/Media Presentations</i></b>	Readings TBD
Week 10 Mon June 4	<b><i>Student Poster/Media Presentations</i></b>	Readings TBD
Week 10 Wed June 6	<b>*****IN-CLASS EXAM*****</b>	NA

### **Course's Required Readings**

Students are required to read the assigned readings in advance of/in time for the class they assigned (as indicated in the schedule).

Readings for the course will comprise a mix of published scientific and organizational briefs, often written for the general public, as well as a carefully selected set of theoretical and empirical papers (chapters or journal articles). It is felt that the former will facilitate an understanding of the latter, and lectures and class discussions will help to solidify student understanding of the readings.

All readings will be available in .pdf form on the course's Canvas site.

### ***Schedule of readings:***

#### ***Week 1***

##### ***Monday: Introduction & Definition of Global Health***

*Read course syllabus*

1. Koplan, J.P., et al., (2009). Towards a common definition of global health. *The Lancet*, 373, 1993-1995.

##### ***Wednesday: Social Theories of Health & Moral Imperatives***

2. Kleinman, A. (2010). The art of medicine: Four social theories of global health. *The Lancet*, 375, 1518-1519.
3. Gostin, L.O., & Archer, R. (2007). The duty of states to assist other states: Ethics, rights, and international law. *Journal of Law, Medicine, & Ethics*, 12, 526-533.
4. Reading, R., Bissell, S., Goldhagen, J., Harwin, J., Masson, J., Moynihan, S., ... & Webb, E. (2009). Promotion of children's rights and prevention of child maltreatment. *The Lancet*, 373(9660), 332-343.

#### ***Week 2***

##### ***Monday: First 1000 Days I: Biological Embedding of Experience***

5. Fox, S.E., Levitt, P., & Nelson, C.A. (2010). How the Timing and Quality of Early Experiences Influence the Development of Brain Architecture, *Child Development*, 81, 28-40.

6. Miller, G.E., Chen, E., & Parker, K.J. (2011). Psychological stress in childhood and susceptibility to the chronic diseases of aging: Moving toward a model of behavioral and biological mechanisms. *Psychological Bulletin*, 137, 959-997.
7. Shonkoff, J.P. et al. (2011). The foundations of lifelong health are built in early childhood. *JAMA*. 326, 1050-1059.

**Wednesday: First 1000 Days II: Nutrition**

8. Crystal D Karakochuk, Kyly C. Whitfield, Tim J Green, Klaus Kraemer (2018). The Biology of the First 1,000 Days. CRC Press. Chapters 3 (pg. 36-48).
9. Crystal D Karakochuk, Kyly C. Whitfield, Tim J Green, Klaus Kraemer (2018). The Biology of the First 1,000 Days. CRC Press. Chapters 5 (pg. 75-84).
10. Crystal D Karakochuk, Kyly C. Whitfield, Tim J Green, Klaus Kraemer (2018). The Biology of the First 1,000 Days. CRC Press. Chapters 15 (pg. 21-32).

**Week 3**

**Monday: Social and economic determinants of health**

11. Evans, G. W. (2004). The environment of childhood poverty. *American Psychologist*, 59(2), 77-92.
12. Lu, C., Black, M. M., & Richter, L. M. (2016). Risk of poor development in young children in low-income and middle-income countries: an estimation and analysis at the global, regional, and country level. *The Lancet Global Health*, 4(12), e916-e922.
13. Jacobsen K. H. (2014). Socioeconomic determinants of health (pp. 65-86). In K.H. Jacobsen *Introduction to Global Health*, 2<sup>nd</sup> Ed. Jones & Bartlett Publisher: Burlington, MA.

**Wednesday: Caregiving & Parenting Around the World**

14. Lansford, J. E., Sharma, C., Malone, P. S., Woodlief, D., Dodge, K. A., Oburu, P., ... & Tirado, L. M. U. (2014). Corporal punishment, maternal warmth, and child adjustment: A longitudinal study in eight countries. *Journal of Clinical Child & Adolescent Psychology*, 43(4), 670-685.
15. Britto, P. R., Lye, S. J., Proulx, K., Yousafzai, A. K., Matthews, S. G., Vaivada, T., ... & MacMillan, H. (2017). Nurturing care: promoting early childhood development. *The Lancet*, 389(10064), 91-102.
16. Pastorelli, C., Lansford, J. E., Luengo Kanacri, B. P., Malone, P. S., Di Giunta, L., Bacchini, D., ... & Tapanya, S. (2016). Positive parenting and children's prosocial behavior in eight countries. *Journal of child Psychology and Psychiatry*, 57(7), 824-834.
17. Lansford, J. E., Bornstein, M. H., Deater-Deckard, K., Dodge, K. A., Al-Hassan, S. M., Bacchini, D., ... & Malone, P. S. (2016). How international research on parenting advances understanding of child development. *Child development perspectives*, 10(3), 202-207.

**Week 4**

**Monday: Child development and health around the globe**

18. Jacobsen K. H. (2014). Childhood health (pp. 87-108). In K.H. Jacobsen *Introduction to Global Health*, 2<sup>nd</sup> Ed. Jones & Bartlett Publisher: Burlington, MA.
19. Grantham-McGregor et al. (2007). Developmental potential in the first 5 years for children in developing countries. *Lancet*, 369, 60-70.
20. Walker et al. (2007). Child development: Risk factors for adverse outcomes in developing countries. *Lancet*, 369, 145-157.

**Wednesday: Adolescence I: Health & Development**

21. Mokdad, A. H., Forouzanfar, M. H., Daoud, F., Mokdad, A. A., El Bcheraoui, C., Moradi-Lakeh, M., ... & Kravitz, H. (2016). Global burden of diseases, injuries, and risk factors for young people's health during 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. *The Lancet*, 387, 2383-2401.
22. Hill, K., Zimmerman, L., & Jamison, D. T. (2015). Mortality risks in children aged 5–14 years in low-income and middle-income countries: a systematic empirical analysis. *The Lancet Global Health*, 3, e609-e616.

## Week 5

### **Monday: Adolescence II: Mental Health**

23. Kilbourne, A. M., Beck, K., Spaeth-Rublee, B., Ramanuj, P., O'Brien, R. W., Tomoyasu, N., & Pincus, H. A. (2018). Measuring and improving the quality of mental health care: a global perspective. *World Psychiatry*, 17(1), 30-38.
24. Lee, F. S., Heimer, H., Giedd, J. N., Lein, E. S., Šestan, N., Weinberger, D. R., & Casey, B. J. (2014). Adolescent mental health—opportunity and obligation. *Science*, 346(6209), 547-549.
25. Lansford, J. E., Godwin, J., Al-Hassan, S. M., Bacchini, D., Bornstein, M. H., Chang, L., ... & Malone, P. S. (2018). Longitudinal associations between parenting and youth adjustment in twelve cultural groups: Cultural normativeness of parenting as a moderator. *Developmental psychology*, 54(2), 362-377.

**Wednesday: \*\*\*\* EXAM \*\*\*\***

## Week 6

### **Monday: Female health around the globe**

26. Murphy, E.M. (2003). Being born female is dangerous to your health. *American Psychologist*, 58, 1-5.
27. McFarlane, D. (2015). Women's status and reproductive rights (pp. 227-252). In D. McFarlane (Ed). *Global Population and Reproductive Health*. Jones & Bartlett Publisher: Burlington, MA.
28. Wachs TD, Black MM, Engle PL. (2009). Maternal depression: a global threat to children's health, development, and behavior and to human rights. *Child Development Perspectives*, 3, 51–59.

### **Wednesday: The family ecology: Alternative family structures around the world**

29. Golombok, S. (2017). Parenting in new family forms. *Current opinion in psychology*, 15, 76-80.
30. Golombok, S., Blake, L., Slutsky, J., Raffanella, E., Roman, G. D., & Ehrhardt, A. (2017). Parenting and the adjustment of children born to gay fathers through surrogacy. *Child development*.
31. Rubio, B., Vecho, O., Gross, M., van Rijn-van Gelderen, L., Bos, H., Ellis-Davies, K., ... & Lamb, M. E. (2017). Transition to parenthood and quality of parenting among gay, lesbian and heterosexual couples who conceived through assisted reproduction. *Journal of Family Studies*, 1-19.

## Week 7

### **Monday: Gender development around the world: Expanding beyond the binary**

32. TBD
33. TBD
34. TBD

### **Wednesday: Interventions to support child health & development I**

35. Singla, D. R., Kumbakumba, E., & Aboud, F. E. (2015). Effects of a parenting intervention to address maternal psychological wellbeing and child development and growth in rural Uganda: a community-based, cluster-randomised trial. *The Lancet Global Health*, 3(8), e458-e469.
36. NEOVITA Study Group. (2016). Timing of initiation, patterns of breastfeeding, and infant survival: prospective analysis of pooled data from three randomized trials. *The Lancet Global Health*, 4(4), e266-e275.
37. Richter, L. M., Daelmans, B., Lombardi, J., Heymann, J., Boo, F. L., Behrman, J. R., ... & Bhutta, Z. A. (2017). Investing in the foundation of sustainable development: pathways to scale up for early childhood development. *The Lancet*, 389(10064), 103-118.

**Week 8****Monday: Interventions to support child health & development II**

38. Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the USA: evidence and interventions. *The Lancet*, 389(10077), 1453-1463.
39. Yousafzai, A. K., Obradović, J., Rasheed, M. A., Rizvi, A., Portilla, X. A., Tirado-Strayer, N., ... & Memon, U. (2016). Effects of responsive stimulation and nutrition interventions on children's development and growth at age 4 years in a disadvantaged population in Pakistan: a longitudinal follow-up of a cluster-randomised factorial effectiveness trial. *The Lancet Global Health*, 4(8), e548-e558.

**Wednesday: Guest Speaker: Hilary Lord, MA. Office of International Affairs, Study Abroad Coordinator.**

40. Tarrant, M. A., Rubin, D. L., & Stoner, L. (2014). The added value of study abroad: Fostering a global citizenry. *Journal of Studies in International Education*, 18(2), 141-161.
41. Schmidt, S., & Pardo, M. (2017). The contribution of study abroad to human capital formation. *The Journal of Higher Education*, 88(1), 135-157.
42. Nguyen, A. (2017). Intercultural Competence in Short-Term Study Abroad. *Frontiers: The Interdisciplinary Journal of Study Abroad*, 29(2).

**Week 9****Monday: \*\*\*\*NO CLASS: Memorial Day**

N/A

**Wednesday: Student Poster/Media Presentations****Week 10****Monday: Student Poster/Media Presentations****Wednesday: \*\*\*EXAM\*\*\***



## Grading and Course Expectations

Grades will be assigned as follows: A = 90-100%, B = 80-89%, C = 70-69%, D = 60-69%, F < 60% (with minus and plus grades assigned at appropriate cutoffs).

The grading system used in this course is as follows:

**A** – Outstanding performance relative to that required to meet course requirements; demonstrates mastery of course content at the highest level.

**B** – Performance that is significantly above that required to meet course requirements; demonstrates mastery of course content at a high level.

**C** – Performance that meets the course requirements in every respect; demonstrates an adequate understanding of course content.

**D** – Performance that is at the minimal level necessary to pass the course but does not fully meet the course requirements; demonstrates a marginal understanding of course content.

**F** – Performance in the course, for whatever reason, is unacceptable and does not meet the course requirements; demonstrates an inadequate understanding of the course content.

**Accommodations:** Appropriate accommodations will be provided for students with documented disabilities. If you anticipate needing accommodations in this course, please make arrangements to meet with me soon.

**Academic Honesty:** Unless it is specifically connected to assigned collaborative work, all work should be individual. Evidence of collusion (working with someone not connected to the class or assignment), plagiarism (use of someone else's published or unpublished words or design without acknowledgment) or multiple submissions (submitting the same paper in different courses) will lead to the Department's and the University's procedures for dealing with academic dishonesty.