

A commons where respectful engagement at the intersections of religion, faith and health nurtures and transforms the way people and communities live and work together



The Religions  
and Health  
Collaborative

... is committed to an interdisciplinary and interfaith approach to exploring three relevant issues at the intersection of religion and health-- Religions as Health, Religions and Health in Partnership, and Religions and Health in Tension. The Religions and Health Collaborative will explore these relationships by engaging the community to help develop models for wellness that can be replicated worldwide, developing academic programs that will promote understanding of the impact of world religions on community health, and generating opportunities for applied research that will help shape a more holistic view of religions and health. ✿

### Come to our Fall Reception

Thursday, Sept. 25, 5:15 p.m.  
Faculty Dining Room, DUC



**Join** faculty and student scholars in an informal meet/greet reception

**Learn** what's happening in Religion and Health at Emory, and meet colleagues across the disciplines

**Discover** how you can be involved in this exciting new field of inquiry

**Join the RHC  
Community of Scholars!**

### The Summer Buzz:

## Students Take Center Stage Abroad

Ten graduate students travelled to developing countries for study and research this summer under RHC sponsorship: Laura Ellis, Michael Ritter, Gretchen Van Ess, Amy Williams, Kyndra Frazier, Charity Starr, Adrain Bowie, Karla Vogel, Cheryl Wilcox, and Estelle Archibold. We highlight two of them in this issue. Here are their stories:

#### Laura Ellis, Rollins School of Public Health, '09

When leaving the comforts of home this June, Laura Ellis had an advantage over other summer Global Field Experience (GFE) students: she already knew her South African coworkers.

Her RSPH GFE - "jiffy" - assignment with the African Religious Health Assets Programme (ARHAP) began taking shape in 2007, when she met Tessa Dooms at the RHC's "Maps and Mazes" conference. She was intrigued with Tessa's work in the Johannesburg area, which focused on young people and sexuality.



Tessa Dooms and Laura Ellis  
atop South Africa's  
Table Mountain

This summer Ellis helped organize and evaluate two workshops for young people and community leaders on religion and sexual health. "Tessa and I made a good team," she says. "Besides developing the workshop guide (exercises, discussion questions, and a questionnaire), we located participants representative of the community - Protestant, Catholic, and Islamic leaders, school principals, and health department, clinic, and NGO workers."

"I'm learning the importance of having local people who really understand the situations to call the shots. We were not teaching - we were facilitating discussions and listening to young people and community leaders speak about what they see as problems or solutions. For example, we asked the young people about what sex is, their sources of information about sex, the religious messages they receive, what a healthy sexual life is, and what strategies would help them have healthy sexual lives."

"There is often a misunderstanding between religious and public/secular organizations, of what 'the other' believes or does. Religious entities sometimes do not recognize their own strengths and therefore can't mobilize themselves. When we are faced with serious health issues, we should understand the strengths of others in the community, even if there are ideological disagreements. A good first step is having various representatives from the community in the same place at the same time."

Laura's first experience on a mission team had caused her to wonder "if Americans should be the ones teaching about AIDS when we don't fully understand the culture. Now I'm learning to be more careful about assuming that anyone needs to be taught anything." ✿

## Excerpts from Amy's Diary

adapted by Jean Wynn

**Amy Williams's summer GFE assignment was preparing a Needs Assessment for an NGO, Global Action, in a northern Indian village**

**June 2** Mossy conducted a wonderful focus discussion with some villagers - she was made for this work. We have learned a great deal, but we desperately need an assistant for transcribing the discussions.

The director here in Lucknow has a heart for the people in rural India. He not only cares for the orphans, but reaches out to the entire community; the acceptance of him is both amazing and encouraging. However, he thinks this needs assessment is time-consuming "paperwork."

There is a temple next to Mossy's house. Yesterday I was taking a bucket bath and heard a great commotion - I scrambled to throw on my clothes. A crowd had come to the neem tree to offer worship and thanksgiving. The neem tree shelters a goddess who requires a floral sacrifice to heal measles and mumps; medicine is useless. Even these children's diseases indicate her displeasure. This stigmatization of disease greatly affects village health.

At the orphanage most everything is outside. The courtyard is dusty, hot, and loosely tiled with uneven stones. Classrooms go in a square around it, and a cement wall and moat-like pit protect the children from leopards and monkeys. At night you can hear dogs chasing things through the jungle.

Like the children, we sleep outside - it is just so hot. We take multiple bucket baths per day and keep our hair wet, use "prickly heat" powder and drink, drink, drink.

This project is far more difficult than I anticipated, but we still hope that with enough creativity, passion and determination, we will find a way.

**June 6** Each time we take a ride I am amazed when I arrive safely. If the ground wasn't so dirty I would kiss it every time I get out of a car or rickshaw!

One day we taught classes for an English institute. It was so much fun for everyone, but exhausting:

a full day of games, a deep discussion on "honesty, the best policy," Bollywood, culture differences, personal information, and autographs.

We are teaching our job applicants the software to see who will be the best fit. We will share a room and often a bed, so we need to get along well, trust her with our belongings, and rely on her to endure the harsh conditions of village life.

**June 17** Under trees and in stables we are learning how people here treat disease. Some travel to doctors and others rely on traditional healers and remedies like drinking cow pee since the cow is holy, wearing amulets, or sacrificing to a goddess. The soap that my friend Barbara helped us make for the women is a big hit and, for the diseases we are seeing here, may also be a lifesaver.

This time in Motipur we stayed in the guest house instead of the orphanage. There was a generator, but we had light only one night. We couldn't keep anything on the windowsills because of the many monkeys. I enjoyed watching them.

At one village it was somehow miscommunicated that I was a doctor. People brought babies with fevers, children with rashes, elderly with dizziness, and - my favorite - elephantitis! Although I tried wildly to communicate that I was NOT a doctor, I had no choice but to look at each 'patient' - about 50 in all. I pulled a tick off a child with a terrible rash, assessed lumps, named a baby, diagnosed children with worms, encouraged the elderly to eat, encouraged breast feeding, and on and on it went.

The assistant that we hired did well for the most part, but we will continue the training to get what we are really after in our discussions.

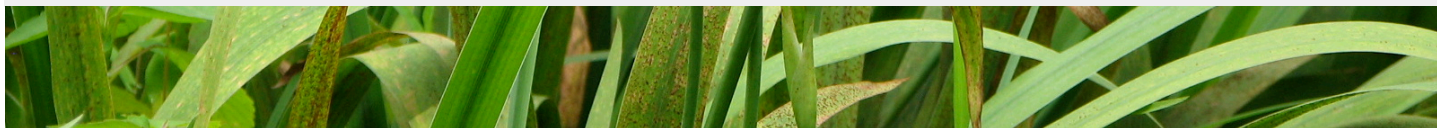
All of a sudden the three weeks I have left in India sounds so long. Tomorrow we will receive Sarah, our third researcher. I hope to feed off her fresh enthusiasm for this place and this culture.

**June 26** I was awakened this morning to the sounds of a monkey stealing my shirt and glasses. The shirt had little mirror things on it - that is what the monkey liked - and it was near the window. I was quite bummed as the glasses were new, and I only had two outfits - now just one. But I do have to laugh!

We have actually almost completed the final phase of the research. I am amazed. ✨



The Hindu goddess Durga is associated with the evergreen neem tree.



# Religions and Reproductive Health at Emory University

## History

Emory has an extensive history of funded research and academic scholarship that addresses the intersection of religion and reproductive health issues. This summary highlights some of the major achievements to date in these areas.

Much of the work in the area of Religions and Reproductive Health at Emory has been conducted by Carol Hogue, PhD, MPH, Professor of Epidemiology, and the Jules and Uldeen Terry Professor of Maternal and Child Health at the Rollins School of Public Health. Dr. Hogue has spent over 30 years conducting research on unintended pregnancy and its sequelae, as well as understanding the causes and consequences of racial/ethnic disparities in reproductive and adult health, including pioneering studies into the excess risk of low birth weight among university-educated African-American women. Dr. Hogue is currently the Co-Chair of the Religions and Health Collaborative (RHC) at Emory.

In an effort to increase the scholarship in Religions and Reproductive Health at Emory, Dr. Hogue (with additional funding from sources such as the Pew Charitable Trusts and the University Strategic initiatives) has sponsored three postdoctoral fellows at Emory between 2001 and the present. Anne Lifflander, MD, MPH, served as the first postdoctoral fellow. She is a medical/social researcher whose work focuses on maternal and child health. Laurie Gaydos, PhD (see further description of the RRH research below), the second fellow, is a policy researcher with an expertise in reproductive health who conducted research on issues of contraceptive usage and access related to religion. The current RRH postdoctoral fellow, Iman Roushdy Hammady, PhD, came to RRH with an extensive background in medical anthropology and Middle Eastern studies from Harvard University. Her work focuses on endemic cancer in Turkey and Europe and on women's health. She serves as the lead qualitative researcher for ethnographic research exploring how women's health decision-making is influenced by religious and faith beliefs.



## Current and Ongoing Research

One of the first research projects funded by the Religions and Health Collaborative was an exploratory project on Religions and Reproductive Health for women and couples in Georgia. This project has grown out of findings in previous Emory research that suggest that religion appears to indirectly influence decisions and beliefs about reproductive health, family planning, and contraceptive use, but is not explicitly tied to issues such as whether or not an individual uses contraception or has an abortion.

There are several components to the project (i.e., ethnographic, interview, survey and focus groups) that explore how women and couples make decisions about their health and families and the role that religion, faith, and spirituality play in those decision processes. Joining Dr. Hogue as Co-Principal Investigator for this project is Laurie Gaydos, PhD, a former postdoctoral fellow. Dr. Gaydos is now a Research Assistant Professor in the Department of Health Policy and Management. She also serves as the Chair of the Policy committee for the RHC.

## Courses and Curriculum

In addition to faculty and postdoctoral research, several classes at Emory have been developed that address issues related to religions and reproductive health. These courses include:

- **Pastoral Dimensions Of Biomedical Decisions**  
*Dr. Karen Schieb*  
Associate Professor, Candler School of Theology  
Co-Chair, Religions and Health Collaborative
- **Modern Islam**  
(including dimensions of reproductive health)  
*Dr. Iman Roushdy Hammady*  
Postdoctoral Fellow
- **Ethnography, Reproductive Health, and Religious Ethics**  
*Dr. Iman Roushdy Hammady*  
*Dr. Don Seeman*  
Assistant Professor, Department of Religion and the Institute for Jewish Studies

## Published Research and Studies

Several key studies that focus on the intersection of religion and reproductive health issues have come from researchers at Emory. These studies are listed below:

Lifflander AL, Gaydos LMD, Hogue CJR. Circumstances of pregnancy: Low income women in Georgia describe the difference between planned and unplanned pregnancies. *Maternal and Child Health Journal* 2007;11:81-89.

Kramer M, Hogue C, Gaydos L. Non-contracepting behavior in women at risk for unintended pregnancy: What's religion got to do with it? *Annals of Epidemiology* 2007;17:327-334.

Gaydos L, Hogue C, Kramer M. Riskier Than We Thought: Revised Estimates of Women at Risk for Unintended Pregnancy. *Public Health Reports* 2006;121:155-159.

Kramer M, Hogue C, Gaydos L. From timing to readiness: A new approach to understanding pregnancy wantedness. *Contraception* 2006;74:188-189.

## Calendar

Thursday, September 25, 5:15 p.m.

### *Community of Scholars Reception*

Faculty Dining Room, DUC

Jan. 30 - Feb. 4

### *2009 Spiritual Care Summit*

Orlando, FL

[www.spiritualcarecollaborative.org](http://www.spiritualcarecollaborative.org)

TBD

- *Religions and Health Connections Luncheons*
- *Evening at Emory*  
"Intersection of Religion and Health"

## Religions and Health Leadership Position

Emory University invites applications and nominations for a full time senior position in Religions and Health. We seek a leading scholar with a research agenda and teaching interests that rest in the intersection of religions and public health who will provide leadership to further develop Emory's Religions and Health Collaborative, an innovative, interdisciplinary religions and health initiative.

### Qualifications and Responsibilities

- The candidate should possess an earned doctoral degree, have a strong record of research related to religions and public health, teaching experience, and a demonstrated capacity to compete successfully for external funding to support a program of research.
- Vision and ability to give leadership to the University's future work in Religions and Health, work collaboratively with diverse schools, and negotiate within a complex University system.

### Appointment:

The successful candidate will receive a primary appointment in an academic department within one of the collaborating schools in the University with a secondary appointment in another school.

Starting Date: Negotiable

Emory University is an Equal Opportunity/Affirmative Action Employer.



## In Memoriam: David Hilton

Florida's Seminole Indians, a surgeon in Nigeria, family physician in and assistant director of the World Council of Church's Christian Medical Commission. He did health work in over 50 countries during that period and lived outside the US for 22 years.

Hilton believed in participatory learning and taught Paul Tillich's dictum that "the fatal pedagogical error is to throw answers, like stones, at people who have not yet asked the questions." In impoverished communities he asked open questions that gave people confidence in themselves, and in group discussion he looked for "generative themes," ideas that people had strong feelings about. This approach encouraged people to think about ways they could actually solve problems themselves. He used the same techniques with students.

Mimi Kiser, a health educator and associate faculty in public health, co-taught with Hilton on many occasions. He became one of the most influential people in her life. "Walking alongside this man taught me what it means to be an authentic person, and how to help others set aside their fears and become authentic. He embodied his beliefs in all his relationships, the way he spent and shared his financial resources, and the way he gave of his time," Kiser said.

Rev. Bridgette Young, associate dean of the chapel and religious life, said that as Chaplain for International Students Hilton accompanied medical students to the anatomy lab for their first dissection. His great service was to put the dissections into perspective. "He told the students that these people who donated their bodies are giving them a great gift. They are teachers for these students," Young said. In one of his most generous acts, Dave Hilton donated his own body to the Emory University School of Medicine.



## RELIGIONS AND HEALTH COLLABORATIVE

Jean W. Wynn, editor

**FOR INQUIRIES OR TO BE ADDED TO OUR LISTSERV**  
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## STEERING COMMITTEE

Karen Scheib and  
Carol Hogue, *co-chairs*  
Laurie Gaydos  
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Gary Laderman  
Susan Landskroener  
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*The RELIGION AND HEALTH COLLABORATIVE is a product of Emory's 2006 Strategic Plan and is a sub-initiative of the Religions and the Human Spirit Initiative.*

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