

Gender, Youth, and Global Health

150 Anthro 161 (Interdisciplinary Studies [Provost's Office])
Spring 2017
MWF 3 – 4 pm
Location Seigle L006

Course Faculty

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Office Hours and Locations:

Jessica Levy: Wednesday 1-3pm, Goldfarb 354
Caline Mattar: Monday 1-3pm, by appointment only
Discussion Group TA: by appointment

Course Description

Through in-depth case studies, this course provides an introduction to gender specific issues in the context of childhood and adolescence, poverty, and global health. Students will learn to identify how gender and gender differences affect conditions of life in the areas of reproductive health, nutrition, conflict, access to healthcare, and the social determinants of health, especially for young people. Students will learn to analyze health conditions and disparities in relation to both the micro dynamics of local worlds and the macro dynamics of large-scale social forces in the postcolonial global field. Additionally, they will come to understand the current challenges that global health practitioners and institutions confront in achieving gender equity and the current efforts towards closing the gap. These learning objectives will be achieved using lectures, but also discussions-based sessions and Skype-based interactions with NGOs and experts who are currently working in the field.

A Multidisciplinary Approach

Are you interested in public health, clinical medicine, and global health? Do you want to make a difference in the world—and are you also concerned about a kind of approach that is sensitive to issues of culture and power? This course links critical perspectives on global health derived from the humanities and social sciences with applied approaches and goals in the fields of public health, clinical medicine, social work, and global health. Thinking critically about issues of power and cultural difference in the contemporary world is of great relevance to the multidisciplinary field of global health because practitioners and institutions work to resolve afflictions and inequalities in diverse geographical and societal settings.

We begin by asking you to participate in a helpful thought experiment—to consider how your very existence would be different if the lottery of life had turned out otherwise. Imagine you were born somewhere else in the world, perhaps a setting that is considered “resource poor,” “underdeveloped” or “developing,” and is located in the Global South. Life chances and health conditions for children born

in a rural village in parts of sub-Saharan Africa, or a bustling city in Southeast Asia, are very different than what is expected for and afforded to many people born in the Global North. There is a disproportionately higher chance that you would have been born prematurely because your household is embedded in circumstances of poverty and precarity that come out of histories of colonialism and uneven economic development. Your ordinariness is perhaps characterized by lack of access to essential resources and basic human rights such as clean water, food, healthcare, and social security. It is likely that your mother and father have had limited access to prenatal and maternal health services. But you likely also interact with a range of actors—NGOs, bureaucrats, missionaries, student groups, clinicians and other technicians—who are working hard, oftentimes without much success, to ameliorate health challenges and provide some modicum of assistance. More likely than not, you would have less access to secondary education and a higher likelihood of marriage and pregnancy earlier in life. Diseases that are preventable or nonexistent in the Global North might be endemic in your region due, in large part, to a lack of access to treatment or preventive care. In addition, many aspects of your life course will be different if you are a girl as compared to a boy. What would be different, and how would these differences affect your health and well-being?

This course is taught through a lens that considers different life courses and gendered disparities of adolescent boys and girls. Through in-depth case studies of youth from around the world, as well as lectures given from experts in the fields of anthropology, public health, economics, and history, we will provide students with meaningful insights into the interconnections between gender, history, poverty, and global health. Students will learn how social determinants, such as gender, race, and socioeconomic status, help shape vulnerability to disease and differential health outcomes. They will consider how health is influenced by conditions of culture and social worlds, as well as broadscale processes having to do with the distribution of resources, the materialization of infrastructures, and the uneven flow of development resources in postcolonies. They will also explore how local, national, and international politics and policies and institutionalized modes of response, prevention, and treatment determine access to care, as well as the disparate consequences of illness and disease. Ultimately, the core task for students will be to think through these complex issues, drawing on academic resources, critical thinking skills, and knowledge sets, in order to devise and propose solutions.

Class Structure and Hours

- Typical week: 1 hour, 3 times a week (M-W-F)
 - Monday: lecture given by core class faculty
 - Wednesday: short presentation from a core faculty, guest faculty lecture, and/or panel discussion with a range of guest faculty, all followed by open discussion with the class
 - Friday: small group case discussion
 - 10 students per section
 - Students will come prepared to discuss/resolve an assigned case-study; the case studies will change for each block (i.e. every 3 weeks)

Grading System

- 10% Individual contributions to Friday discussion group sessions
- 20% Group Discussion Critiques
- 15% In-class short quizzes
- 25% Midterm exam
- 30% Self-directed group learning assignment

| Component | Short Description/Purpose | Assessment Criteria |
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| Discussion group contribution 10% | Each Friday students will meet for an hour in small discussion groups to analyze case studies that explore the week's readings and lecture in more depth. | <p>Students will be able to earn a maximum of <u>3 points</u> for each discussion group session, which totals <i>36 possible points for the whole semester.</i></p> <ul style="list-style-type: none"> • Attendance: 1 point • Participation: 2 points <ul style="list-style-type: none"> ○ Engages in class discussion: <ul style="list-style-type: none"> ▪ Clearly pays attention ▪ Verbally communicates ideas and information in a mature manner ▪ Respects the ideas of classmates ▪ Develops and support arguments re: the Case study ▪ Demonstrates familiarity with/knowledge of assigned readings |
| Discussion Group Critiques 20% | The weekly reaction paper is intended to prepare you for the class and discussion group sessions. | <p>Eight critiques due on Blackboard by midnight the night before discussion group. These papers will be marked using a 1-5 scale, with 5 being the highest. <i>(Total possible points for the semester: 40 points)</i></p> <p>The critiques should be no more than 500 words and include:</p> <ul style="list-style-type: none"> • A brief summary of the weeks reading(s) • Your thoughts on or reactions to the text, data, or arguments, and how the text relates to the themes of the class • In bullet or prose form, evidence from the readings such as quotes, ethnographic examples, or an aspect of the author's argument that supports your reaction or that you find compelling. |
| In-class quizzes 15% | We will be using i>clicker technology to facilitate class participation and ensure familiarity with assigned readings. | <ul style="list-style-type: none"> • We will use clickers to administer 3 to 5 pop quiz questions during various lectures; questions will be multiple choice and based on the readings • Each correct answer will be worth 1 point. |
| Mid-term exam 25% | The mid-term exam will include materials covered in lectures and in the readings. Students are responsible for all material assigned in the readings even if it is not | The exam will be a combination of multiple choice, true/false, and short answer questions. |

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| | specifically covered in class. | |
| <p>Self-directed learning 30%</p> <ul style="list-style-type: none"> ● Presentation Component: 12% ● Written component: 12% | <p>End of semester project</p> <p>This assignment will give the students a chance to tailor their learning to their particular public health interests and communication styles. Students will work in groups of 3 to 4. They will select a topic covered during the semester and explore it in greater depth. Then, they will present their findings through the medium of their choice; for example, via a podcast, video, theater presentation, etc. to make a program/policy pitch to a potential funder.</p> <p>For this written portion of the assignment, students will compose a 4-5 page (double-spaced) "Letter of Intent." They will explore potential interventions to address the public health problem that they selected for their oral presentation, and they will learn a practical tool that is commonly used in the field of public health.</p> | <p><u>Presentation Component:</u> Each team will have 15 minutes to make their "pitch."</p> <ul style="list-style-type: none"> ✓ Include both presentation time (approximately 10 minutes) and time for questions and answers from the audience (approximately 5 minutes) ✓ Demonstrate an awareness of the implications of their chosen public health problem ✓ Demonstrate comprehensive and detailed knowledge of major facts, concepts and procedures ✓ Provide selection of references from within and beyond recommended course materials <p><u>Written Component:</u> <i>The LOI will include:</i></p> <ul style="list-style-type: none"> ● Introduction: serves as the executive summary for the letter ● Organization description: should be concise and focus on the ability of student's organization to meet the stated need. ● Statement of need: must convince the reader that there is an important need that can be met by student's project. ● Methodology: must be appropriate to statement of need and present a clear, logical, and achievable solution to the stated need. ● Other funding sources: being approached for support of this project should be listed in a brief sentence or paragraph. ● Final summary: restates the intent of the project, affirms readiness to answer further questions, and thanks the potential funder for its consideration. |
| Peer evaluation 6% | Each of the students will get the opportunity to evaluate | <ul style="list-style-type: none"> ● Each student is expected to fill out an evaluation form for each group member's |

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| | his/her peers for their contribution to the work for the final project. | <p>contribution towards the letter of intent as well as the presentation component of the assignment</p> <ul style="list-style-type: none"> The score each student receives from all the peer evaluations will count towards 6% of the final grade of the assignment |
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Calendar

| Day | TOPIC | ACTIVITY | READINGS |
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| BLOCK 1: SETTING THE STAGE- GENDER NORMS AND INEQUALITIES | | | |
| Week 1: Gender Overview **NO DISCUSSION GROUP MEETING THIS WEEK** | | | |
| 1/15 | MLK DAY: NO CLASS | | |
| 1/17 | <ul style="list-style-type: none"> Course Overview and So what? Health inequalities between girls and boys Illness and disease: how they are defined, prevented, and treated among girls versus boys | <ul style="list-style-type: none"> Lecture: Caline Mattar | <ul style="list-style-type: none"> Buvinic M, Medici A, Fernandez E and Torres AC. Gender differentials in Health, Chapter 10. Disease Control Priorities in Developing Countries. 195-210. WHO. 2013. Women's Health Fact Sheet. Available at:http://www.who.int/mediacentre/factsheets/fs334 <p><u>Optional:</u></p> <ul style="list-style-type: none"> Why is suicide the leading killer of older adolescent girls? <i>The Lancet</i>. 2015; 386: 2031-2 Women and Health: the key for sustainable development. <i>The Lancet</i>. 2015; 386:1165-210 |
| 1/19 | <ul style="list-style-type: none"> Defining gender | <ul style="list-style-type: none"> Jessica Levy, Activity: vote you're your feet | <ul style="list-style-type: none"> Kågesten A, Gibbs S, Blum RW, Moreau C, Chandra-Mouli V, Herbert A, et al. Understanding Factors that Shape Gender Attitudes in Early Adolescence Globally: A Mixed-Methods Systematic Review. <i>PLoS ONE</i> 2016; 11(6): e0157805. doi:10.1371/journal.pone.0157805 |
| Week 2 | | | |
| 1/22 | <ul style="list-style-type: none"> Exploring the influence of sex and gender on health more closely | <ul style="list-style-type: none"> Lecture: Philip Budge | <ul style="list-style-type: none"> NIH Office of research on women's health. A to Guide: Sex and Gender Influences on Health. Available at: http://orwh.od.nih.gov/resources/sexgenderhealth Westervelt A. (2015) Men and women differ in how they experience disease, respond to treatment. <i>The Wall Street Journal</i>. Available at: http://www.wsj.com/articles/men-and-women-differ-in-how-they-experience-disease-respond-to-treatment-1443260476 <p><u>Optional:</u></p> |

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| | | | <ul style="list-style-type: none"> Budge PJ, Little KM, Mues KE, Kennedy ED, Prakash A, et al. (2013) Impact of community-based lymphedema management on perceived disability among Patients with lymphatic filariasis in Orissa State, India. <i>PLoS Negl Trop Dis</i> 7(3): e2100. doi:10.1371/journal.pntd.0002100 (Focus on Table 2 in the paper) |
| 1/24 | <ul style="list-style-type: none"> Structural Violence | <ul style="list-style-type: none"> Lecture: Peter Benson | <ul style="list-style-type: none"> Farmer P, et al. 2001. Community-Based Approaches to HIV Treatment in Resource-Poor Settings." <i>The Lancet</i> 358: 404-409. Kleinman A, Eisenberg L, and Good B. 1978. "Culture, Illness, and Care: Clinical Lessons from Anthropologic and Cross-Cultural Research." <i>Annals of Internal Medicine</i> 88(2): 251-258. |
| 1/26 | <p>Discussion Group Session: Case Study 1 Turn in first critique based on week's readings and lectures; no more than 500 words. Due: Midnight before discussion group.</p> | | |
| Week 3 | | | |
| 1/29 | <ul style="list-style-type: none"> Sex and gender differentials in the healthcare workforce, and the influence of those differences on the services that are provided. Health care opportunities for women and girls versus men and boys | <ul style="list-style-type: none"> Lecture: Caline Mattar | <ul style="list-style-type: none"> The Crime of Gender Inequality in Global Health. Available at: http://foreignpolicy.com/2017/12/26/the-crime-of-gender-inequality-in-global-health/?utm_content=bufferb0b6d&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer Newman C, Ng C, Pacqué-Margolis S, others. Strengthening the health worker pipeline through gender-transformative strategies. Washington, DC: CapacityPlus/IntraHealth International [Internet]. 2012. Available from: http://pdf.usaid.gov/pdf_docs/PA00HXDF.pdf <p><u>Optional:</u></p> <ul style="list-style-type: none"> Kim J, Motsei M. "Women enjoy punishment": Attitudes and experiences of gender-based violence among PHC nurses in rural South Africa. <i>Social Science & Medicine</i>. 2002;54(8):1243–54. Mumtaz Z. Gender-based barriers to primary health care provision in Pakistan: the experience of female providers. <i>Health Policy and Planning</i>. 2003 Sep 1;18(3):261–9. |
| 31/1 | <ul style="list-style-type: none"> Conceptual Framework | <ul style="list-style-type: none"> Guest Lecture: Margaret Greene | <ul style="list-style-type: none"> TBD |
| 2/2 | <p>Discussion Group Session: Case Study 2 Turn in second critique based on week's readings and lectures; no more than 500 words. Due: Midnight before discussion group.</p> | | |

BLOCK 2: SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

Week 4: Adolescent Reproductive Health (ARH)

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| 2/5 | <ul style="list-style-type: none"> Adolescent Reproductive health, an overview SRHR inequalities between girls and boys | <ul style="list-style-type: none"> Lecture: Caline Mattar | <ul style="list-style-type: none"> Viner RM, Ozer EM, Denny S, et al. Adolescence and the social determinants of health. <i>Lancet</i>. 2012; 379:1641-52. Hindin, M. J., & Fatusi, A. O. (2009). Adolescent sexual and reproductive health in developing countries: an overview of trends and interventions. <i>International perspectives on sexual and reproductive health</i>, 35(2), 58-62. |
| 2/7 | <ul style="list-style-type: none"> Gender based determinants of ARH | <ul style="list-style-type: none"> Lecture: Jessica Levy | <ul style="list-style-type: none"> Mmari K. & Blum R. W. (2009). Risk and protective factors that affect adolescent reproductive health in developing countries: a structured literature review. <i>Global pub health</i>, 4(4), 350-366. |
| 2/9 | <p>Discussion Group Session: Case Study 3</p> <p>Turn in third critique based on week's readings and lectures; no more than 500 words. Due: Midnight before discussion group.</p> | | |

Week 5

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| 2/12 | <ul style="list-style-type: none"> Adolescent contraceptive use: answering the when, why, and where Gender-based obstacles to adolescent contraceptive use | <ul style="list-style-type: none"> Lecture: Jessica Levy | <ul style="list-style-type: none"> Boddy, Janice, ed. (1995) <i>Aman: The Story of a Somali Girl</i>, part one Chandra-Mouli, V, McCarraher, DR, Phillips SJ, Williamson NE, & Hainsworth G. (2014). Contraception for adolescents in low and middle-income countries: needs, barriers, and access. <i>Reproductive health</i>, 11(1), 1. |
| 2/14 | Maternal Mortality | <ul style="list-style-type: none"> Anne Sebert-Kuhlman | <ul style="list-style-type: none"> Santhya, K. G. (2011). Early marriage and sexual and reproductive health vulnerabilities of young women: a synthesis of recent evidence from developing countries. <i>Current opinion in obstetrics and gynecology</i>, 23(5), 334-339. Glasier, A., Gülmezoglu, A. M., Schmid, G. P., Moreno, C. G., & Van Look, P. F. (2006). Sexual and reproductive health: a matter of life and death. <i>The Lancet</i>, 368(9547), 1595-1607. Airede LA & Ekele BA. Adolescent maternal mortality in Sokoto, Nigerial. <i>J of Obstetrics and Gynaecology</i> 2003; 23(2):163-5. |
| 2/16 | <p>Discussion Group Session: Case Study 4 (<i>Aman</i>, Part 1)</p> <p>Turn in fourth critique based on week's readings and lectures; no more than 500 words. Due: Midnight before discussion group.</p> | | |

Week 6: Family Planning

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| 2/19 | <ul style="list-style-type: none"> Gender inequality, mobility, poverty, and HIV | <ul style="list-style-type: none"> Guest Lecture: Shanti Parikh | <ul style="list-style-type: none"> Boddy, Janice, ed. (1995) <i>Aman: The Story of a Somali Girl</i>, part two. |
| 2/21 | <ul style="list-style-type: none"> Measurement Issues | Anne Weber and Valerie Carolina | <ul style="list-style-type: none"> TBD |
| 2/23 | <p>Discussion Group Session: Case Study (<i>Aman, Part 2</i>) Turn in fifth critique based on week's readings and lectures; no more than 500 words. Due: Midnight before discussion group.</p> | | |
| BLOCK 3: CONTEXTUAL FACTORS | | | |
| Week 7: | | | |
| 2/26 | <ul style="list-style-type: none"> The First 1,000 days and beyond: women's role in global nutrition and food security | Guest Lecture: Lora Iannotti | <ul style="list-style-type: none"> Bhagowalia P, Menon P, Quisumbing AR, et al. What Dimensions of Women's Empowerment Matter Most for Child Nutrition: Evidence Using Nationally Representative Data from Bangladesh. International Food Policy Research Institute (IFPRI), 2012. Doss C. If Women Hold up Half the Sky, How Much of the World's Food Do They Produce? In: Quisumbing A, Meinzen-Dick R, Raney TL, et al. (eds.). <i>Gender in Ag.</i> Springer, 2014. |
| 2/28 | <ul style="list-style-type: none"> End of AIDS | Guest Lecture: Jon Sawyer, Jon Cohen and Carl Gierstorfer | <ul style="list-style-type: none"> TBD |
| 3/2 | <p>Discussion Group Session: Case Study Turn in sixth critique based on week's readings and lectures; no more than 500 words. Due: Midnight before discussion group.</p> | | |
| Week 8 | | | |
| 3/5 | Mid-term Exam | | |

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| 3/7 | <ul style="list-style-type: none"> Women, justice, and water allocation in urban areas | <ul style="list-style-type: none"> Guest Lecture: Heather O'Leary | <ul style="list-style-type: none"> Joshi A, Amadi C. Impact of water, sanitation, and hygiene interventions on improving health outcomes among school children. <i>Journal Of Environmental And Public Health</i>. 2013;2013:Article ID 984626. Tilley E, Bieri S, Kohler P. Sanitation in developing countries: a review through a gender lens. <i>J Water Sanit Hyg Dev</i> 2013;3:298. |
| 3/9 | Discussion Group Session Turn in seventh critique based on week's readings and lectures; no more than 500 words. Due: Midnight before discussion group. | | |
| March 12-18: SPRING BREAK | | | |
| Week 9 | | | |
| 3/19 | <ul style="list-style-type: none"> Sex and Gender differentials in times of War and Conflict | <ul style="list-style-type: none"> Caline Mattar | <ul style="list-style-type: none"> Too young to wed: Save the Children. Available at: http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/TOO_YOUNG_TO_WED_REPORT_0714.PDF Ted Talk: https://www.ted.com/talks/zainab_salbi#t-493086 |
| 3/21 | <ul style="list-style-type: none"> The 'use' of children in war | <ul style="list-style-type: none"> Guest lecture: Parul Bakhshi | <ul style="list-style-type: none"> Amone-P'Olak K. Psychological impact of war and sexual abuse on adolescent girls in northern Uganda. <i>Intervention</i> 2005; 3(1):33-45. Stark L, Ager A, Wessells M, Boothby N. Developing culturally relevant indicators with armed groups. <i>Intervention</i> 2009; 7(10):4 - 16 |
| 3/23 | Discussion Group Session: Case Study Turn in eighth critique based on weeks readings and lectures; no more than 500 words. Due: Midnight before discussion group. | | |
| BLOCK 4: Policy and Programming | | | |
| Week 10 | | | |
| 3/26 | <ul style="list-style-type: none"> Current policy environment around advancing gender equality & closing the gender health gaps The role of philanthropic organizations | <ul style="list-style-type: none"> Lecture: Jessica Levy | <ul style="list-style-type: none"> WHO article: What do we mean by "human rights" and "gender" in the 2030 Sustainable Development Agenda? PRNewswire: The Bill and Melinda Gates Foundation announces \$80 million commitment to close gender data gaps and accelerate progress for women and girls. 2016. A girls view of the 17 sustainable development goals (in pictures) https://www.theguardian.com/global-development-professionals-network/gallery/2016/jul/07/a-girls-view-of-the- |

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| | | | 17-sustainable-development-goals-in-pictures |
| 3/28 | <ul style="list-style-type: none"> The “Gender integration continuum” | <ul style="list-style-type: none"> Activity: Jessica Levy | <ul style="list-style-type: none"> TBD |
| 3/30 | Discussion Group Session: Self-directed learning assignment workshop | | |
| Week 11 | | | |
| 4/2 | <ul style="list-style-type: none"> Dignity Period: Menstrual Hygiene | <ul style="list-style-type: none"> Guest Lecture: Angie Wiseman Executive Director Dignity Period | <ul style="list-style-type: none"> TBD |
| 4/4 | <ul style="list-style-type: none"> Boxgirls South Africa: Shaping Strong women and girls through sports | <ul style="list-style-type: none"> Guest Lecture: Heather Cameron | <ul style="list-style-type: none"> Bakshi G. (2016) Sexual health and soccer: Closing the gender gap in South Africa. Global Citizen. Available at: https://www.globalcitizen.org/en/content/closing-gender-gap-gates-foundation/ |
| 4/6 | Discussion Group Session: Self-directed learning assignment workshop | | |
| Week 12 | | | |
| 4/9 | <ul style="list-style-type: none"> LGBTQ and health issues | <ul style="list-style-type: none"> Amy Cislow | <ul style="list-style-type: none"> TBD |
| 4/11 | <ul style="list-style-type: none"> Engaging men and boys in gender equality and health | <ul style="list-style-type: none"> Lecture: Caline Mattar | <ul style="list-style-type: none"> Flood Michael (ed 2015): <i>Engaging Men in Building Gender Equality</i>, Chapter One. (available as E-book from Becker Library) <u>Optional:</u> Levtov RG, Barker G, Contreras-Urbina M, Heilman B, Verma R. Pathways to gender-equitable men: Findings from the international men and gender equality survey in eight countries. <i>Men and Masculinities</i> 2014: 1-35. DOI: 10.1177/1097184X14558234 |
| 4/13 | Discussion Group Session: Self-directed learning assignment workshop Meet in the lecture hall- not discussion group rooms! | | |
| Week 13 | | | |
| 4/16 | <ul style="list-style-type: none"> Projections and Challenges moving forward | <ul style="list-style-type: none"> Lecture: Jessica Levy | <ul style="list-style-type: none"> Worley H. Top 10 Countries Closing the Gender Gap. Population Reference Bureau. Available at: http://www.prb.org/Publications/Articles/2014/global-gender-gap.aspx |
| 4/18 | <ul style="list-style-type: none"> Interventions to address gender inequalities in health On the flipside: gender transformative programs that influence health and development | <ul style="list-style-type: none"> Panel: Iris Group | <ul style="list-style-type: none"> Rottach E, Schuler S, Hardee K. (2010) So What? Report: Gender perspective improves reproductive health outcomes, new evidence. Interagency Gender Working Group (IGWG) Task Force. Read Pgs:44-66 V. Chandra-Mouli, C. Lane and S. Wong. What does not work in ASRH: A Review of Evidence on Interventions Commonly Accepted as Best Practices. Global Health: Science and Practice 2015 Grown, C., Gupta, G. R., & Pande, R. (2005). Taking action to improve women's health through gender equality and women's |

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| | | | empowerment. <i>The Lancet</i> , 365(9458), 541-543 |
| 4/20 | Class presentations- Group 1 | | |
| Week 14: Presentations and Wrap up **NO GROUP DISCUSSION MEETING** | | | |
| 4/23 | <ul style="list-style-type: none"> • Class presentations- Group 2 | | |
| 4/26 | <ul style="list-style-type: none"> • Class wrap up | | |