

The GEMMA Fund

Sixth Annual Report: 2014-2015



GEMMA stretches its reach globally and in different countries, capacities, and programs inspired by Emory students. In Nairobi, Ruvani Jayaweer, a GEMMA scholar working with Fortress of Hope African, educated this group in a 3-day training on reproductive health with the intention of participants to return to their communities to educate their peers on SRH rights, STI and pregnancy prevention, and ways to prevent mortality and morbidity from unsafe abortion.

Mission

The GEMMA Fund supports Emory University graduate students' research and their collaborations with public health organizations to contribute to the prevention of maternal deaths from abortion.

Background

The total global estimate of abortions is approximately 41.6 million (Singh, 2009). According to the World Health Organization (WHO, 2011), in 2008 an estimated 21.6 million women received an unsafe abortion (Shah, 2010). Of these women who receive unsafe abortions, approximately 47,000 women die from unsafe abortions every year (WHO, 2011). A majority of these unsafe abortions occur in developing countries (Grimes, 2006). In contrast to these statistics, if women receive legal "safe" abortions only 1 in 100,000 women die thus the importance of advocacy for promoting women's right and access to safe abortion.

"The number of unsafe abortions is likely to continue to increase unless women's access to safe abortion and contraception—and support to empower women (including their freedom to decide whether and when to have a child)—are put in place and further strengthened." – WHO, 2011

To encourage scholarship of this specific area in public health, Dr Roger and Susan Roachat of the Rollins School of Public Health (RSPH) established an endowed fund, the Global Elimination of Maternal Mortality due to Abortion (GEMMA) Fund, dedicated to the prevention of maternal deaths from abortion. Encouraging research of the surveillance of maternal deaths, the complications associated with abortion, and the monitoring and evaluation of appropriate interventions, the GEMMA Fund aims to help eliminate abortion-related maternal mortality. The Zika epidemic has brought new challenges to providing rights-based family planning to avert unwanted pregnancies.

This year the GEMMA Fund is celebrating its thirteenth anniversary and six years of funding student-driven research. Over these years the GEMMA Fund has grown in student participation, donor support, and continued worked by alumni.

This report presents the highlights of GEMMA related activities from the 2014 -2015 academic year.

Grimes, D. A., Benson, J., Singh, S., Romero, M., Ganatra, B., Okonofua, F. E., & Shah, I. H. (2006). Unsafe abortion: the preventable pandemic. *The Lancet*, 368(9550), 1908-1919.

Shah, I., & Åhman, E. (2010). Unsafe abortion in 2008: global and regional levels and trends. *Reproductive health matters*, 18(36), 90-101.

Singh, S., Wulf, D., Hussain, R., Bankole, A., & Sedgh, G. (2009). *Abortion worldwide: a decade of uneven progress*. Guttmacher Institute.

World Health Organization. (2011). Unsafe abortion: global and regional estimates of incidence of unsafe abortion and associated mortality in 2008.

Donor Support

The GEMMA Fund is supported by many generous and committed donors. The Emory Reproductive Health Association (ERHA) and GEMMA co-chairs contributed to funds through fundraising by offering “Health Dignity Justice - Choice” shirts at events hosted around Emory University for donations.

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GEMMA at a Glance

Highlights from GEMMA activities during the 2014-2015 academic years are detailed below.

GEMMA Seminar

The GEMMA Seminar continues to gain remarkable popularity and attention for the sixth year since its inauguration, attracting cumulatively 170 students from various educational and cultural backgrounds to study abortion. Dr. Lathrop, Dr. Rochat and distinguished guest lecturers teach this class that encompasses medical, legal, ethical, human rights, and religious issues on abortion and exercises on values clarification and effective communication.

Emory Reproductive Health Association and GEMMA Events

Alongside the Emory Reproductive Health Association (ERHA) Board, GEMMA co-chairs helped to organize 2014-2015 events including:

- Roe V. Wade Tabling
- Brownbag Lunch with Dr. Maria Vertamatti
- V-Day Chocolate Genitalia Tabling
- Celebrating Healthy Relationships and Ending Domestic Violence: Presenting Tara Hall
- Legislative Advocacy for Reproductive Health: Presenting Catherine Smith
- Visit Emory Tabling
- Visit Emory Research Fair
- Obvious Child Screening
- Ask a Sex Expert Panel
- Reproductive Health Ethics Seminar
- Sex Trivia Night

Sexual and Reproductive Health through a Social Justice Lens Conference

On November 14th, 2015 ERHA held the first annual sexual and reproductive health conference; over 100 people attended from Emory and the Atlanta community. The conference honored Willie Parker as the keynote speaker and featured prominent speakers such as Stu Marvel, Pamela Scully, Lorrie King, and Roger Rochat. Additionally, the conference held workshops in the afternoon looking at ethics in practice, legislative advocacy how-to, health communications, research justice, and radical self-advocacy.

Annual GEMMA Evening 2015

GEMMA scholars were invited to present their summer research at the Annual GEMMA Evening held on October 14th, 2015. This event provides the opportunity for GEMMA scholars to share findings with the Emory and Atlanta community and to promote research related to abortion in order to prevent mortality, morbidity, and stigma. Speakers included: Jenny Holl, Alexa Dantzler, Jennifer Swanson, Kristina Countryman, Gelsey Hughes, Dr. Kate Michel, Tim Nielsen, Sana Charania, Cheryl Choice, Davie Zolowere, John Nepiyala, Shae Street, Wendy Avila, Nassira Bougrab, Adriana Bracho, and Sarah Whitaker. Their research is outlined in the following pages.

GEMMA Research

2015 GEMMA Scholars

The honored scholars described below conducted research related to the GEMMA mission.

The Perceptions of Contraceptive Use and Abortion Practices among Women in the Democratic Republic of the Congo

Jennifer Swanson

With assistance from the GEMMA Fund and GFE Fund, Jennifer spent the summer of 2015 as a Family Planning and Reproductive Health intern with IMA World Health in the Democratic Republic of the Congo (DRC). She was conducting primary qualitative research to understand contraceptive use and abortion practices among women of reproductive age. She implemented in-depth interview guides and conducted interviews with both women of reproductive age and reproductive healthcare providers. Interview questions included attitudes about fertility and contraception, the decision-making process, and community perceptions of contraceptive use. Although abortion is illegal in the DRC, Jennifer also sought to speak directly with the women and healthcare providers to explore their feelings and gain insights into current abortion practices. In total, she facilitated the completion of 42 interviews in four different provinces throughout the DRC (Equateur, Kasai-Occidental, Maniema, and North Kivu Provinces). This research could not have been as successful without the help of the interviewers (pictured) - Shanti and Mlle. Therese in Equateur Province; Mlle. Denise and Dr. Delphin in Kasai-Occidental Province; Papa Dieudonné and Dr. Cyprien in Mainema Province – Jennifer respects and greatly appreciates their willingness to inquire about such sensitive issues. Jennifer is currently finishing her manuscript-style thesis where she will be analyzing the community perceptions, decision-making process, barriers to contraceptive use and the consequences of unplanned pregnancies among women of reproductive age in the DRC.



LARC in Rwanda: An Exploration of LARC Uptake after Couple's Family Planning Counseling

Gelsey Hughes

In Kigali, Rwanda, Gelsey designed and led a qualitative study of long-acting reversible contraceptives methods (LARC) uptake among couples enrolled in a CFPC (Couples' Family Planning Counseling) program with an HIV prevention component. Her objective was to determine the reasons why some couples decline free LARC methods offered at clinics despite reporting a desire to delay childbirth. The incorrect or inconsistent use of contraceptives by couples intending to delay childbirth leads directly to unintended pregnancy and thus contributes to abortion-related mortality. LARC methods are extremely effective for

the prevention of unintended pregnancy and represent a critical tool in the reduction of unsafe abortion, childbirth complications and other consequences of unintended pregnancies. This is particularly important in contexts like Rwanda where stockouts and other supply-chain interruptions inhibit the efficacy of oral and injectable contraceptives. To accomplish this research, Gelsey conducted in-depth interviews with 14 couples in 6 government clinics throughout Kigali. Gelsey was hosted by Projet San Francisco, a subsidiary of the Rwanda Zambia HIV Research Group, founded and headed by Dr. Susan Allen, MD, MPH.



The Characterization of the Correlation Between Teenage Pregnancy and School Dropout Rates Among Teenage Women in Chiang Mai, Thailand

Alexa Dantzler

Alexa partook in research at the Maharaj Nakorn Hospital in the Department of Obstetrics and Gynecology at the Chiang Mai University School of Medicine under the mentorship of Dr. Orawee Chinthakanan. In Thailand, the rates of teenage pregnancy are the second highest in Southeast Asia and are on the rise, in addition to illegal abortions, despite widespread access to contraceptives. The purpose of this research was to measure the rates of high school dropouts resulting from teenage pregnancy among Chiang Mai women, a largely understudied demographic

in the population. Additionally, the research team that Alexa was a member of sought to characterize the reasons for school drop out rates among pregnant teenage women in Chiang Mai, Thailand. The research team interviewed 201 female patients who had been pregnant and who were found in the hospital database. These patients were asked survey questions regarding their educational levels, occupation, religion, age of first intercourse, type of contraceptive use, and if they returned to school post-partum. Additionally, the research team asked whose decision it was for the woman to return or fail to return to school following pregnancy. The results of the study indicated that the main hindrances of young mothers returning to school were the age of the partners and maternal occupations prior to pregnancy. The data from this study can be used by the Thai Ministry of Health to evaluate local trends in Chiang Mai female teenage pregnancy and can be used to construct more effective sex education classes in the Chiang Mai school systems, promote more contraceptive usage, and decrease the number of hospitalizations and death due to unsafe abortions.

Developing a Monitoring and Evaluation Framework for a Safe Abortion Hotline in Nairobi, Kenya

Ruvani Jayaweera

Ruvani spent the summer working at Advancing New Standards in Reproductive Health (ANSIRH), which is part of the Bixby Center for Global Reproductive Health at the University of California, San Francisco. She developed a monitoring and evaluation plan for the Auntie Jane Hotline, a safe abortion hotline operated by Fortress of Hope Africa (FOHA), a community based organization in Nairobi, Kenya. She trained FOHA staff in evaluation and qualitative research methods, and worked with them to develop evaluation priorities for their organization as well as a focus group discussion (FGD) guide. FOHA staff used this guide to lead seven FGDs with women and girls between the ages of 15 – 29 who live in one of their target communities. The goal of these FGDs was to better understand the barriers women in this community face around sexual and reproductive health information, particularly around information regarding access to safe abortion. The focus groups were recorded, transcribed, and translated into English for analysis. Preliminary results demonstrate that while women and girls are well aware of methods to prevent pregnancy, women in this community engaged in a variety of unsafe methods to end pregnancies, including: insertion of sharp objects into the vagina, ingestion of industrial cleaners, and consumption of traditional herbs. Women were largely unaware that abortions could be safe, demonstrating the need for greater access and information around safe abortion methods. A manuscript further detailing these results is forthcoming.



Facilitators and Barriers to Long Acting Reversible Contraceptive Uptake Post-Abortion in an Outpatient Clinic in Atlanta, Georgia.

Kate Michel, Tim Nielsen, Renita Woolford

Beginning in September of 2015, Kate, Time & Renita's team had the opportunity to design and implement a study on post-abortion contraception. This study aims to understand the financial and social barriers and facilitators to starting a contraceptive method post abortion, with two main endpoints: 1) uptake of a long acting reversible contraceptive at 12 weeks post-abortion or 2) uptake of a method with less than 18% effectiveness at 12 weeks post-abortion. Over 200 women have been enrolled, the majority of which highly rate their contraceptive counseling experience at the clinic. While uptake of LARC methods at 12-weeks post-abortion is low, many women express that they would still prefer to be using a LARC method—further analysis on structural barriers to LARC is ongoing. With assistance from the GEMMA Fund, the research team was to afford tablet computers to administer the in-clinic survey. Clients reported feeling more at ease giving answers to sensitive questions with the tablet compared to face-to-face interview format and the tablets allowed clients to take the survey while moving through the clinic (to billing, ultrasound, etc) without affecting their wait time. The data collected from this study will hopefully inform contraceptive counseling in the southeastern US and will provide immediate feedback for the clinic.

Sex Work and Stigmatization: A Place-Based Analysis of the Public Health Impact of Stigma on Sex Worker Populations in South Africa

Jennifer Holl

Alongside fellow EGHI team members, Jenny participated in a program evaluation with Sex Worker Education and Advocacy Taskforce (SWEAT) in Cape Town, South Africa. Her role on the team was to better understand the experiences of sex workers in making decisions about, accessing and utilizing health services, and the role that the stigma and discrimination of sex workers plays in each of these. She conducted in-depth interviews with SWEAT service-users and staff to inform SWEAT's ability to offer tailored services and linkage to sex worker-friendly healthcare. Additionally, Jenny piloted and evaluated *Mothers for the Future*, a parenting curriculum for sex workers who are mothers, developed by Rollins alum, Ms. Kate Nelson. This entailed facilitating a three-week workshop with mothers at SWEAT and gathering participant feedback through Focus Group Discussions and pre- and post-workshop questionnaires. Data collected will allow SWEAT to integrate a refined *Mothers for the Future* curriculum into their programming, with the hope of sharing it with mothers at SWEAT sites across the country. Through each of these projects, participants revealed barriers to accessing reproductive health services including family planning, abortion care, and support during childbirth. Many obstacles to care were rooted in fears of stigmatization, difficulty accessing information, and occupational and structural challenges; such as sex work's fully criminalized status under South African law.





Effectiveness of Couples' Family Planning Counseling (CFPC) on the uptake of Long-Acting Reversible Contraception (LARC) methods as administered by *Animateur de Sante* (ADS) in Kigali, Rwanda.

Kristina Countryman

Kristina's summer practicum was with *Projet San Francisco* (PSF) in Kigali, Rwanda. PSF is an HIV research organization with Emory's Rwanda Zambia HIV Research Group (RZHRG). PSF is responsible for creating Couples Voluntary Counseling and Testing (CVCT) for HIV, which is now the national standard in Rwanda. As Rwanda is the most densely populated country in Africa and faces an unmet need for contraception, PSF

wished to expand the success of CVCT into the realm of family planning. In 2014, PSF began a pilot program called Couples Family Planning and Counseling (CFPC), where *Animateur de Sante* (community health workers) counsel couples together on their fertility goals and modern contraceptive methods. Emphasis during these counseling sessions is placed on long-acting reversible contraceptives methods (LARC), specifically the IUD and Implant, as they are the most effective. The pilot was conducted in two rural health clinics just outside of Kigali. The goal of the pilot was to expand CFPC to a larger NIH program involving multiple clinics in Kigali city proper. Kristina's role was to interview couples that had received CFPC from the *Animateur de Sante* to gain both their perspectives on the program, and their contraceptive choices post-counseling. She conducted 8 in-depth interviews at both of the pilot clinics with male and female LARC and non-LARC users, for a total of 16 interviews. Kristina also conducted two focus group discussions with both LARC and non-LARC couples. Results show that the *Animateur de Sante* are extremely well received in the community, and that there is a high demand for family planning by both men and women. Couples were also very supportive of CFPC, and men stated their appreciation in being included. However, many myths and misconceptions still existed about LARC methods, which was preventing some couples from using them. Using the data collected this summer, PSF is currently working on strategies to help dispel these myths, including the use of "Happy Clients", or current LARC users in the community who discuss their methods with other couples. This will enable CFPC expansion, and help more Rwandan families meet their fertility goals.

Maternal Morbidity and Mortality in Mulanje District, Southern Malawi

Sana Charania, Angel Shae Street, Cheryl Choice, John Nepiyala, Davie Zolowere

Malawi has one of the highest maternal mortality ratios in the world (570/100,000 live births) and abortion contributes significantly (20%). Additionally, there are high rates of unintended pregnancies (54%). The team sought to evaluate the maternal death audit process, describe the experiences of women who undergo unsafe abortion, determine attitudes of healthcare workers towards abortion care and describe community perceptions towards unintended pregnancies. This was accomplished through surveys, focus group discussions and in-depth interviews. Team members also made presentations to healthcare workers on topics related to maternal mortality reduction. Preliminary Findings: The main challenge of the maternal death audit process was a lack of training for committee members to conduct effective audits. Induced unsafe abortion is highly stigmatized in the community but is common. Most health care workers do not approve of abortion. Cultural practices like sexual cleansing predispose women to unintended pregnancies in the district. The final report was sent to the District Health Office, and Ministry of Health.



2015 GEMMA Presentations

The follow GEMMA scholars will be presenting their research at the Annual Psychosocial Workshop in Washington DC.

Davie Zolowere

Unintended pregnancies in Malawi: What is the meaning of unintended pregnancy to rural residents of Southern Malawi?

Kate Michel, Tim Nielsen, Renita Woolford

Facilitators and barriers to long acting reversible contraceptive uptake post-abortion in an outpatient clinic in Atlanta, Georgia.

Ruvani Jayaweera

Reducing barriers to safe abortion in Nairobi, Kenya: Challenges and opportunities

Jennifer Swanson

The perceptions of contraceptive use and abortion practices among women in the Democratic Republic of the Congo

2015 GEMMA Theses

The following individuals are Rollins students across departments accomplishing a thesis related to the GEMMA research.

Jennifer Swanson

The Issue of Contraception: A study on the perceptions of contraceptive use and the consequences of unplanned pregnancy among women in the Democratic Republic of the Congo

Jennifer plans to publish.

John Nepiyala

An evaluation of the establishment of maternal death audit activities in Mulanje District in Rural Malawi

Jennifer Holl

Making *Mothers for the Future*: Piloting a parenting curriculum for mothers who are sex workers in Cape Town, South Africa.

Davie Zolowere

The meaning of unintended pregnancy and its associated factors from the perspective of the rural community in rural Malawi.

Courtney Ramus

Racial and socioeconomic disparities in selection of highly efficacious methods of birth control
United States

Erin Files Dumas

The impact of liberalized abortion policies in select sub-Saharan African countries

Erin plans to publish.

Adriana Bracho

Colombian nursing perspectives on high-quality abortions

Adriana plans to publish.

Where Are They Now?

Those listed below are selected GEMMA Alum who continue to focus their career on reproductive justice.

Kellie Corcoran, MD, MPH

Inspired by her time at Rollins and GEMMA-funded thesis on post-partum IUDs, implants and abortion in Zambia, Kellie has continued to devote her career to reproductive health. Post-graduation, Kellie worked as a Project Coordinator in the Global Health Sciences department at UCSF. She provided technical assistance for HIV surveillance projects in Kenya and Mozambique. She then went on to medical school at UC Davis, where she started a monthly women's clinic that serves sex workers and intravenous drug users. Kellie served as the President and Treasurer of the UC Davis Chapter President of Medical Students for Choice (MSFC). Kellie completed her medical degree at UC Davis School of Medicine in June of 2015. After a few months off traveling in Southeast Asia, she then started her first year of Ob/Gyn residency at Kaiser Oakland Medical Center. Kellie hopes to combine her passions for reproductive and global health after residency and likely complete a family planning fellowship.

Bethany Kotlar, MPH

Though not currently working in abortion research, access, or clinical services, she regularly works with pregnant and parenting women both through the volunteer organization she founded, Motherhood Beyond Bars, and in her position as a Health Educator with MotherToBaby, Georgia. She states that having an in-depth knowledge of abortion and the many political, social, moral, and psychological issues that surround it makes her better equipped to work in the field of maternal and child health. When you see abortion as not only a viable choice, but also a safe choice, a legal choice, and the right choice for some women and some pregnancies, you are able to have compassion for and support women through a variety of different circumstances.

Amy Winter, MPH

Amy Winter, is pursuing her PhD in Demography at Princeton University. Her research is at the intersection of human demography and infectious disease dynamics, specifically exploring rubella disease dynamics in endemic areas and the effects of vaccine introduction. While she hopes to incorporate reproductive health related to contraception and abortion in her research in the future, she continues to support GEMMA's work by volunteering at Planned Parenthood, New Jersey.

Anna Newton-Levinson, MPH

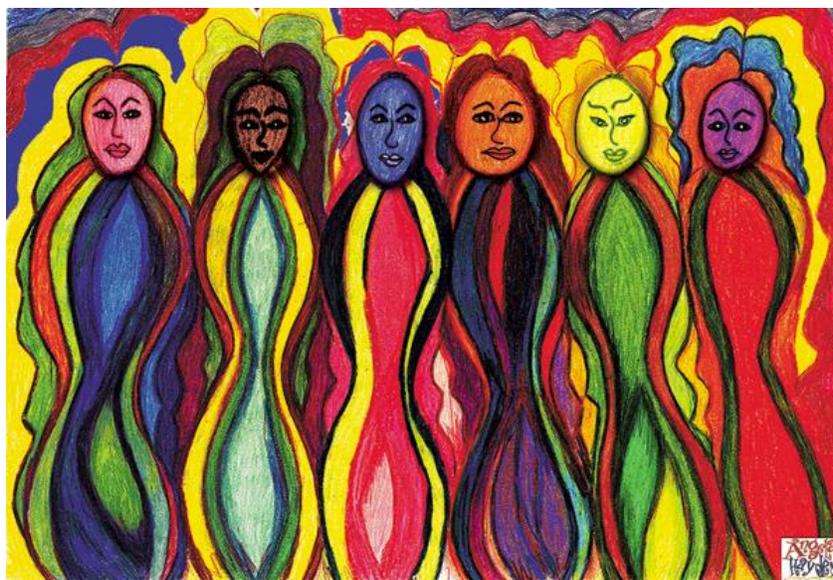
Currently, as Director of Evaluation, Anna oversees the strategic planning, development, and implementation of a large scale evaluation for a family planning program in the Southern United States. In this work she focuses on assessing efforts to enhance programs that seek to expand access to family planning and abortion in Southern states as well as the impact that the complex context has on these programs. Anna's focus for the past eight years has been on working with domestic and international sexual and reproductive health programs. While at Rollins she received GEMMA funding to conduct a qualitative mid-term evaluation of a family planning program intervention in Ethiopia and to document the challenges that widowed and divorced women face in their communities. Since receiving her MPH in Global Sexual and Reproductive Health from RSPH she has worked both at CDC and Emory. Her fellowship at the CDC focused on projects related to the development of a holistic framework within which to address sexual health.

Samantha (Sammy) M. Luffy, MPH

Samantha currently works as a Program Analyst on the Research Division within the Office of HIV/AIDS at the United States Agency for International Development (USAID) in Washington, DC. The Research Division aims to identify biomedical HIV prevention technologies for global use and has been involved in research projects regarding oral PrEP (preexposure prophylaxis) and other HIV prevention technologies. In this position, Sammy primarily supports the 14 cooperative agreements through the HIV Vaccine Branch, as well as the Microbicides and Implementation Science Branches. Sammy's involvement in GEMMA was instrumental to her success at RSPH and also helped her obtain her current position at USAID. Through the support of Dr. and Mrs. Roachat, Sammy had the privilege of conducting a qualitative research study to examine the effects of unintended pregnancy on the lives of young women in Ocotal, Nicaragua during the summer of 2014. She then went on to write two manuscripts with Dr. Roachat and Dr. Dabney Evans, which were published in the summer of 2015, and present the findings at two conferences and her alma mater. Her experience in Nicaragua, as well as the many presentations and publications that stemmed from it, has allowed Sammy to find a rewarding and challenging first job after graduating from RSPH.

Aimee Leidich, MPH

Aimee Leidich heads up the Health and Academic Research projects at mSurvey, a mobile data collection company based in Nairobi, Kenya. In this role, Ms. Leidich works closely with researchers in the design and successful operation of mobile survey research being conducted in the US, Africa, the Caribbean, and Southeast Asia. Of particular interest to Aimee is the use of mSurvey to capture women's opinions about sensitive issues (e.g., contraception use, abortions in countries where the procedure is illegal, GBV) that women may be more open to discuss through mobile messaging over face to face interviews. Researchers using mSurvey in this space include Harvard and Massachusetts General Hospital to monitor adherence to PrEP among women at high risk of HIV infection in Kenya and Uganda, University of Washington to identify and predict peak fertility periods among HIV discordant couples trying to practice safer conception, UCSF to follow up with pregnant women about the quality of their ANC and delivery care in Kenya. Aimee is also currently working with a group of students at Emory Rollins School of Public Health to develop a mobile survey asking a subset of 500 18-24 year old women across Kenya about abortion behavior to help understand the applicability of this method for measuring abortion frequency. Prior to this position she spent four years at UCSF Global Health Sciences providing technical support for HIV prevention and treatment programs, specializing in the use of technology for improving global health research and service provision. In this position she spent extended periods of time in South Africa, St. Kitts & Nevis, Rwanda, Swaziland, Tanzania, Zambia, and Zimbabwe.



GEMMA Publications

The subsequent is a list of recent publications as well as pending publications inspired by the GEMMA mission.

Anderson, Jaynia A.; Pamela Naidoo,; Monique Hennink; Roger Rochat "At the end of the day it was my decision": Abortion Decision-Making Among Women in the Western Cape, South Africa, The ANNALS of the American Academy of Political and Social Science, Abortion Decision Making Access and Safety Workshop, Kenya, July 2014

Chinthakanan, O., Rochat, R. W., Morakote, N., & Chaovitsitsee, S. (2014). The Hidden Problem of Illegal Abortions in Thailand. *Chiang Mai Med J*, 53(4), 187-91.

Luffy, S. M., Evans, D. P., & Rochat, R. W. (2015). " Siempre me critican": barriers to reproductive health in Ocotal, Nicaragua. *Revista Panamericana de Salud Pública*, 37(4-5), 245-250.

Luffy, S. M., Evans, D. P., & Rochat, R. W. (2015). "It Is Better If I Kill Her": Perceptions and Opinions of Violence Against Women and Femicide in Ocotal, Nicaragua, After Law 779. *Violence and Gender*, 2(2), 107-111.

Manski, R., & Kottke, M. (2015). A survey of teenagers' attitudes toward moving oral contraceptives over the counter. *Perspectives on sexual and reproductive health*, 47(3), 123-129.

Martin, Julia; De Lora, Patsy; Rochat, Roger; Andes, Karen, "Understanding Female Condom Use and Negotiation among Young Women in Cape Town, South Africa" International Perspectives on Sexual and Reproductive Health (March 2016, in press) ID is IPSRH-2681.R2

Pasteur, N. M., Haddad, L., Lathrop, E. H., & Rochat, R. W. (2015). Obstetrician Opinions of a 2012 Georgia Law Limiting Late Second-Trimester Abortions [208]. *Obstetrics & Gynecology*, 125, 68S.

Rochat, R. W. (2015). CAN ABORTION MORTALITY BE ELIMINATED? WE BELIEVE THE ANSWER IS YES. *Journal of Human Growth and Development*, 25(1), 125-127.

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