GEMMA ANNUAL REPORT

Table of Contents

I. About GEMMA .......................................................................................................................1
II. GEMMA Seminar ..................................................................................................................3
III. ERHA/Events .......................................................................................................................4
IV. 2017 Sexual and Reproductive Health Conference ..............................................................5
V. 2017 GEMMA Evening .........................................................................................................6
VI. 2017 GEMMA Scholars .......................................................................................................7
VII. GEMMA Alumni ................................................................................................................10
VIII. Publications .......................................................................................................................11
IX. 2017 Policy Spotlight ..........................................................................................................12
X. List of Donors .......................................................................................................................14
XI. How to Support GEMMA .....................................................................................................15

Report prepared by Roger Rochat, Samantha Gikuhi, and Brianna Backes

This report highlights GEMMA activities from the 2016-2017 academic year.
MISSION

The GEMMA Mission is to eliminate maternal mortality from abortion. The mission is supported at Emory University through teaching, including a GEMMA seminar, mentoring students on practicums and theses, and collaboration with clinical, public health organizations and other disciplines. When needed, an endowed GEMMA fund helps support students' research and national presentations of research findings. The figure below demonstrates the supportive interplay of these relationships.

BACKGROUND

In 2014, approximately 8-18% of maternal deaths worldwide were due to unsafe abortion. While abortions are relatively uncomplicated procedures when performed in ideal conditions with a skilled provider, they can have devastating consequences otherwise.¹ According to the World Health Organization, approximately 56 million abortions were performed annually between 2010 and 2014.² Nearly half of these were considered unsafe, resulting in approximately 47,000 deaths per year. Moreover, 98% of unsafe abortions occur in low resource settings in the Global South.³ All of these deaths can be prevented with proper access to contraception, safe abortion services, and quality post-abortion care.⁴

To encourage scholarship in the area of abortion, Dr. Roger and Susan Rochat of the Rollins School of Public Health at Emory University established the GEMMA Fund to support graduate student research related to GEMMA.

This year the GEMMA Fund is celebrating its fifteenth anniversary and ten years of funding student-driven research.

GEMMA SEMINAR

Since 2010, over 200 students have taken the GEMMA Seminar, to our knowledge, the only graduate seminar related exclusively to abortion in the country. The course is offered each spring and is taught by Dr. Eva Lathrop and Dr. Roger Rochat; in 2017, 34 students enrolled in the class. The course explores issues related to abortion, including medical, legal, ethical, human rights, and religious perspectives. GEMMA students come from various cultural and educational backgrounds, and together participate in values clarification exercises, write policy briefs, and engage in debates. Guest lectures for the course in 2017 included: Drs. Diane Morof and Tara Jatlaoui on methods of measurement and surveillance, and Dr. Willie Parker, reproductive justice advocate and abortion provider, on abortion in the southeastern United States.

SEMINAR EVALUATION

The first independent evaluation of the GEMMA Seminar was conducted by Lev Wendy Avila, Christina Bollinger, Jenni Lee, Fang Xue, Casey Hall and Rebecca Woodruff. The evaluation was conducted among the 2017 cohort of 33 students and the findings were presented at the Georgia Society for Public Health Education (GASOPHE) Conference in Feb 2018.

STUDY DESIGN

Using a non-experimental, post-test only evaluation design, 24 (73%) surveys and nine in-depth interviews were completed over a 3-month period. All participants were female university students, 96% (n=23) from the Rollins School of Public Health.

RESULTS

50% STUDENTS reported working in the sexual & reproductive health field

42% STUDENTS were influenced by GEMMA to work in their current position

*From left: Wendy Avila and Christina Bollinger. GASOPHE 2018*
ERHA/GEMMA EVENTS

The Emory Reproductive Health Association (ERHA) Board organizes events each year to raise awareness about reproductive health and justice both in the United States and abroad. Throughout the 2016-2017 school year, GEMMA co-chairs helped to organize events including:

- Film screening of “Absolutely Safe”
- MCH in Crisis: Panel Discussion on Crisis Pregnancy Centers
- Valentine’s Day Chocolate Genitalia Sale
- Safe Sex Kits, distributing condoms in Virginia Highlands neighborhood
- Abortion Dance-a-Thon
- VCAT: Abortion Values Clarification Exercise
2017 SEXUAL AND REPRODUCTIVE HEALTH CONFERENCE

In collaboration with community organizations both at Emory and across Atlanta, the Emory Reproductive Health Association (ERHA) hosted Emory’s third annual conference in sexual and reproductive health in October 28, 2017. The theme was "Reproductive Health and Policy".

The conference aimed to highlight the work being done across local and global communities to address the intersections of sexual and reproductive health and policy. Emphasizing the link between research, policy, and practice.

Speakers represented a diverse group of organizations, including CARE, Black Mamas Matter, and YOU CHOOSE!

The keynote speaker was Staci Fox from Planned Parenthood Southeast.
2017 GEMMA EVENING

The annual GEMMA Evening, an opportunity for students to present findings from their summer research, was held on October 11, 2017. It At this event, faculty, students, and friends learned about how students at Emory are advancing reproductive health and justice around the world. The diverse presentations ranged from a qualitative assessment of the integration of family planning and immunization services in Benin to post-abortion long acting contraceptive methods in the United States. Summaries of each research projects are included in the next few pages.

Presenters:

- Haley McLeod, Katherine Anderson, Emily Adams, Togo - Unsafe Abortion in Lomé, Togo
- Daniel Bergmann, Togo - Law and Abortion in Togo
- Sarah Ashley Jolly, USA - Teen and Unplanned Pregnancy in Dependency and Juvenile Delinquency Courts
- Blake Erhardt-Ohren, Benin - Integrated Family Planning and Immunization Services
- Sana Charania, Zambia - HIV Prevention among High Risk Groups
- Talya Nakash, Sierra Leone - FP2020 Commitments

From the left: Emily Adams, Dr. Rochat, Katherine Anderson, Haley McLeod and Daniel Bergmann at the 2017 Gemma Evening
2017 GEMMA SCHOLARS

Haley McLeod, Katherine Anderson, Emily Adams, Togo - Unsafe Abortion in Lomé, Togo

The team conducted a mixed methods study over ten weeks in Togo on unsafe abortion to 1) characterize the burden of maternal morbidity and mortality from unsafe abortion 2) to describe the circumstances of unsafe abortions, 3) describe women's knowledge perspectives on abortion legality, and 4) examine medical providers' knowledge of abortion legality and methods of abortion and post-abortion care.

The project successfully demonstrated the burden of abortion in Lomé, Togo, at four urban hospitals and clinics. To accomplish this, the team identified barriers to access to safe abortion services and assessed knowledge and experiences of abortion access through various lenses. The resulting data revealed that both knowledge of legality of abortion and provider knowledge of abortion and post-abortion care are both low.

Moreover, beliefs and attitudes towards abortion prevent women from receiving care by perpetuating the beliefs that abortion is immoral and that abortion is risky (Abortion is perceived as a high risk procedure, particularly among women).

Their data is currently being used to:
- Provide the Togolese Ministry of Health with a research-based foundation for expanded provider education on abortion legality and methods
- Increase and improve post-abortion care to reduce the high burden of mortality due to unsafe abortion
- Serve as a basis for increased research and programming related to unsafe abortion in Togo, particularly that directed by local and international NGOs
Daniel Bergmann, Togo - Law and Abortion in Togo

Daniel's project sought to understand the difference between de jure abortion legality and de facto abortion accessibility in Lomé, Togo. Togo legalized abortion to a limited extent after ratifying the Maputo Protocol (an African Union treaty that required signatory nations to legalize abortion in cases related to rape, incest, maternal health, and fetal deformity), but the extent to which this legalization is felt on the ground varies significantly due to details of implementation and operationalization. To better understand these barriers, Daniel reviewed legal codes and interviewed key stakeholders in abortion accessibility.

He identified two controlling issues: strict evidentiary standards and prosecutorial discretion. In terms of the former, women who seek to take advantage of rape or incest exceptions are required to meet a high evidentiary showing in order to prove that the pregnancy resulted from a (violent) rape or incestuous encounter. As a result, these exceptions are largely only available to women who suffer violent rapes at the hands of strangers and have had no other sexual contact. This can be contrasted with neighboring Ghana, where women may receive abortion care after a simple affirmation to a doctor that they were raped or suffered an incestuous sexual encounter.

Sarah Ashley Jolly, USA - Teen and Unplanned Pregnancy in Dependency and Juvenile Delinquency Courts

Sarah Ashley served as a graduate assistant with Power to Decide (formerly known as The National Campaign to Prevent Teen and Unplanned Pregnancy) in Washington, DC within the Programs Department, with specific focus on the Child Welfare Portfolio. Sarah's position focused on the implementation of the “Training and Technical Assistance Project: Addressing Teen and Unplanned Pregnancy in Dependency and Juvenile Justice Courts” and “Transitioning to Success: Preventing Unplanned Pregnancy Among Older Youth in Foster Care.” These programs seek to address pregnancy prevention in teens and young adults who identify as foster youth, or a part of juvenile and family court infrastructures. The Training and Technical Assistance Project invites judges to apply to receive a year’s worth of technical assistance along with a free training to address teen and unplanned pregnancy in juvenile justice and dependency courts. This training utilizes “When You Decide...A Judge's Guide to Pregnancy Prevention Among Foster Youth,” a toolkit developed by Power to Decide and the National Council of Juvenile and Family Court Judges. Designed to guide judges in promoting youth's ability to make
healthy choices, the Toolkit focuses on ensuring youth receive the support, knowledge, and tools they need from appropriate system stakeholders to make healthy long-term decisions regarding sex and reproduction. Transitions to success ensures sustainability for foster youths by utilizing a human-centered approach to inform foster youth about life planning options, and contraceptive availability as they exit the foster care system.

**Blake Erhardt-Ohren: Integrated family planning and infant immunization services in Benin**

Blake Erhardt-Ohren conducted a mixed methods study of an integrated family planning (FP) and infant immunization program in Benin. In this particular program, women who bring their children to infant immunization sessions are given a targeted FP message before the session and are offered referrals to FP counseling sessions with nurse-midwives, where they may receive a contraceptive method on the same day. Using focus group discussions with women attendees and unstructured observations of the sessions, Blake assessed the experiences of postpartum women at integrated services and the implementation of the integrated model. This research is intended to add to an understanding of how integrated services may help marginalized populations, such as postpartum women, reach reproductive health services.
GEMMA ALUMNI

GEMMA student Kate Anderson and Dr. Rochat are currently conducting research into the impact that the seminar has had on alumni and their careers. Here are some of the anonymous alumni responses received to date:

“I knew that abortion access was a priority for my grad school and career. Now as an abortion provider I can’t imagine doing this work without the GEMMA course, my GEMMA-supported practicum, and the guidance of Roger Rochat as academic advisor and thesis advisor.”

“GEMMA was an absolutely transformative course at Emory. It has truly widened my perspective of the world in RH and access.”

“The SRH focus at Emory is one of the primary reasons I chose to attend Emory, especially after meeting Dr. Roger Rochat at Visit Emory and recognizing his mentorship. While GEMMA was not my primary area of interest when I decided to attend Emory, the fact that there was support for such a class and program at the institution was a sign that Rollins would be the environment I wanted to study in.”

“I was very interested in international women’s and SRH which is why I chose Emory. GEMMA wasn’t around but I was one of the co-founders of ERHA- the Emory Reproductive Health Association that I believe was the initial stage of the formation of GEMMA. I am so happy to hear that GEMMA has grown and transformed in such an amazing way!”

“My first employer after Emory selected me due to my strong focus on SRH in my graduate program, and my work with ERHA and GEMMA demonstrated commitment and knowledge of abortion-related issues, which made me a more competitive applicant.”

“I met Dr. Rochat when I visited Emory and was impressed by his dedication to maternal health and providing opportunities for students to get involved and conduct field work. Emory was also the only school that offered any coursework or training related to abortion, which, regardless of political or ideological beliefs, is an important public health issue.”
**PUBLICATIONS**

*Green indicates student names*


**Luffy SM**, Evans DP. Rochat RW. *“It is better if I kill her”: Perceptions and opinions of violence against women and femicide in Ocotal, Nicaragua after Law 779* *(2015)* Violence and Gender 2(2):107-111.


**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), vol 42, No. 1, pp. 13-20 Stable URL: [http://www.jstor.org/stable/10.1363/42e0216](http://www.jstor.org/stable/10.1363/42e0216)

**Newton-Levinson, Anna,** Kate Winskell, Berissa Abdela, Marcie Rubardt, Rob Stephenson, *’People insult her as a sexy woman’: sexuality, stigma and vulnerability among widowed and divorced women in Oromiya, Ethiopia*. (2014) Cult Health Sex 19:16(8):916-30

**Rochat, Roger W.** *Can abortion mortality be eliminated? We believe the answer is yes*, Journal of Human Growth and Development 2015; 25(1):1 DOI: [http://dx.doi.org/10.7322/jhgd.96828](http://dx.doi.org/10.7322/jhgd.96828)

**Stanhope K, Rochat R, Fink L, Richardson K, Brack C, Comeau D.** *Physician opinions concerning legal abortion in Bogota, Colombia*. Culture, Health and Sexuality, Vol. 0, Iss. 0.0 (EGHI team, 2014).


2017 POLICY SPOTLIGHT

A major setback in women’s access to reproductive health services in 2017 was the reinstatement of the Mexico City Policy, commonly known as the Global Gag Rule. This policy requires NGOs receiving US assistance to certify that they do not (1) provide abortion services, (2) counsel patients about the option of abortion or refer them for abortion, or (3) advocate for the liberalization of abortion laws. President Donald Trump did not just reinstate Global Gag, he also expanded it soon after his inauguration in January. Today, foreign NGOs that receive any federal global health assistance are facing restrictions in how they counsel and provide sexual and reproductive health services.

The State Department recently released a review of the policy that fails to reflect the challenges reproductive health advocates have reported. NGOs are frankly telling a different story. Workers on the ground report that Trump’s reinstatement of Global Gag has had devastating consequences on the health of women and girls worldwide. International NGOs have reported huge funding cuts; the policy has currently restricted more than $8.8 billion in US global health funds.

---

Below is a brief look at some of the global implications:

KENYA
As one of the top 10 countries receiving US aid in Africa, in Kenya Global Gag has had tremendous repercussions on the most vulnerable in poor and rural communities.  

Marie Stopes International (MSI) and Family Planning Association of Kenya (FPAK), the leading reproductive health organizations in the region, have been dramatically impacted. This has resulted in a reduction in outreach activities, raising of prices, closure of clinics and laying off of staff to cope with the loss of funds. The coverage of services has dramatically reduced in a region where contraceptive prevalence is only 39% and severely increasing the vulnerability of women at risk of maternal mortality and morbidity from unsafe abortions. Other health services impacted by the disruption in funding include child immunizations, training of health personnel on contraception and pap smear tests.

“Even if we manage to keep our clinics open, we have no senior personnel to run them,” said an FPAK representative.

NEPAL
In the case of Nepal, Global Gag conflicts the government’s ability to implement policy aimed at reducing unsafe abortions (Engender, 2006). Abortion in Nepal was legalized in 2002 and is available up to 12 weeks gestation, up to 18 weeks’ gestation in cases of rape or incest, and at any time if the pregnancy poses a danger to the woman’s life or if there is a fetal abnormality. The Family Planning Association of Nepal (FPAN), the leader of reproductive healthcare in the region, has had to cut down on medical personnel impacting women’s access to long term methods of family planning such as female sterilization – the most widely used family planning method in the country. MSI Nepal has also lost its ability to serve the most poor and vulnerable clients in the rural areas. The government of Nepal has had to duplicate USAID resources that previously family planning health services to respond to its staggering maternal mortality rates from unsafe abortions. Additionally, USAID funded staff are forbidden to inform women procuring clandestine abortions that safe and legal care is available to them.

“You are creating a standard that is not a problem in your country, but is a problem in a third world country that is in need of reproductive health services,” said a staff member at a Nepalese N

---

LIST OF DONORS

The GEMMA Fund is grateful for the continued support from donors, who include students, faculty, alumni, partners, and others. ERHA and the GEMMA Co-Chairs also contributed to the Fund through fundraising by offering “Health Dignity Justice – Choice” shirts for donations at events hosted around Emory University.

The GEMMA Fund was supported by more than 75 donors for the 2017 calendar year:

Dr. Chimora Ngozi Amobi
Anonymous Donors
Ms. Martha Benco
Mr. Robert D. Smulian and Ms. Lynne Y. Borsuk, Esq.
Ms. Courtney L. Boudreau
Ms. Emily Brandt-Salutz
Ms. Anna Elizabeth Carson
Ms. Mary Caughey
Ms. Guanjin Chen
Dr. Susan Temporado Cookson and Mr. David Temporado
Mrs. Lindsey Cooper
Dr. and Mrs. James Walter Curran
Dr. Carrie Ann Cwiak
Ms. Farren Elexia Davis
Mr. and Mrs. Javier De De Jesus
Dr. Erin Meade Duncan
Miss Sarah Catherine Dupont
Ms. Kaleigh R. Emerson
Miss Catherine Grace Evans
Dr. Dabney Page Evans
Ms. Sarah C. Fisher
Ms. Victoria Katherine Fort
Ms. Diana Greene Foster
Dr. Jennifer Whitman Foster and Mr. David L. Foster
Drs. Matthew Charles Freeman and Bethany Anne Caruso
Ms. Meredith Fritz
Dr. and Mrs. M. V. George
Drs. Karl Stephen Hagen and Kimberly S. Hagen
Ms. Lauren Melissa Hill

Ms. Evelyn Louise Anne Howatt
Dr. and Mrs. James Mitchell Hughes
Dr. and Mrs. John Christian Hustedt
Mr. and Mrs. Wesley M. James
Miss Ruvani Jayaweera
Mr. William Henry Stanhope and Mrs. Kristen Ann Keirsey
Ms. Jodi Michelle Keyserling
Drs. Robert Moore and Eva Lathrop-Moore
Ms. Mindy Le
Dr. and Mrs. Richard Murray Levinson
Dean Linda A. McCauley and Mr. Ronald Dean McCauley
Ms. Theresa L. Nash
Mr. Michael Andrew Spotts and Mrs. Lesley Elizabeth Oot
Mr. and Mrs. Matthew J. Powers
Dr. Sarah Rosner Preis
Mrs. Darcy Rao
Ms. Genevieve R. Rizzo
Mr. and Mrs. Kevin E. Robinson
Dr. and Mrs. Roger W. Rochat
Ms. Karla Lynn Ruggiero
Ms. Olivia Ruth Sappenfield
Ms. Tyiesha Danielle Short
Mr. and Mrs. Matt S. Smith
Dr. Berendena Vander Tuig and Mr. Ryan Patrick Powers
Dr. Carl Tyler, Jr.
Ms. Amy Kaye Winter
HOW TO SUPPORT GEMMA

If you would also like to support GEMMA and reducing maternal mortality from abortion, GEMMA fund t-shirts are offered in exchange for a donation of at least $15 and may be shipped for an additional $10.

1) Donate online:
http://www.sph.emory.edu/departments/centers/gemma/contact/index.html

2) Mail a check made out to Emory University (with GEMMA Fund on the subject line):

Emory University
MSC 0970-001-8AA
Office of Gift Records
1762 Clifton Rd NE Ste. 1400
Atlanta, GA 30322