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**Sexual and Reproductive Health MPH Theses in a South Eastern Private University**

**With A Special Focus on Family Planning and Abortion**

By

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Masters of Public Health

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**Sexual and Reproductive Health in a South Eastern Private University  
With A Special Focus on Family Planning and Abortion**

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**Bachelor of Science**

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## **Abstract**

### **Sexual and Reproductive Health in a South Eastern Private University With A Special Focus on Family Planning and Abortion**

**By Emily Turner**

**Background:** Rollins School of Public Health (RSPH) in 1990 created four concentrations under the Global Health Department including one on sexual and reproductive health and population. Sexual and reproductive health (SRH) has a broad definition that covers multiple subjects and keywords within the public health field. The overall goals of this study were to explore where SRH, as measured by MPH theses, is located at RSPH, and to gather information that might aid in the development of SRH marketing and course offerings in the future.

**Methods:** Data from Emory Universities Electronic Thesis (ETD) was used for the quantitative analysis on SRH theses at RSPH. Faculty and staff were a part of RSPH in the 1990's when concentrations were established in the Global Health Department were approached for their evaluation of the educational program. All of the analysis for the theses were done through Google Sheets and WorldChart (World Map).

**Results:** Graduate public health students at Emory, Rollins School of Public Health (RSPH) who enrolled between 2009-2018, and graduated between 2011-2020, produced 3242 **MPH theses**. Based on searches for keywords related to sexual and reproductive health, we found **1066 (32.9%)** MPH theses were related to sexual and reproductive health topics. With a total of **112 key words** (this [link](#) will take you to the list.) For example, IPV, Pregnancy, abortion, contraception, etc. According to the Electronic Thesis DataBases, approx. **33% of total theses** from students enrolled from 2009-2018 have key words relating to SRH. Global Health Department **students submitted** 942 theses from 2009-2018 (submitting their thesis in 2011-2020).

**Discussion:** Results of this study provide the marketing team at RSPH details on the extensive sexual and reproductive health research and advising faculty at RSPH. If topical concentrations are removed, opportunity may exist for a natural quasi-experiment to determine its effect on topical theses.

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## **Chapter 1 Introduction**

### **1.1 Masters Theses.**

The Hubert Department of Global Health, at Rollins School of Public Health (RSPH), has had 4 concentrations for a quarter century, from 1996 through 2021. About 90% of matriculating students express a preference for a concentration during application. The concentrations provide specialized education and training in nutrition, infectious disease, community health, or sexual, reproductive health and population. The scope of each concentration has varied over time, but RSPH lacks a systematic evaluation of student culminating projects in each area. In this thesis we evaluate and describe the MPH theses relating to sexual and reproductive health for RSPH with focused attention on faculty within the Global Health Department.

Creating the next generation of health topic public health experts starts in graduate schools of public health. Currently RSPH has a sexual and reproductive health and population concentration. Understanding the larger extent of SRH teachings and research can be found through the indicators of RSPH Masters of Public Health theses. With the guidance of a similar study done in 2008 studying theses at RSPH from 2003-2007 this exploratory analysis was assembled.

Although Georgia is conservative leaning state, RSPH students come from across the United States of America and from 26 other countries, all contributing different backgrounds, beliefs, culture, and languages (MPH/MSPH, 2021). Moreover, Fellowship Programs such as the Humphrey and Foege Fellowship programs have brought mid-career professionals from 100 countries to Emory. RSPH comprises a very diverse background of students in the MPH and MSPH programs. Their places of origin have different cultures, laws, policies and programs

related to sexual and reproductive health including gender relationships, education, sex education, unintended pregnancy, contraception and abortion, bringing a wealth of knowledge and cultural perspectives on these subjects.

## **1.2 Problem Statement**

To ensure that Master of Public Health Students at Rollins School of Public Health have access to relevant topics on Sexual and Reproductive Health studies we evaluate the full extent of recent SRH MPH theses in a large school of public health in the Southeastern USA. Anecdotally some students have chosen RSPH because it uniquely has an SRH concentration within the global health department.

The purpose of this thesis is to evaluate MPH theses to describe the breadth of SRH topics and their advising faculty.

## **1.3 Questions**

Question 1: What is the frequency of SRH keywords in Master of Public Health theses at RSPH?

Question 2: What is the frequency of theses having SRH keywords across departments at RSPH?

Question 3: What is the distribution of SRH keywords among faculty listed in the Global Health Department at RSPH as of 2021?

Question 4: What is the geographic distribution of SRH keyword categories?

## **Chapter 2 Review of the Literature**

### **2.1 Definition of Sexual and Reproductive Health**

To explore where sexual and reproductive health (SRH) MPH research is at Rollins School of Public Health (RSPH), we start with the historical and geographical context of SRH. Since all MPH theses are published in English, we restricted this review to English. SRH has



broad and diverse definitions across different organizations and it often overlaps with other topical areas such as infectious diseases, nutrition and community health. For the past decade, RSPH has been one of the top ten Schools of Public Health in the United States with some similarities in SRH to its peers. SRH is an area of public health that has been stigmatized for decades through health care, religion and many other sectors (Brown, 2011).

SRH lacks a common definition. Different organizations categorize the subject differently without clear lines between itself and other departments such as Maternal and Child Health. Organizations such as the World Health Organization (WHO), Center for Disease Control and Prevention (CDC), and others have come up with interpretations to try and create a well-rounded idea of sexual health, reproductive health individually, and what sexual reproductive health means together. While organizations seem to have a grasp on a cohesive definition they often tend to be very broad, inclusive and ambiguous.

In the book, *Quantifying the Health Risks of Sex and Reproduction*, the authors state that the definition of sexual health could be extended to anything that happens as an effect of a sexual contact. The text continues to create a more articulate idea of what SRH is by including anything that could lead to maternal mortality through reproductive health (Murray & Lopez, 2020). To build and grow upon these ideas, trustworthy world agencies including, WHO, CDC and the United Nations (UN) tend to use a broader approach that can be seen through specific departments that have the purpose of addressing sexual and reproductive health.

Both CDC and WHO use the same definition of sexual health as "... a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual

experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled” (WHO & CDC, 2020). The UN also has a very similar definition for sexual health as well.

Based on the findings from these three agencies (WHO, CDC, and the UN) there seems to be a lack of attention to reproductive health separately. All of the sites had a definition for sexual health but no pinpointed definition of reproductive health. Interestingly, the word sexual started to be used in 1650 while reproductive was first used 100 years later in 1746 (Merriam-Webster, 2020). Sex education itself has been in public schools since 1912 promoting sexual health (Comprehensive Sex, 2020). On the other hand, reproductive health and rights did not come to the forefront of the news until the 1960s and 1970s when the Women’s Health Movement began with one of the requests being reproductive health (Nichols, 2000). The United States Agency for International Development (USAID) and the Office of Population Affairs (OPA) are large organizations that have a steady focus on reproductive health actions and its definition.

**Table 1** shows the “definition” of reproductive health from these five organizations.

**Table 1**

<p><b>WHO + UN</b>          Reproductive health:          “...a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often they do so” (WHO &amp; UN, 2020).</p>	<p><b>CDC</b>          Reproductive health goals:          “Increase the percentage of pregnancies that are intended, increase the proportion of women of reproductive age who practice preventive health behaviors, integrate selected reproductive and non-reproductive health services” (CDC, Division of Reproductive Health (2019).</p>
<p><b>USAID</b>          Reproductive Health:          " USAID's work in reproductive health also</p>	<p><b>OPA</b>          Reproductive Health:          “Focuses on and addresses the reproductive</p>

<p>focuses on ending child marriage, female genital mutilation/cutting, gender-based violence and more... Women and girls everywhere should achieve the freedom to decide family size for themselves. They should also have access to healthcare, so they can enjoy strong, healthy families and live in self-reliant communities and nations." (USAID, 2020)</p>	<p>processes, functions, and systems at all stages across the lifespan". Including: Pregnancy prevention, understanding Fertility, Sexually Transmitted Infections, HIV and Staying Healthy and Optimal Health (OPA, 2019).</p>
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Organizations that focus and work in the area of SRH include International Planned Parenthood Federation (IPPF), International Society for the Study of Women’s Sexual Health (ISSWSH), International Union for the Scientific Study of Population (IUSSP). According to the IPPF, SRH boils down to people's right to “enjoy a mutually satisfying and safe relationship, free from coercion or violence and without fear of infection or pregnancy, and that they are able to regulate their fertility without adverse or dangerous consequences” (IPPF, 2004). IPPF continues to mention rights that should be involved with sexual and reproductive rights from education to freedom of torture (including intimate partner violence and domestic violence). These combined with ISSWSH topics of research that include, sex and nutrition, sex, and hormones help to create a more inclusive idea of what could be used as keywords for SRH (ISSWSH, 2020). Many more organizations do their research on the subject and broaden the scope of what SRH covers.

*History of SRH and Keywords*

The keywords that were derived for this study, under the scope of the definitions mentioned above, all have their own history as well, and how they became predominant in SRH terminology. All 112 keywords fall underneath either sexual or reproductive health. Sexual being related to the chromosomal sex, sexual organs, infections, behavior, sexual orientation, sexual violence, and relationships (Sexual Health, 2019). Reproductive health relates to

reproductive organs, behavior, fertility control, fertility assistance, pregnancy, and pregnancy outcomes (Reproductive Health, 2021). Out of the 112 keywords that were used to gather thesis for this study, some of the top ten included, HIV/AIDS, Maternal, Abortion/Contraception/Artificial Insemination.

#### ❖ HIV/AIDS

Prior to 1980, little was discussed or known about HIV and AIDS. The CDC first published on the matter on June 5, 1981, at the time, five young, healthy, gay men had contracted infections that were not previously known to the immunologist studying the cases. By the time the CDC was able to publicize the article, two of the five men had already perished from the disease. At this point in time, CDC and other organizations formed a task force to try and get ahead of this rapidly killing infection. September 24th, 1982 the CDC arrived at the term AIDS (Acquired Immune Deficiency Syndrome) releasing the definition for it as well. Since then, studies, articles, task forces, and many others have made HIV/AIDS one of the top healthcare priorities (HIV, 2020).

HIV/AIDS is extremely relevant in the public health world especially as a sexual and reproductive health issue. HIV can be transmitted through needle sharing, blood transfusions, mother-to-child transmission and sexually. HIV that starts as a sexually transmitted disease usually affects men at the reproductive age and can help be prevented through contraceptives such as condoms and spermicides (Coggins & Segal, 1998). The importance and relevance in research and studies can be seen in the rapid increase of funding for this health issue. Since 1980, starting with no funding being put towards the unknown health issue, to 2019 with a yearly domestic budget to the amount of \$28,021.4

million dollars (HIV, 2020). Internationally, federal funding has grown from a few thousand in 1982 to \$34.8 billion in 2019 (Kaiser Family Foundation, 2019).

Not only have established organizations taken matters into their hands for the HIV/AIDS epidemic, but Masters of Public Health (MPH) programs have incorporated HIV/AIDS training as part of their offerings. In the last 20 years, MPH schools have created courses and training programs to promote learning and research in this area to provide students with the appropriate skills in this field to go into the workforce. Emory University's Rollins School of Public Health has created the AIDS International Training and Research Program (AITRP, 2020). John Hopkins MPH school also has a similar program focused on HIV epidemiology and prevention sciences training (Hunt, 2020).

#### ❖ Maternal

The word maternal was first used in the 15th century deriving from the Latin root of mater meaning “mother” (Merriam-Webster, 2020). The first mention of Maternal health began in 1912 when US President Taft created the Maternal Child Health (MCH) sub-field in the Children’s Bureau. The goal was to protect vulnerable populations from mortality and morbidity (Center for Leadership, 2015). However, through the years, the focus remained on the child until a paper from Columbia University was published “Maternal health - a neglected tragedy: Where is the M in MCH)?” in 1985. During this same year the World Health Organization (WHO) came out stating that 500,000 women a year die from obstetric complications. In 1987, the issue was driven to impact by creation of the Safe Motherhood Initiative, Family Care International, and Averting Maternal Death and Disability (Thomas, 2013).

Now in 2020, many top Masters of Public Health schools including Harvard, John Hopkins and Emory University, have Maternal and Child Health concentrations, courses or certificates available to students (Harvard, 2019; John Hopkins, 2019; Emory, 2019). Funding towards the study of Maternal and Child Health (MCH) in the past 15 years has expanded on maternal mortality but also sexual and reproductive rights for women of reproductive age (Maternal Health, 2020). According to the United Nations Population Fund, making motherhood safer is a human rights imperative (Maternal Health, 2020). The continued U.S. focus on Maternal health as an issue can again be seen through the funding. In 2006, \$728 million was used for funding MCH to now in 2020, \$1,230 million for MCH and an additional \$150 million for Maternal nutrition (Kaiser Family Foundation, 2020).

❖ Abortion/Contraception/Artificial Insemination

According to the Merriam-Webster Dictionary, the word *abortion* was first used in 1537, deriving from the Latin root of *aboriri* meaning to miscarry (Merriam-Webster, 2020). Although the first usage of the word was not until 1537, in 1550 B.C.E, the Ebbers Papyrus recorded abortion in Egypt . Abortion was then seen in China in 500 B.C.E. with the mention of using mercury to induce an abortion (Fox, 2019).

Prior to the early 1800s, abortion was technically legal in the United States guides promoted herbs that one could grow in their garden to help “return to menses” and end the pregnancy that prevented the menses from happening. Soon, commercial drugs became available across the country, with one catch, potential maternal mortality. This brought on laws to regulate abortion in terms of poison control but not banning abortion, because of this, the practice continued to grow. With all the deaths that were attributed to

these drug induced abortions, a scholarly sector stepped in, physicians. The American Medical Association made it a point to end these abortions and provide science and logic behind the many lives that it was taking. The anti-abortion leaders at this time were all physicians because of the mortality and morbidity rate that they were causing as they were being done by midwives and homeopaths instead of professional physicians (Pollitt, 2019).

Fast forwarding to the late 1960s, abortion started to become a part of studies and lobbyist started to advocate for legal abortions (Planned Parenthood, 2014). In 1969 the CDC asked a small group of professionals to begin the abortion surveillance team to monitor the legal abortions taking place in the United States (Rochat, Heath, Chu, Marchbanks, 2011).

Through the years, abortion has remained a sexual and reproductive health and rights topic gathering interest not only from pro-choice physician supporters but also pro-life physician supporters that choose to fight the legality of abortion (Aksel, et al.). Despite the mortality and rights that abortion plays into, not many MPH programs have a distinct focus on the subject. Many public health schools have claimed that they are afraid to elaborate on this subject in fear of losing federal funding because of the politicization of abortion (Burns, Rochat, Bryant et al.). The top five public health schools have courses and programs that revolve around abortion, however, MPH schools after the initial top 5 more often than not only have one course that may vaguely cover abortion in one of its modules (U.S. News, 2019).

Unlike abortion's roots, the word "*Contraception*" did not make its debut until 1886, with the root *contra* meaning against, to create against conception. The term birth

control was first used in 1876, 10 years prior to contraception (Merriam-Webster, 2020). However, just like abortion, forms of birth control can be dated back to 1850 BC, recorded on Papyrus scrolls with directions on creating a concoction to prevent pregnancy. Across the world people in 1800 BCs experimented with different herbs in order to create a reliable contraceptive (Birth Control, 2020).

In the United States, between 1800 to 1900 AD, the upper- and middle-class fertility rate decreased from 7 to 3.5. During this time, the middle class came to the conclusion that having large amounts of children was a financial liability instead of what used to be a financial asset. Urbanization was occurring and families were moving away from home working where their children could be put to use or sent out as servants to other properties. Not only was urbanization causing a shift in jobs/life goals, but also gave women a sense of wanting autonomy and control over their lives that having 7 babies by the age of 45 did not allow (Digital History, 2019).

In 1872, contraception, and the distribution of counseling on contraception was made illegal due to the Comstock laws. Comstock was radically against sexually affiliated content (i.e pornography and prostitutes) and saw contraception as an obscene option for women. Thirty years later in 1912, the modern birth-control movement began with the leadership of Margaret Sanger. From her tedious work alongside countless other advocates, in the 1930s some state health departments started to provide family planning services, primarily diaphragms, because of their proven reliability; condoms were primarily used to prevent STDs (Tone, 2002). In the 1960's oral contraceptive as well as the Intrauterine Device (IUD) became available. Worldwide, contraceptive use was taken up and the fertility rate between 1960 to 1980 decreased from four to two (Haines).



Along with the decrease of fertility was a decrease in live births by approximately 53% (CDC, 2001).

To this day contraception alternatives and access remains a SRH topic that has continuous research and advocacy for men and women across the world. Birth control and contraception play the same role as abortion in MPH schools in the sense that there are some courses on them in the top schools and the topic dwindles as you go further into lower ranked MPH programs (U.S. News, 2019).

*Artificial human and animal insemination*, like contraception, was first mentioned in the 1880s (Merriam-Webster, 2020). However, there are records that claim Henry IV attempted artificial insemination in 1461 with rumors that he was infertile but then was able to give birth to a baby girl. Three hundred years later in 1784 the first official, successful artificial insemination took place in a dog by scientist Lazzaro Spallanzani. (Ombelet & Robays, 2015).

## **2.2 SRH in The Top Five Ranked Public Health Graduate Schools as of 2020**

John Hopkins University, ranked number one for graduate degree public health programs in the United States according to the U.S. News & World Report (U.S. News, 2019). John Hopkins University offers a Masters of Science in Public Health (MSPH) with an International Health Department that contains four different concentrations none of which focus on sexual and reproductive health (Ballena & JH Bloomberg, 2020). However, they do offer an MSPH in Population, Family and Reproductive Health that includes major sexual and reproductive health (SRH) topics including two classes on abortion and family planning policies (John Hopkins, 2019).

Harvard University, ranked number two, has a Department of Global Health and Population with a concentration in Women Gender and Health (Harvard, 2019). Through this concentration students take seven core classes including a Reproductive Health, Rights, and Justice class that touches on anti-abortion movements and a class in Sexuality with a number of topics covered (HIV, Cancer, Violence etc.) (Core Courses, 2020).

At number three, University of North Carolina -- Chapel Hill offers Maternal and Child Health Department through the Global Public Health School (Maternal and Child Health, 2020). Within this program, students can take an Abortion Care and Policy course as well as a Family Planning course (Courses, 2020).

Boston University, number four on the list, provides a functional certificate which does not include any sexual and reproductive health, but can be complemented with a context certificate that includes one in Maternal and Child Health, and another in Sex, Sexuality, and Gender. Classes offered within these certificates have content ranging from fertility control to pornography (Boston University, 2020).

Emory University, ranked number five of the top ten graduate programs for public health, offers Sexual and Reproductive Health and Population studies under the Global Health Department (Rollins School of public health, 2020). With this concentration students have the opportunity to choose to take as many as five courses centering around SRH throughout their two-year experience. Classes that are made available range from the GEMMA Seminar (The Global Elimination of Maternal Mortality from Abortion), to Gender-Based Violence (Rollins School of Public Health, 2020).

Tied with Emory University at number five is University of Michigan (UM) --Ann Arbor. UM has a Global Health Department for incoming students to take part of as a whole or as a

certificate, however, under this department there is not a specific concentration in SRH. Under their other MPH departments, no certificates or courses deal specifically with sexual and reproductive health (University of Michigan, 2020).

Thirteen MPH schools have Maternal and Child Health Centers of Excellence including, John Hopkins University, Harvard, University of North Carolina - Chapel Hill and Emory University. A study on “Is Abortion Included in Maternal and Child Health Curricula in the United States?”, surveyed all MCH Centers of Excellence in schools of public health (SPH) to see if their MCH curriculum contained information or focus on abortion. Through this study they found that “Evidence demonstrated that most programs do not transparently address abortion in required course curricula” (Burns, Rochat, Bryant et al.).

All of the top five academic Universities have an option for students to dive deeper into the realm of Sexual and Reproductive Health and a Department or certificate in Global/International Health. Only a few bring attention to abortion as a topic in courses. However, only Harvard, University of North Carolina Chapel Hill, and Emory University allow students to learn about SRH in the context of Global/International Health.

### **2.3 Stigma Against SRH**

Sexual and reproductive health plays a role in every human's lives no matter the geographical location. However, sex/sexual is often a topic that is stigmatized, underfunded, undertaught, and dismissed for having controversial content that in turn leads to adverse health effects for those in need of the proper access and education (Lancet, 2016). Discussions around topics such as abortion and homosexuality, amongst others, bring strong reactions out of people and in turn can be misinterpreted despite being relevant subjects (Lancet, 2016). Many factors play into the stigmatization including lack of knowledge, and differences in religion, beliefs, and

politics leading to complications. Understanding stigma against sexual and reproductive health concerns and how they lead to health inequities has proven to be a public health issue (Hussein & Ferguson, 2019).

### *Healthcare*

Abortion is one of the many public health topics that is heavily stigmatized and can lead to poor health outcomes and complications in the working world. A case study was done on women in African and Latin American countries that looked at complications that arose from issues that were driven by stigma. One of the cases did not get appropriate care at a clinic because she did not tell anyone that she had gone through an abortion in fear or judgment from her husband, healthcare providers, and family (Seewald, 2019). In Ghana, a qualitative study involving midwives describes that a number of unsafe/deadly hidden abortion practices take place because abortion is seen as taboo and not something that a healthcare provider is used for (Oppong-Darko, Amponsa-Achiano & Dark, 2017). In the UK, stigmatization of emergency hormonal contraceptive, manipulated into meaning irresponsible female sexual interactions, and little advertising of how safe the usage of it is has led to it being deemed in a risky negative light and rarely used by females in need (Murphy & Pooke, 2019). Stigma leading to health care complications and vice versa, becomes a cycle that cannot be broken unless puts more effort into breaking that cycle in the profession (Seewalk et. al, 2019).

### *Religion in relation to abortion and homosexuality*

Catholicism makes up 17% of the world's population with strong holdings in Latin America-Caribbean, Europe, and slightly less but growing in Asia-Pacific and Sub-Saharan Africa (Global Cathoic, 2020). The Catholic Church claims that an embryo is a living soul that is created by God and people do not have the right to end or destroy that soul (Shoemaker, 2005).

In Argentina, the Church holds a very high power over the thoughts and ideals of the people in the country. Although the Church makes no official statements around birth control, powerful people such as Raul Primatesta, cardinal of the Roman Catholic Church of Argentina, has stated “contraception is an intrinsically bad form of manipulation of sexuality...” (Barrancos, 2006). Homosexuality is another topic within SRH that is often looked down upon by Catholic church. The Vatican has in recent years started to make a shift of acknowledging that there is homosexuality instead of ignoring but that it is described as someone that is “intrinsically disordered”. Some even choose to go beyond this definition including fundamentalist Catholics and Pope Benedict XVI that call for total rejection of homosexuality. They go as far as stating that those that help promote and talk about homosexuality are worse than those that practice the homosexuality (Samson et. al., 2013).

Judaism faces the same queries on abortion and homosexuality as Catholicism. Daniel Schiff describes the controversy over the issue and whether the Torah specifically denies abortion rights to its followers. One of the Israelite traditions is following a commandment that states they should “Be fruitful and multiply” (Genesis 1:28), which is not inclusive of abortion some say (Schiff, 2002). Many scholars have tried to dissect the Torah and in specific Exodus and Genesis to evaluate if “ason” which means injury which cannot be on purpose applies to an unborn fetus. The Tanakh (The Hebrew Bible), does not have any information on abortion leading some to believe that it may only be allowable in circumstances which saves the woman’s life (Schiff, 2002).

According to an interview with the National Council of Young Israel on their position on homosexuality, they announced that homosexuality was an abomination and that it is not worth living if one will have those sexual tendencies. Moshe Shokeid describes how homosexuality is

seen as a sickness and those with it would not receive the same honors that others in the community may have privilege to (Moon, 2014).

Hinduism comprises 15% of the world population with most of its followers living in India and Nepal (World Populations, 2020). Hindus follow a specific guideline of how to live life that involves reincarnation. According to Kiarash Aramesh, performing an abortion directly interferes with reincarnation by killing an innocent human life. The religion is based on pro-life principles and a code to live by called dharma which is cosmic law and order that involves living, death, then rebirth. By ending a life before completing rebirth a person would be going directly against this order and can be interpreted as going against the religion (Aramesh, 2019). Hinduism's view on homosexuality is less exclusive than that of Catholicism and Judaism. In ancient Hinduism it was said that men having sex with men would lose "caste", their position in society. However, if they were to perform penance, they would be allowed to keep their caste. There is an entire group of homosexual males that become Hijras, that are intersex people, and help people with their sexual potency (Penrose, 2011). Notably, abortion is legal in both India and Nepal.

## **2.4 Conclusion**

There is no overarching definition that can be found across the board for SRH, it is left ambiguous and up for interpretation most of the time. This leads to a broad understanding and inclusiveness of the topic. It is often left to the interpreter what keywords/topics are appropriate for the sexual and reproductive health as seen through their varying definitions, ranges of focus, and stigmas in health care, government, and religion. Graduate schools for public health rarely put a strong focus on the area. As seen from the data above, only the top 5 schools according to the U.S. News & World Report, provide an option of sexual reproductive health (SRH) as one of

the main concentrations. Of that, even fewer focus on SRH within the context of global/international health. As a whole from the literature stigmatized subjects under SRH get less attention paid to it than most other topics in public health as seen through the lack of focus on the subject at many Public Health Schools, making those Universities and Institutions that do have a focus on the topics uniquely important for the future of SRH.

### **Chapter 3 Methods**

This exploratory analysis was structured after a study done by Megan Ivankovich in 2008 on Rollins School of Public Health theses between the years 2003-2007 (Ivankovich, 2008). However, the purpose of this study was slightly different and used to answer where Sexual and Reproductive Health (SRH) has its place at Rollins School of Public Health (RSPH) through a mixed methods approach.

An extensive literature review was used to help identify and solidify the key words that would be used to search the Electronic Thesis Database (ETD) for relevant SRH theses. Bringing together qualitative information from different individuals to capture the evolutionary/developmental process of SRH, through research, teaching and capturing quantitative data on what was done in masters theses at RSPH. The data collected from the ETD was used for quantitative analyses based on thesis year, advisor, keyword/s, department, concentration (if Global Health) and geographic location.

#### *Qualitative Purpose*

The qualitative data was collected through interviews, conducted in 2020, with 4 key faculty and staff. These key informants were chosen through previous research done on RSPH that were in the Global Health Department around the time that the concentrations were created, one of the concentration areas being Sexual Reproductive Health and Populations. The first

interviews were asked to suggest other key faculty or staff that could be of help for this study. The information collected was then used to create the background to help complete the picture of why SRH was seen as a necessary concentration in 1990 for the Global Health Department at RSPH.

Interviewees:

Usha Ramakrishnan, Global Health Program Director, interview via email

Myra Oviatt, Previous Global Health Director of Communications, interview via phone call

Kathryn Graves, Senior Associate Dean of Development and External Relations, interview via Zoom

Suzanne Mason, Manager of Global Learning Programs, interview via Zoom

#### *Ethics and Informed Consent*

All interview study protocols were okayed by the Emory advisory addressing that it would not need IRB approval. General informed verbal or written consent was given from each of the participants.

#### *Participants*

Time was put into researching who was a part of RSPH during the early 1990's when the concentrations were established under the Global Health Department. They were screened in the initial email to ensure that they would have relevant information for the study and interested in participation.

#### *Data Collection Process (Interviews)*

After the initial connection, the interview would be set up via Zoom. In some circumstances the interviewee would not be able to meet via zoom and they would answer the questionnaire over email. The interview questions were created previously to tailor to the



informant's knowledge and area of expertise when it comes to the history of SRH at Rollins. Suggestions of who would be a good source of information received from one interview would then be used to determine who should be interviewed next, to help complete the picture of why SRH was seen as a necessity to add as a concentration in 1990. All interviews were collected and stored in a google drive.

*Qualitative Analysis*

Pieces of each interview were used to fill in gaps on the history of SRH at RSPH. The information used from each of the interviews all went into the background section of the thesis.

*Quantitative Purpose*

Quantitative data was collected from past thesis records consisting of 2010-2020 Rollins School of Public Health students, retrieved from the Emory Electronic Thesis Database (ETD). The theses that had key words pertaining to SRH were pulled to run an analysis on what year, advisor, keyword/s, department, concentration (if Global Health) and geographic location that the SRH theses covered.

Keywords:

Pregnancy	HIV	AIDS	Chlamydia
Gonorrhea	STIs	Sexually transmitted diseases	Sexually transmitted disease
STD	Syphilis	HPV	Vulvovaginitis
Cervical	Cervical Intraepithelial	Mother to child transmission	Transmission
Reproductive health	Reproduction	Abortion	Spontaneous abortion
Induced abortion	Ectopic pregnancy	Molar pregnancy	Choriocarcinoma
Live birth	Safe delivery	Infant birth weight	Birth spacing

Prematurity	Gestational age	Small for gestational age	Motherhood
Maternal	Ovulation	Lactation	Woman died while pregnancy
Fetal death	Prenatal	C-section	Cesarean Section
Obstetrician	Gynecologist	Midwife	Birth attendant
Unwanted	Intended	Family planning	IVF
Assisted reproductive technology	Conception	Multiple gestation	Twins
Triplets	Birth control	Contraception	Contraceptive
IUD	OCP	Female sterilization	Male sterilization
Injectables	Implants	Patches	Female condom
Depo Provera	Condom	Withdrawal	Vasectomy
Pearl method	Reproductive Tract Infections	Prostate Cancer	Hepatitis B
Penis	Testes	Sperm	Postpartum
Postabortion	Interconnectional	Birth defects	Preterm
Neural Tube Defects	Folic Acid	Spina Bifida	Fertility
Bongaarts model	Rape	Forced sex	Marriage
Sexuality	Sex education	Sexual	Maternal mortality
Maternal morbidity	Obstetric	RAMOS	Endometrial
Ovarian	Breast	Estrogen	Hysterectomy
Menopause	Domestic Violence	Intimate partner violence	Lesbian
Gay	Transgender	Bisexual	Intercourse

Anal	Vaginal	Gender	Infant
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*Inclusive Criteria*

In order for a thesis to meet the criteria for the analysis, it had to be from the Rollins School of Public Health, from a student achieving their Master’s of Public Health Degree from 2010-2020. The thesis would then have to contain a sexual and reproductive health keyword to be used.

*Data Collection Process (Theses)*

Keywords were collected mainly from Megan Ivankovich’s list of keywords that were used when she did a similar study on the thesis at Rollins from 2003-2007. In addition to this list, those that were found during the literature were added to the list. The database that was used to search the theses for these keywords was the Emory Theses and Dissertation database (ETD) found online at etd.library.emory.edu. When searching, we limited the search of schools to just Rollins School of Public Health. The ETD was only created as of 2010 - current so we did not have to limit the search for the year. After entering the keyword into the search engine, all theses that had that word associated with it would pull up. Theses would then be entered into an excel sheet and stored in Google Drive, with no duplications.

*Quantitative Analysis*

Upon completion of searching for all 112 keywords and entering the theses into the excel sheet, they were compared by year, advisor, keyword/s, department, concentration (if from the Global Health Department), and geographic location. Tables and graphs were made on the excel platform. For the map based on geography was made using: WorldChart (World Map).

*Choosing Topics for The Literature Review*

The **definition** of SRH was researched through different large organizations such as Centers for Disease Control and Prevention, World Health Organization, United Nations, United States Agency for International Development and others. After taking the large organizations into consideration, a deeper look was taken looking at organizations with their main mission in SRH. The *History of Keywords* was used to get the context of some of the more predominantly used keywords in the analyses. This was done to get a better understanding of how long the word has been around that may have led to the recognition it has today in the SRH field.

**SRH in The Top Five Ranked Public Health Graduate Schools** was reviewed to get an idea of what the top five schools have to offer when it comes to SRH. Focusing on the Global Health Departments and their ties to SRH was focused on to evaluate if RSPH stands out in that way. Researching some of the causes for **stigma against SRH** to understand why it may be lacking in some curriculum was done through looking at SRH in *Healthcare and Religion*.

#### **CHAPTER 4 Results**

Graduate public health students at Emory, Rollins School of Public Health (RSPH) who enrolled between 2011-2020, and graduated between 2011-2020, produced a total of **3242 MPH theses**. Based on searches for keywords related to sexual and reproductive health, we found **1066 (32.9%) MPH theses** were related to sexual and reproductive health topics based on keyword searches in the electronic thesis database. With a total of **112 key words**. For example, IPV, Pregnancy, abortion, contraception, etc. According to the Electronic Thesis Databases, approx. **33% of total theses** from students enrolled from 2009-2018 have key words relating to SRH. **942 theses** fall under the Global Health Department from 2011-2020.

#### **Table 1. Total Theses in Electronic Thesis Database at RSPH By Department 2011-2020**

Department	Number and percent distribution of Theses by Department 2011-2020 (N=3,242)
Epidemiology	1164 (36%)
Hubert Dept of Global Health (HDGH)	942 (29%)
Gangarosa Dept of Environmental Health (GDEH)	277 (9%)
Behavioral, Social, and Health Education Sciences	248 (8%)
Biostatistics and Informatics	225 (7%)
Career Master of Public Health	148 (5%)
Executive Master of Public Health	116 (4%)
Health Policy Management	68 (2%)

**Table 2. MPH Theses, RSPH, All and SRH Theses by year, 2011-2020**

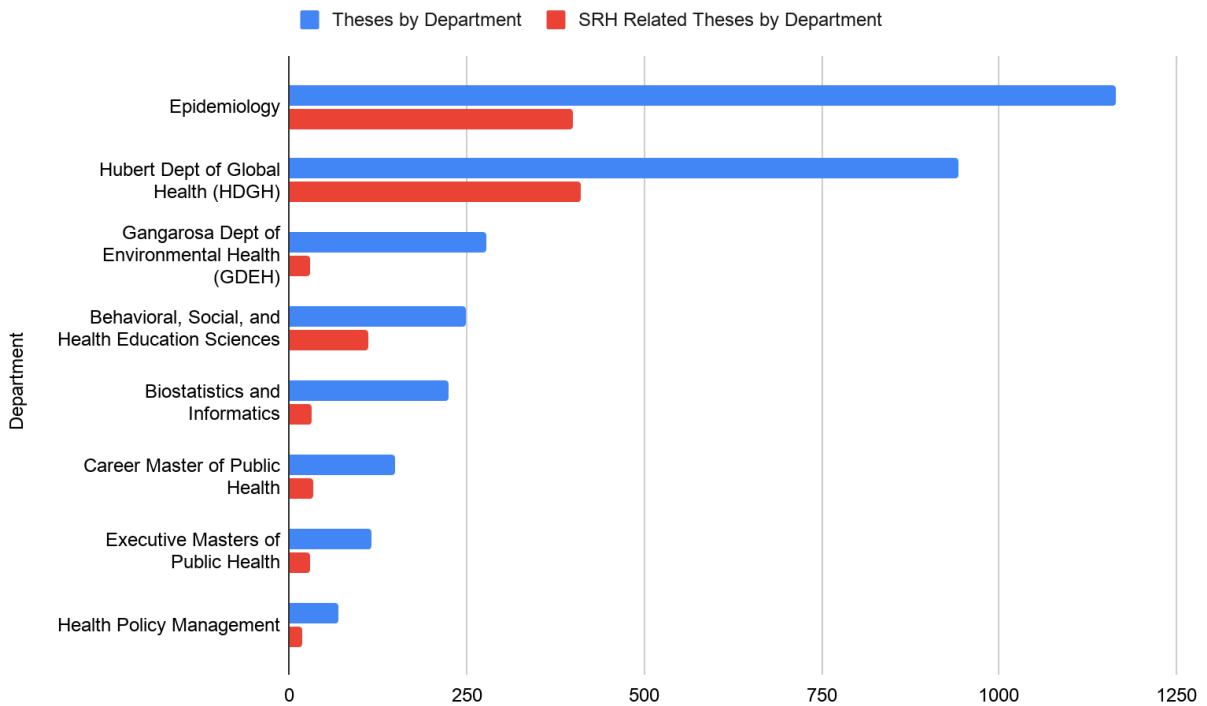
Year	All RSPH Theses	SRH Theses	PERCENT SRH
2011	274	97	35.4%
2012	289	95	32.9%
2013	306	97	31.7%
2014	298	94	31.5%
2015	326	107	32.8%
2016	376	120	31.9%
2017	350	105	30.0%
2018	353	135	38.2%
2019	353	118	33.4%
2020	316	96	30.4%
	<b>3241</b>	<b>1064</b>	<b>32.8%</b>

**Table 3. SRH Theses in RSPH by department, 2011-2020**

Department	All SRH Related Theses from Department	Percentage distribution of Department related SRH Theses by all SRH Related Theses 2011-2020(N=1066)
Global Health	410	38%
Epidemiology	400	37%
Behavioral, Social, and Health Education Sciences	110	10%

Career Master of Public Health	34	3%
Biostatistics and Informatics	32	3%
Executive Master of Public Health	32	3%
Environmental Health	29	2%
Health Policy Management	19	1%
Total	6	100%

**Graph 1. Total RSPH Theses and SRH related theses, by department, 2011-2020.**



#### **4.1 Global Health**

**Table 4. SRH Related Theses Within Concentrations in Global Health 2011-2020**

<b>SRH + Concentration</b>	<b># of Theses from Concentration containing SRH</b>	<b>Percent Distribution of Total SRH Theses by GH Concentrations 2011-2020 (N=410)</b>
SRH + Community Health Development	129	31%
SRH + Sexual Reproductive Health, Population	125	30%
SRH + Infectious Diseases	81	20%
SRH + Public Health Nutrition	20	5%
Missing Concentrations for GH students	55	13%
<b>Total SRH Theses in GH</b>	<b>410</b>	<b>100%</b>

\*Dual Degree Students are not allowed to have a specific concentration because it is a one year MPH track.

\*Based on concentrations students declared with their advisors.

**Table 5. Frequency of Top 11 used SRH Related Keywords in the RSPH GH Department 2011-2020**

<b>SRH Keyword</b>	<b>Number of SRH Theses with Keyword Across All Departments</b>	<b>Number of SRH Theses with Keyword within the GH Department (Percent Distribution of SRH in GH Department by the SRH Theses Across Departments)</b>	<b>Percent Distribution of SRH Keywords in GH Department by total Theses in the GH Department (N=942)</b>
HIV/Aids	359	137 (38%)	15%
Maternal	141	64 (45%)	7%
Sexual	133	59 (44%)	6%
Pregnancy	124	43 (35%)	5%
Reproductive	94	69 (73%)	7%

Breast	81	20 (25%)	2%
Gender	58	36 (62%)	4%
Abortion	46	30 (65%)	3%
Contraception	45	22 (49%)	2%
Intimate Partner Violence	41	31 (76%)	3%
Infant	40	22 (56%)	2%

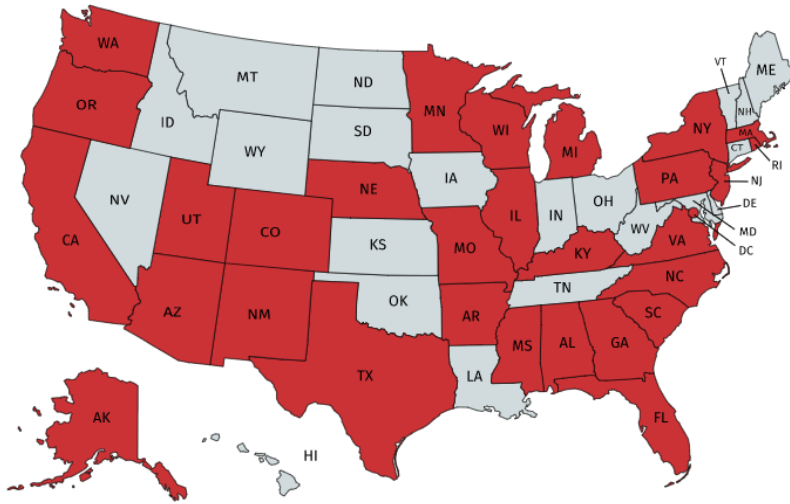
**4.2 SRH Related Theses at RSPH 2011-2020**

**Map 1. Countries That SRH Related Theses Have Covered**





**Map 2. States in The USA Covered By SRH Related Theses**

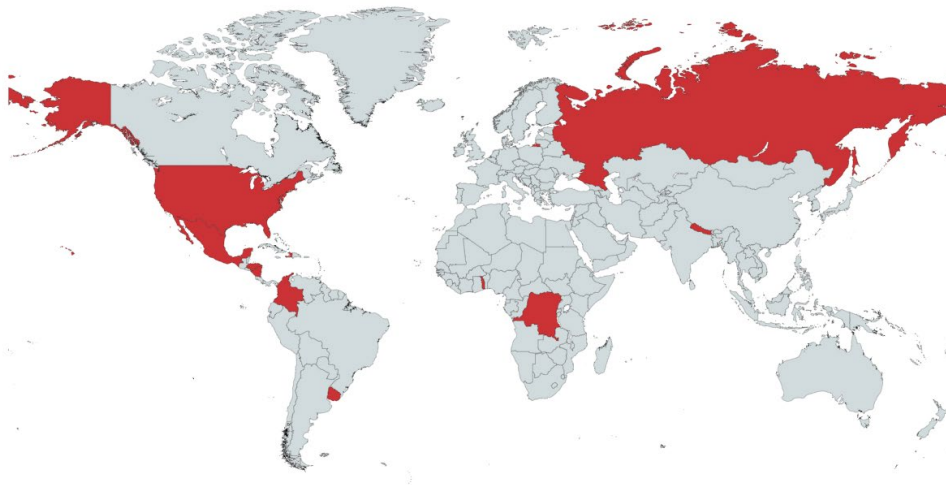


\*Of the 609 theses that took place in the United States of America  
\*266 specified what state and 221 (83%) were based in Georgia.

**4.3 Categories of Stigmatized Keywords in SRH**  
**Theses with Abortion at RSPH between 2011-2020**

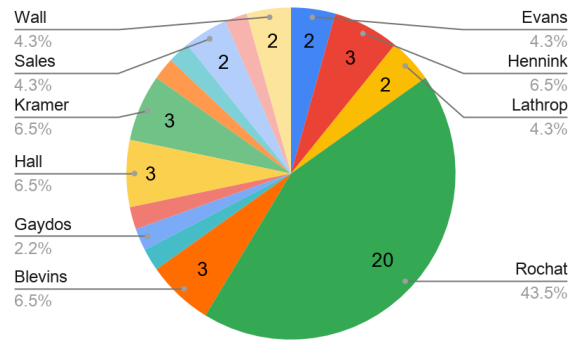
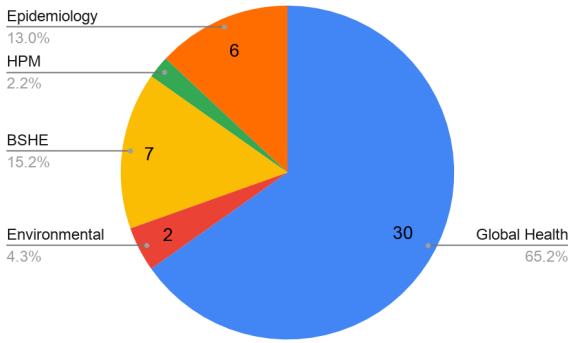
Keywords used: Abortion

**Map 3. Countries Covered by Abortion Theses**



\*There were theses that mentioned "Global" and "Africa" as a whole.

**Graph 2. Abortion Keyword Use By Department**      **Graph 3. Abortion Keyword Use By Advisor**



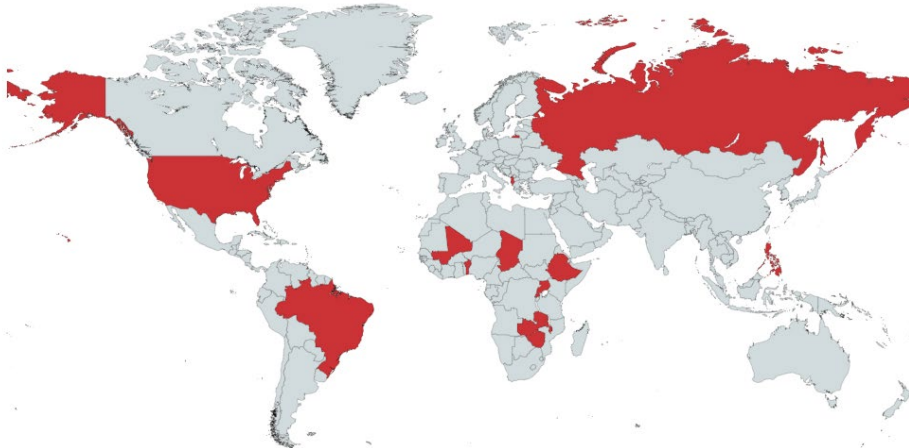
**RSPH Abortion Related Theses Examples**

1. Kaitlyn Stanhope, part of the Global Health Department in 2015, wrote her thesis on **Physician Opinions Toward Legal Abortion in Bogota, Colombia: Barriers and Facilitators 2014**, under the advisory of Roger Rochat.
2. Catherine Rault, part of the Epidemiology Department in 2015, wrote her thesis on **Is Religious Affiliation a Predictor of Non-Contracepting Behavior Among Women Who Have Had an Abortion?**, under the advisory of Michael Kramer.
3. Yonah EtShalom, part of the Global Health Department in 2015, wrote her thesis on, **“I wrote the prescription; the patient did the abortion”: Preparation of gynecologists for abortion services in Montevideo before and after 2004**, under the advisory of Roger Rochat.
4. Ruth Manski, part of the Department in 2015, wrote her thesis on **A Survey of Teenager’s Attitudes Toward Moving Oral Contraceptives Over the Counter**, under the advisory of Melissa Kottke.

**Theses With Family Planning Keywords at RSPH between 2011-2020**

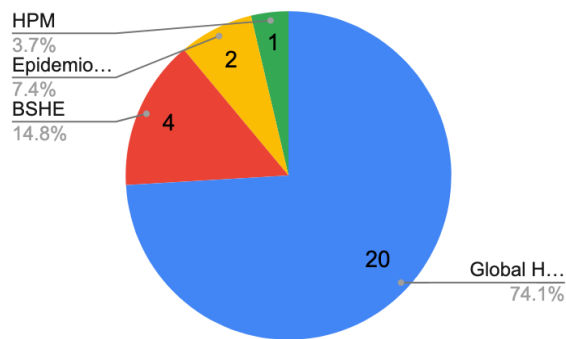
Keywords used: Family planning, birth spacing

**Map 4. Countries Covered by Family Planning Related Keywords**

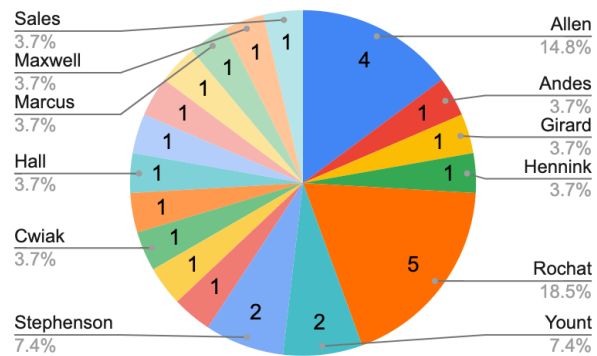


\*There were theses that mentioned "Global".

**Graph 4. Family Planning Keywords Use By Department**



**Graph 5. Family Planning Keywords Used By Advisor**



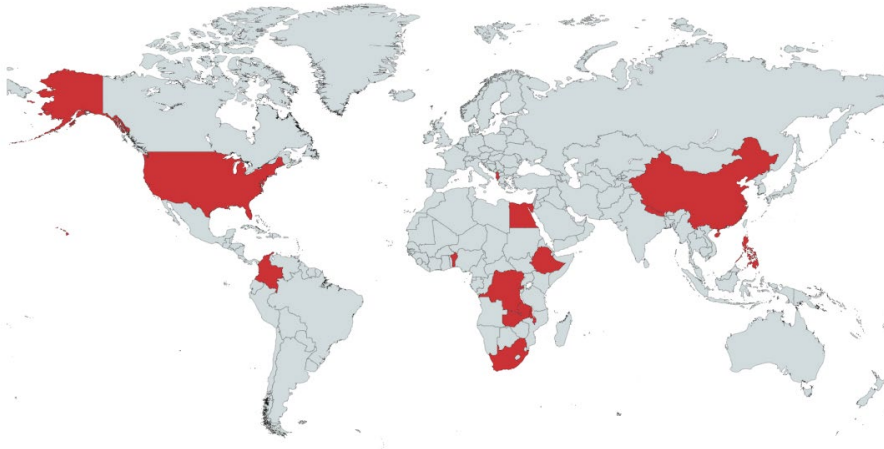
**RSPH Family Planning Related Theses Examples**

1. Amelia Mazzei, part of the Global Health Department in 2017, wrote her thesis on **Needs assessment and scale-up recommendations for integrated and family planning services in rural Rwanda**, under the advisory of Kristin Wall.
2. Anna Marit Newton-Levinson, part of the Global Health Department in 2012, wrote her thesis on **"People Insult Her as Sexy Woman:" Sexuality, Stigma and Reproductive Health among Widowed and Divorced Women-- Documenting Social Change in Oromia, Ethiopia**, under the advisory of Robert Stephenson.

**Theses With Contraception Related Keywords at RSPH between 2011-2020**

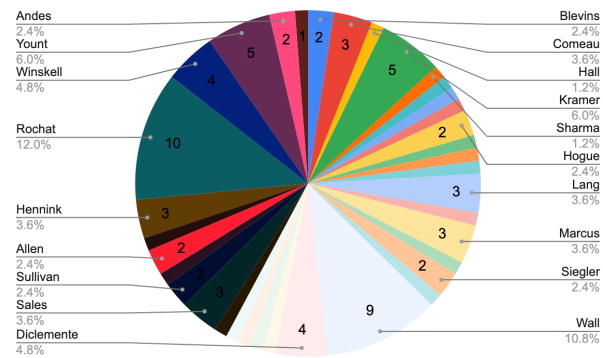
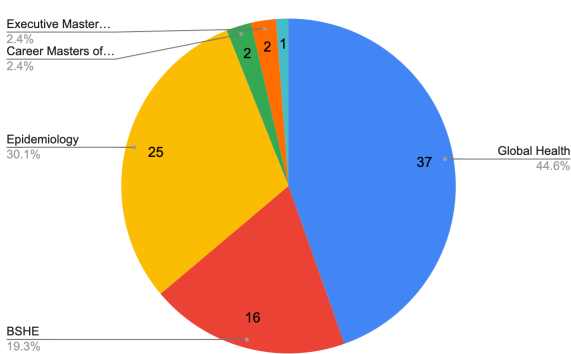
Keywords used: Contraceptive, Contraception, IUD, Birth Control, Condom, Sterilization, Injectable, Implant, IVF

**Map 5. Countries that RSPH Covered by Contraception Related Keywords**



\*There were theses that mentioned "Global" and "Africa" as a whole.

**Graph 6. Contraception Keywords Used By Department** **Graph 7. Contraception Use By Advisor**



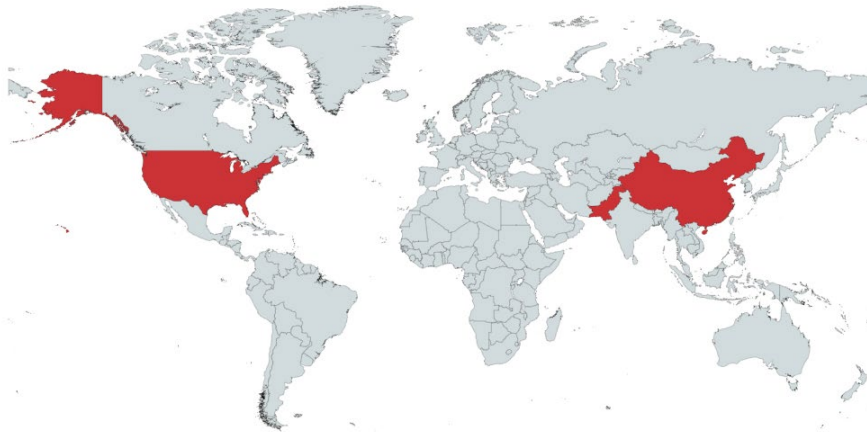
**RSPH Contraception Related Theses Examples**

1. Co Hee Shrader, part of the Global Health Department in 2015, wrote her thesis on **"I would rather do, practice the sex, even it's without a condom": A qualitative reinvestigation of barriers and facilitators to condom use in Cape Town, South Africa**, under the advisory of Aaron Siegler.
2. Barwani Khaura Msiska, part of the Global Health Department in 2017, wrote her thesis on **Implementation of Immediate Postpartum Long Acting Reversible Contraception Programs in Hospitals across Georgia, United States of America: A Qualitative Study**, under the advisory of Kate Winskell Enger. (International student from Malawi.)

**Theses With LGBTQ Issues at RSPH between 2011-2020**

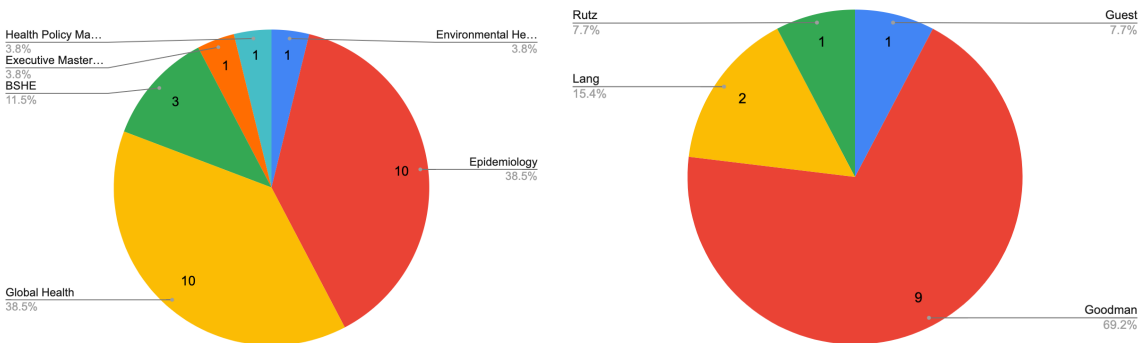
Keywords used: LGBTQ, Lesbian, Gay, Bisexual, Transgender, Queer

**Map 6. Countries that RSPH Theses Covered on LGTBQ Issues**



**Graph 8 LGBTQ Issues Use By Department**

**Graph 9. LGBTQ Issues Use By Advisor**



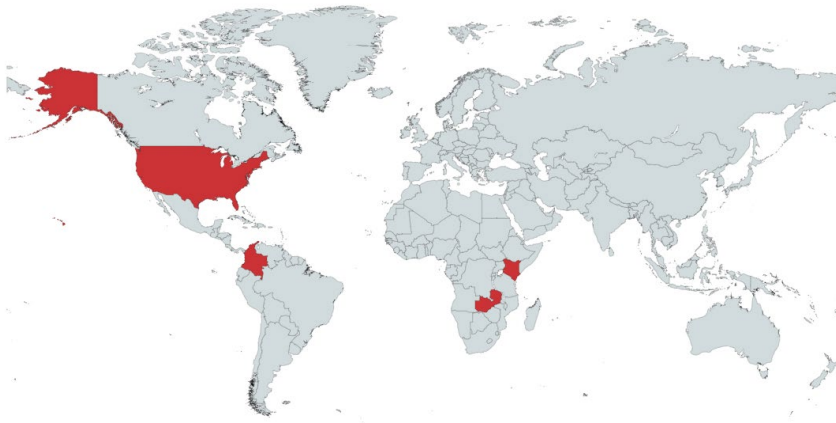
**RSPH LGBTQ Issues Theses Examples**

1. Elizabeth Messenger-Jones, part of the Health Policy Management Department in 2016, wrote her thesis on **Lesbian/Gay/Bisexual (LGB) Patient Satisfaction with Health Care**, under the advisory of Sarah Blake.
2. Grant Schleifer, part of the BSHE Department in 2018, wrote his thesis on **Coming Out to Healthcare Providers: Factors Associated with Same-sex Disclosure from the 2016 American Men’s Internet Survey**, under the advisory of Elizabeth Walker.
3. Shannon Marie Clawson, part of the Global Health Department in 2017, wrote her thesis on **Moving Forward: Our Bodies, Our Pride An LGBTQ- Focused Sex Health Curriculum** under the advisory of Roger Rochat.
4. Byung Chu Dredge Kang, part of the Global Health Department in 2016 wrote his thesis on **The Asia Pacific Transgender Health Handbook**, under the advisory of Roger Rochat.

**Theses With Religion Related Keywords at RSPH between 2011-2020**

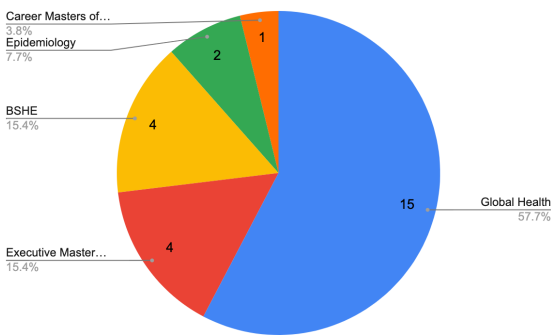
Keywords used: Religion, Islam, Catholicism, Faith, Religious, Church

**Map 7. Countries that RSPH Theses Covered on Religion**

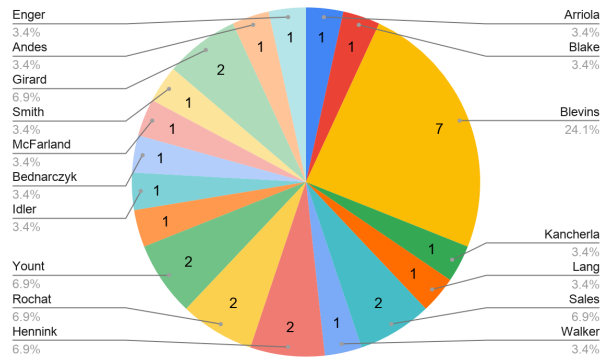


\*There were theses that mentioned “Middle East” and “North Africa”.

**Graph 10. Religion Keyword Use By Department**



**Graph 11. Religion Keyword Use By Advisor**



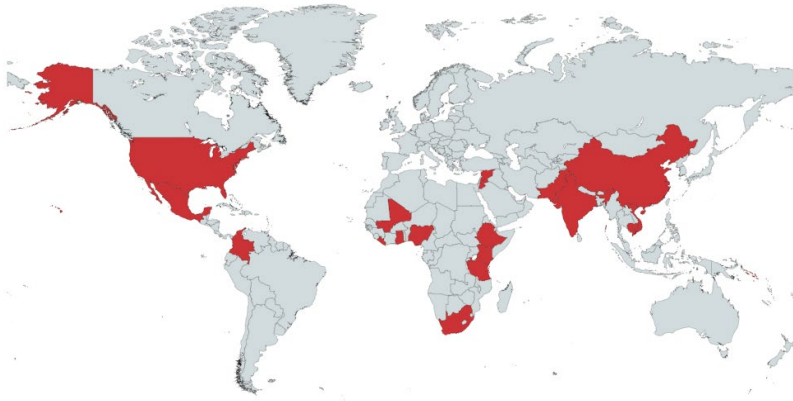
**RSPH Religion Related Theses Examples**

1. Patricia Lewis, part of the Global Health Department in 2016, wrote her thesis on **What role does religion play in men's contraceptive behavior? A secondary data analysis of 2011-2013 NSFG data**, under the advisory of Kathryn Yount.
2. Kaitlin Piper, part of the BSHE Department in 2018, wrote her thesis on **“Living the life God sees for women”: an exploration of religion, gender-based power dynamics, and sexual decision making within African American faith-based communities**, under the advisory of Jessica Sales.
3. Jessica Dozier, part of the Department in 2019, wrote her thesis on **“Even if I deeply disagree... I’m going to continue to love you”**: Exploring abortion attitudes and pastoral care among Protestant Religious Leaders in Georgia, under the advisory of Roger Rochat.

**Theses With Gender Related Keywords at RSPH between 2011-2020**

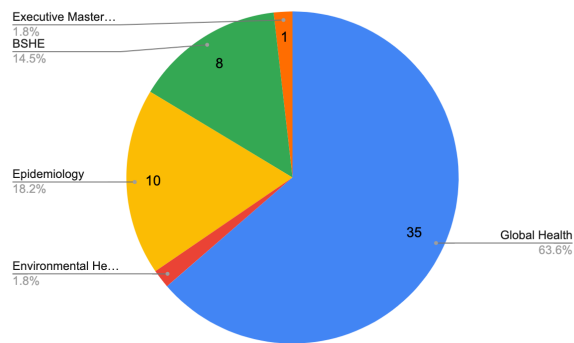
Keywords used: Gender

**Map 8. Countries that RSPH Theses Covered on Gender Related Keywords**

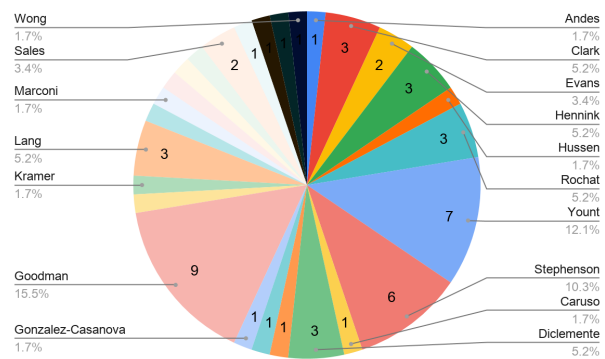


\*There were theses that mentioned “Asia”, “Global”, “Middle East”, and “North Africa”,

**Graph 12 Gender Keyword Use By Department**



**Graph 13. Gender Keyword Use By Advisor**

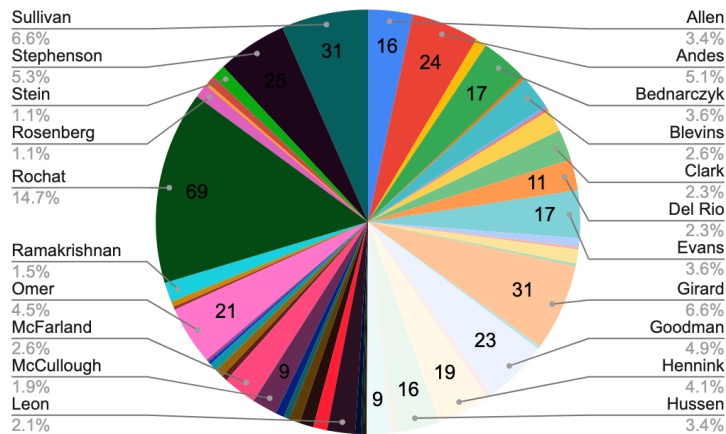


**RSPH Gender Related Theses Examples**

1. Leeza Mary Kondos, part of the Global Health Department in 2011, wrote her thesis on **Gender Differentials in Knowledge of HIV/AIDS and Attitudes Toward People Living with HIV/AIDS in Egypt**, under the advisory of Kathryn Yount.
2. Sarah Gelbard, part of the Global Health Department in 2018, wrote her thesis on **Water, Sanitation, Hygiene, and Reproductive Health Access Barriers in Rural Cambodia: Issues in Gender and Disability**, under the advisory of Roger Rochat.
3. Rosalyn Schroeder, part of the Global Health Department in 2013, wrote her thesis on **Health, Disability, and Sexual and Gender-Based Violence in Post-Conflict Liberia; Focus group interviews of 120 and surveys of 396 men and women**, under the advisory of Roger Rochat.

**4.4 Global Health Theses Advisors 2011-2020**

**Graph 14. GH Theses Advisors**



**Table 6. GH Theses Chairs With 10 of More Theses and Top Keywords**

<u>Faculty</u>	<u>Keywords</u>		<u>Faculty</u>	<u>Keywords</u>
1. Roger Rochat (69)	Abortion (20), reproductive (19), sexual (12), contraceptive/contraception (8), pregnancy (5), qualitative (5)		11. Robert Bednarczyk (18)	HPV (17), vaccine (17), adolescent (5), Georgia (3), NIS-Teen (3)
2. Amy Webb Girard (31)	Nutrition (15), child (14), maternal (13), infant (9), mother (4)		12. Dabney Evans (17)	Sexual (8), reproductive (7), violence (5), maternal (3), qualitative (3)
3. Patrick Sullivan (31)	HIV (23), sex (12), MSM (12), STI (9)		13. Susan Allen (16)	HIV (14), Zambia (6), counseling and testing (5), LARC (4), family planning (4)
4. Kathryn Yount (25)	Intimate partner violence (12), women/women empowerment (7), reproductive (5), contraception		14. Sophia Hussen (16)	HIV/AIDS (15), MSM (5). Sexual (4), black men (4), substance use (2)



	(5), family planning/growth (4)			
5. Rob Stephenson (25)	Maternal (8), gender (6), community health (5), HIV (4), Ethiopia (4)		15. John Blevins (12)	HIV/Aids (7), stigma (3), Zambia (2), contraceptives (2), maternal (2), Islam (2)
6. Karen Andes (24)	Adolescents (7), reproductive (7), HIV (6), Latin America (5), sexual and reproductive health (5)		16. Deberah McFarland	HIV (3), maternal (3), surveillance (3), cost analysis (2), trachoma (2)
7. Richard Goodman (23)	Transgender (9), prostate cancer (8) breast cancer (4), HIV (3)		17. Cari Jo Clark (11)	Violence (6), sexual (5), gender (3), Nepal (3), reproductive (3)
8. Saad Omer (22)	Vaccine (15), influenza (8), maternal (7), HPV (4), pneumococcal (3)		18. Carlos Del Rio (11)	HIV (11), sexual (3), MSM (2), infection (2)
9. Monique Hennink (19)	Pregnancy (5), sexual (5), HIV/AIDS (5), qualitative (3), abortion (3)		19. Juan Leon (10)	Maternal (4), Obstetrician-gynecologists (2), parasites in pregnancy (2), antenatal care (2)
10. Kate Winskell (19)	HIV/Aids (10), social representation (4), contraceptive/contraception (3), Kenya (2)			

\*Ameeta Kalokhe (9), Marjorie McCullough (9), Kenneth Castro (8), Ushra Ramakrishnan (7), Matthew Freeman (5), Fauzia Malik (5), Vincent Marconi (5), Mark Rosenberg (5), Aryeh Stein (5), Melissa Young (5), Solveig Argeseanu Cunningham (4), Reynold Martorell (4), Ghada Farhat (3), Colleen McBride (3), Joanne McGriff (3), Scott McNabb (3), Sydney Spangler (3), Lisa Haddad (2), Eva Lathrop (2). Lauren Maxwell (2), John McGowan (2), Helena Pachon (2), Rachel Waford (2), Henry Blumberg (1), Bethany Caruso (1), Stanley Foster (1), Neel Gandhi (1), Ines Gonzalez Casanova (1), Michelle Hynes (1), Mimi Kiser (1), Keith Klugman (1), Christine Moe (1), Anna Newton-Levinson (1), Claudia Ordonez (1), Sarita Shah (1)

## **Chapter 5 Discussion**

### **5.1 Overall Findings**

Virtually all GH faculty all advised at least one GH thesis during this time period. The single most important finding is that SRH theses are ubiquitous. 54 (32%) number of GH faculty had at least one SRH related thesis out of 168 total on the Global health faculty and joint faculty page. Many of the faculty are jointly appointed and do not partake in advising theses.

In the ten years' worth of data covered, all RSPH departments, Epidemiology, Global Health, Biostatistics, Environmental Health, Health Policy Management, and Behavioral, Social, and Health Education Sciences, had SRH related theses.

SRH at Rollins has expanded greatly in the last 20 years through RSPH, med school, 2002 family planning fellowships, the expansion of the MCH Centers of Excellence, RISE in Southeast United States.

The related theses on SRH at RSPH were broadly distributed among the faculty who advised on the thesis between 2011-2020. In the Global Health department alone, there were 42 faculty that mentored as the main advisor of an SRH thesis. This shows the various hands that play a role in continuing SRH at RSPH, not just in the SRP concentration.

We considered doing a statistical trend analysis but found that it was mostly flat, faculty has changed over time and subjects of theses change with faculty advising.

### **5.2 Comparison to Previous Studies at RSPH**

Megan Ivankovich under the advisory of Roger Rochat in 2008, did a similar analysis on RSPH Master's theses on reproductive health from 2003 to 2007. The total number of Master's

theses from RSPH between 2003-2007 was 1,189 with a total of 345 falling under reproductive health. This study analyzed Master's thesis from 2010-2020 with a total of 3,242 MPH theses and 1,066 fell under sexual and reproductive health.

Megan's study in 2008 reflected the same findings with the disbursement of SRH theses by departments. She found that 33% compared to our findings of 36% of total SRH theses came from the Epidemiology Department. The second highest contributor to SRH theses from Megan's and our findings was International Health (now known as Global Health) with 28% (2008 analysis), and 29% (2021 analysis).

In both studies the most frequent keyword used was HIV/AIDS. In Megan's study in 2008 30% of total SRH theses were related to HIV/AIDS. In our study in 2021 38% of total SRH related theses were related to HIV/AIDS. Megan found that 3.4% of the SRH thesis were on abortion in 2007 and in our study, we found that 4.8% of theses covered abortion.

### 5.3 Limitations

From the 410 theses, in the RSPH Global Health Department, that were conducted with keywords in SRH, 55 (13%) of the students were not connected to a specific concentration (Table 3) most likely because they were dual degree students and could not have a concentration. We did not include these populations in this analysis of SRH theses.

The Global Health Department may hold more of the theses because the GH and Epidemiology Department are the only two departments at RSPH that require a thesis to be done by graduating second years (Table 4). The topics of the theses that were collected does not reflect all the interest work of everyone that has done their MPH, at RSPH, just those that have done theses in the area. This analysis does not take into account other works that students have been a part of and published. Emory University's hand in SRH is not fully represented in this

analysis either, the Medical, Law, Nursing schools, along with others have all done a fair share of work in SRH which are not documented in this analysis.

The subjects were vast however, not all SRH topics were specifically addressed. Only seven of the SRH related theses were on assisted reproductive technologies or in vitro fertilization (IVF). Another area that the theses do not cover extensively is sexual education, five of the SRH theses address this topic area.

There are many global opportunities for students at RSPH and Emory University through the different schools. The maps in the results show that our theses cover a wide range of countries however, even though we have “China” or “Russia”, the maps may be presumptuous of what they show. Countries that are much bigger in size may have only had a small portion of it studied by the thesis that claims that specific country overall. Without accurate comparison to other Universities with global opportunities, we cannot put it into a framework of the geographical coverage that RSPH has.

As for the faculty that advised on the SRH theses at RSPH, the GH Department has some joint professors with their primary appointment is in a different Department than GH. In this analysis we included everyone that was on the GH Department Faculty website (Rollins School of Public Health, 2021). The advisors were limited to the chair of the theses.

#### 5.4 Future Research

Although the theses at Rollins covered a vast amount of topics that fall under SRH, there are some that would be beneficial to have more research on in the future. Theses on LBGTQ specifically gay and lesbian had very few theses covering the topics. Supplemented fertilization is a subject that was also under researched by theses at RSPH from 2010-2020. Focusing on

LGBTQ subject and supplemented fertilization would be useful to have faculty advise future student theses on sex education

### **CHAPTER 6 Conclusion**

This thesis focused on evaluating and describing the MPH theses in sexual and reproductive health at RSPH with focused attention on faculty within the Global Health Department. In the Global Health Department theses having to do with SRH were found to be ubiquitous in the broad sense that many faculties advised on SRH topics. As for specific topic areas within SRH, specific faculty advised on certain keywords more than others. For example, of the 69 SRH related theses that Roger Rochat advised on, 29% were on abortion while out of the 18 SRH related theses that Robert Bednarczyk advised on 94% were on HPV.

The MPH related SRH theses at RSPH covered a range of topics over 112 keywords including, HIV/AIDS, family planning, intimate partner violence and more. The Epidemiology Department produced the most theses falling under SRH at 410 with a higher focus on HIV/AIDS and cancer related theses. The Global Health Department had the second highest theses produced at 400 with a broader focus across family planning, maternal, and contraceptives. From the data collected on the geographic location that the theses were done showed a wide berth across the world and on every continent. Some keyword categories were more prevalent in different parts of the world while others showed focus in specific areas.

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